

**PHASE
FOCUSED
SOCIAL
WORK SKILLS**

PROFESSIONALISM

- Integrity
- Knowledge and Self-Efficacy
- Self-Understanding and Self-Control
- Social Support
- Critical Thinking and Scientific Inquiry
- Career-Long Learning
- Valuing Diversity and Difference
- Advancing Human Rights and Social Justice
- Policy Practice to Promote Social Well-Being
- Ethical Decision Making
 - Understanding Our Legal Obligations
 - Understanding the Fundamental Values and Ethics of Social Work
 - Identifying Ethical and Legal Implications
 - Addressing Ethical Dilemmas

Phase 1: Preparing

- Preparatory Reviewing
- Preparatory Exploring
- Preparatory Consulting
- Preparatory Arranging
- Preparatory Empathy
- Preparatory Self-Exploration
- Centering
- Preliminary Planning and Recording

Phase 2: Beginning

- Introducing Yourself
- Seeking Introductions
- Describing Initial Purpose
- Orienting Clients
- Discussing Policy and Ethical Factors
- Seeking Feedback

Phase 3: Exploring

- Asking Questions
- Seeking Clarification
- Reflecting Content
- Reflecting Feelings
- Reflecting Feeling and Meaning
- Partializing
- Going Beyond

Phase 4: Assessing

- Organizing Descriptive Information
- Preparing a Tentative Assessment and Case Formulation

Phase 5: Contracting

- Reflecting an Issue
- Reflecting Hypotheses
- Identifying an Issue
- Clarifying Issues for Work
- Establishing Goals
- Developing an Action Plan
- Identifying Action Steps
- Planning for Evaluation
- Summarizing the Contract

Phase 6: Working and Evaluating

- Rehearsing Action Steps
- Reviewing Action Steps
- Evaluating
- Focusing
- Educating
- Advising
- Representing
- Responding With Immediacy
- Reframing
- Confronting
- Pointing Out Endings
- Recording Progress

Phase 7: Ending

- Reviewing the Process
- Final Evaluating
- Sharing Ending Feelings and Saying Goodbye
- Recording the Closing Summary

BASIC SKILLS OF TALKING AND LISTENING

- Engaging Diversity and Difference
- Culturally Sensitive Communications
- Nonverbal Communications and Body Language
- Listening
- Active Listening



THE SOCIAL WORK SKILLS WORKBOOK

Sixth Edition

Barry R. Cournoyer
Indiana University

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The Social Work Skills Workbook
Sixth Edition

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Library of Congress Control Number: 2010920553

ISBN-13: 978-0-8400-3280-5

ISBN-10: 0-8400-3280-3

Brooks/Cole20 Davis Drive
Belmont, CA 94002
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PREFACE

The first edition of *The Social Work Skills Workbook* was published some 20 years ago. The original impetus for developing that early edition began with observations and, yes, complaints from students that social work professors and their textbooks tend to “talk about practice rather than help us learn what to do and how to do it.” This was a typical comment: “In the classroom, the professors talk at such abstract levels that when I’m with clients, I don’t really know what I’m supposed to do.” Clearly, we needed more practical and applied learning materials.

Upon the 20th anniversary of that first edition, the sixth edition of *The Social Work Skills Workbook* continues to address these needs and provides opportunities for learners to gain proficiency in the essential social work skills and competencies. Indeed, this edition reflects an integration of the social work skills and the competencies¹ identified in the most recent version (2008) of the Educational Policy and Accreditation Standards (EPAS) of the Council on Social Work Education (CSWE).

The Social Work Skills Workbook may be used (1) as the primary text for social work practice and social work skills laboratory courses (which might be titled “interviewing skills,” “interpersonal skills,” “professional skills,” “interactional skills,” “interpersonal communication skills,” “microskills,” “practice skills,” or “helping skills” labs); (2) as a text for introductory, “immersion” or socialization seminars or modules; (3) as a workbook for social work practice courses; (4) by social work students and field instructors during practicum experiences; and (5) by professional social workers seeking to enhance their professionalism and their proficiency in essential social work skills and competencies.

Social work programs may use the book in two courses or over two terms in their BSW or MSW foundation curriculums. This approach allows students additional time to complete and reflect upon the numerous skill-building exercises, and to refine their Social Work Skills Learning Portfolios. To facilitate such an option, this edition is organized into two major parts. Part I introduces students to the values, culture, and context of social work. It contains an introduction and four chapters that address the dimensions and characteristics of professionalism: (1) integrity, knowledge and self-efficacy, self-understanding and self-control, and social support; (2) critical thinking, scientific inquiry, and career-long learning; (3) valuing diversity and difference, advancing human rights and social justice, and promoting social well-being through policy practice; and (4) ethical decision making. Part II emphasizes practice skills development and includes a review of the basic skills of talking and listening; and individual chapters that address the social work skills associated with the seven phases of practice: (1) preparing, (2) beginning, (3) exploring, (4) assessing, (5) contracting, (6) working and evaluating, and (7) ending.

Family and other social service agencies, mental health centers, health and public health organizations, schools, and some criminal justice programs may use the book for training purposes.

¹Appendix 15 contains a table of social work skills that support the core EPAS competencies.

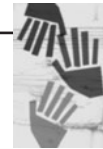
Individual or small groups of social workers and social work students currently providing service to actual clients may alter some of the workbook exercises, particularly the summary exercises, for use in their particular practice settings.

Purpose

The overall purpose of *The Social Work Skills Workbook* is to enable learners to develop proficiency in skills needed for ethical and effective social work practice. These skills are also consistent with the purpose and scope of the social work profession.

The Social Work Skills Workbook provides opportunities for you to learn, understand, and practice the essential skills of social work practice. I have not included all the various skills that might potentially have some relevance for some social workers on some occasions. Rather, the book addresses those skills that are (1) representative of the characteristics of professionalism, (2) most applicable to the purposes and phases or processes of contemporary social work practice, (3) supported by research-based knowledge and social work values, ethics, and obligations, (4) reflective of the essential facilitative qualities, and (5) consistent with the competencies, knowledge dimensions, and practice behaviors² identified in the EPAS (Council on Social Work Education, 2008).

The social work skills are organized and presented to coincide with the phases or processes of contemporary social work practice. Of course, any phase-to-phase or step-by-step approach runs the risk of suggesting that service to all client systems follows the same linear



BOX P.1

Goals of The Social Work Skills Workbook

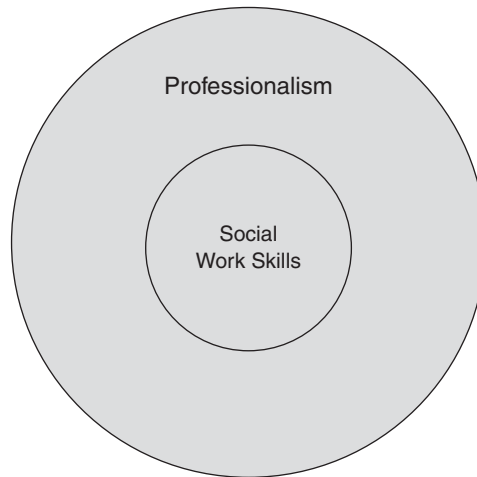
Following completion of *The Social Work Skills Workbook*, learners should be able to:

- ◆ Apply the characteristics of professionalism in all aspects of social work practice.
- ◆ Think critically in professional contexts and throughout the phases of practice.
- ◆ Inquire scientifically to seek, discover, evaluate, and apply relevant knowledge in professional practice.
- ◆ Apply core social work values, ethics, and relevant legal obligations in ethical decision making and professional practice.
- ◆ Demonstrate oral and written communication skills in working with individuals, families, groups, organizations, communities, and colleagues.
- ◆ Engage diversity and accept others in a culturally sensitive and respectful manner.
- ◆ Advocate for human rights and social justice, and engage in policy practice to promote social well-being.
- ◆ Prepare, begin, explore, assess, contract, work and evaluate, and end with individuals, families, groups, organizations, and communities.
- ◆ Assess and evaluate one's proficiency in the social work skills and competencies.
- ◆ Integrate, synthesize, and plan career-long learning through the preparation of a Social Work Skills Learning Portfolio.

²The letters *EP* (Educational Policy) and their associated numbers are used to identify each of the core competencies (for example, EP2.1.1 or EP2.1.4).



FIGURE P.1
Professionalism: Foundation and Context for Social Work Skills



sequence and that the characteristics and skills relevant to one phase are distinctly different from those of another. This is not the case. Sometimes work usually undertaken in one phase must occur in another, or the sequence must change to address urgent circumstances. Indeed, many of the dynamics, tasks, functions, and skills applicable to one phase are, in work with a particular client system, evident in other phases as well. We typically use certain skills (for example, empathic reflection, questioning) repeatedly throughout the course of our efforts with and for the people we serve. Many skills may be applied in similar fashion in work with individuals, dyads, families, groups, organizations, and communities. Others must be adapted somewhat according to the size and composition of the client system. Indeed, professional judgment is vital in the selection and application of the skills throughout all phases of practice.

It is precisely because the social work skills cannot and should not ever be applied mechanically without careful consideration of the people and contexts involved that professionalism is so essential. Aspects of professionalism such as integrity, knowledge, critical thinking, ethical decision making, and recognition of human rights processes such as basic fairness and inclusiveness so integral to the advancement of social justice and the promotion of social well-being serve as the basic foundation and context within which the social work skills emerge (see Figure P.1). Absent such a professional foundation, the skills could easily be implemented in an insensitive, shallow, inappropriate, untimely, and ultimately damaging manner.

The sixth edition of *The Social Work Skills Workbook* maintains the general organizational structure of earlier editions. However, a number of changes enhance its congruence with contemporary social work practice, emerging research findings, and especially the competencies presented in the CSWE's (2008) recently adopted EPAS. Each competency is supported by several social work skills (see Appendix 15). In addition, I have created a new Social Work Skills Test (see Appendix 2) to improve its utility for assessment of individual student learning and for social work

program evaluation vis-à-vis the EPAS competencies. Students may complete the skills test at the beginning of a course or program of study and then again at the end to provide a direct indication of student learning. Professors may find students' responses to the first test helpful in determining which skills or competencies to emphasize during the learning experience.

Bachelor of Social Work (BSW) or Master of Social Work (MSW) programs may use individual students' or student cohorts' responses on subsequent administrations of the Social Work Skills Test as evidence of growth in learning and proficiency in the social work skills. When students' results on the skills test are aggregated in pre- and posttest form, they may be used to help meet CSWE (2008) accreditation standards. The EPAS require programs to assess students' progress toward the achievement of each core competency. Furthermore, programs must use the results of such assessments to improve program quality and educational outcomes. Typically, social work programs expect their students to demonstrate proficiency in most or all of the social work skills reflected in this book. Indeed, the skills presented here support student learning in the core competencies and many of the knowledge areas and practice behaviors required for BSW or MSW program accreditation. Because each of the social work skills supports one or more of the core competencies, the Social Work Skills Test—especially when used in “before” and “after” fashion—can contribute much relevant data for student learning outcome assessment by both individual learners and the program as a whole. Furthermore, because many of the chapter exercises result in word-processed critical thinking documents for inclusion in their Social Work Skills Learning Portfolios, learners naturally create additional relevant information for potential use in outcome assessment by the learners themselves, by their professors or advisers, and by the organizations or units that sponsor the educational program. Indeed, when collated and aggregated, results of the Social Work Skills Test, responses to the numerous self-appraisal exercises contained in *The Social Work Skills Workbook*, and the documents contained in the Social Work Skills Learning Portfolio can help social work programs evaluate progress toward the achievement of their educational goals, objectives, and core competencies as part of their effort to improve outcomes and meet CSWE accreditation standards.

Table P.1 displays the relationship between the purposes and goals of *The Social Work Skills Workbook* and the 10 core EPAS competencies.

This edition also reflects increased emphasis on scientific inquiry, critical thinking, and the role of research-based knowledge in collaborative decision making with clients. Such a focus is consistent with contemporary views of evidence-based and outcome-informed practice, and with expectations that social workers “engage in research-informed practice and practice-informed research” (Council on Social Work Education, 2008, EP2.1.3). As the EPAS suggest, “Social workers are knowledgeable about the principles of logic, scientific inquiry, and reasoned discernment. They use critical thinking augmented by creativity and curiosity. Critical thinking also requires the synthesis and communication of relevant information” (Council on Social Work Education, 2008, EP2.1.3).

Particularly when combined with lack of critical thought, insufficient knowledge about safe and effective services can result in serious damage to individuals, families, groups, organizations, communities, and even societies. Social workers who think in a naïve, thoughtless, ignorant, ego-centric, ethnocentric, xenophobic, or superstitious manner are frequently ineffective and sometimes harmful to others. During an era when personal opinions, popular myths, and “truthiness” are commonly confused with truth and validity, and ideology is frequently presented as “knowledge,” scientific inquiry and critical thought are vitally important. We desperately need scholarly, rational, reflective, and indeed skeptical people in contemporary society to recognize unsubstantiated claims, falsehoods, shams, scams, cons, and quackery—many of which are inflicted upon our most vulnerable populations. As professional helpers who often serve people and groups on the margins of society, social workers must be adept at scientific inquiry, critical thinking, and career-long

TABLE P.1 Relationship of the The Social Work Skills Workbook Learning Goals and the Core EPAS Competencies	
The Social Work Skills Workbook (6th ed.)	Core EPAS Competencies (2008)
<i>Upon completion of the skills book, learners should be able to:</i>	<i>Graduates of CSWE-accredited BSW and MSW programs should be able to:</i>
◆ LG01: Apply the characteristics of professionalism in social work practice.	◆ EP2.1.1: <i>Identify as a professional social worker and conduct oneself accordingly.</i>
◆ LG02: Think critically in professional contexts and throughout the phases of practice.	◆ EP2.1.3: <i>Apply critical thinking to inform and communicate professional judgments.</i> ◆ EP2.1.9: <i>Respond to contexts that shape practice.</i>
◆ LG03: Inquire scientifically to seek, discover, evaluate, and apply relevant knowledge in professional practice.	◆ EP2.1.6: <i>Engage in research-informed practice and practice-informed research.</i> ◆ EP2.1.7: <i>Apply knowledge of human behavior and the social environment.</i>
◆ LG04: Engage diversity and accept others in a culturally sensitive and respectful manner.	◆ EP2.1.4: <i>Engage diversity and difference in practice.</i>
◆ LG05: Apply core social work values, ethics, and relevant legal obligations in ethical decision making and professional practice.	◆ EP2.1.2: <i>Apply social work ethical principles to guide professional practice.</i>
◆ LG06: Demonstrate oral and written communication skills in working with individuals, families, groups, organizations, communities, and colleagues.	◆ EP2.1.3: <i>Apply critical thinking to inform and communicate professional judgments.</i>
◆ LG07: Advocate for human rights and social justice, and engage in policy practice to promote social well-being.	◆ EP2.1.5: <i>Advance human rights and social and economic justice.</i> ◆ EP2.1.8: <i>Engage in policy practice to advance social and economic well-being and to deliver effective social work services.</i>
◆ LG08: Prepare, begin, explore, assess, contract, work and evaluate, and end with individuals, families, groups, organizations, and communities.	◆ EP2.1.10 (a–d): <i>Engage, assess, intervene, and evaluate with individuals, families, groups, organizations, and communities.</i>
◆ LG09: Assess and evaluate one’s proficiency in the social work skills and competencies.	◆ EP2.1.1: <i>Identify as a professional social worker and conduct oneself accordingly.</i>
◆ LG10: Integrate, synthesize, and plan career-long learning through the preparation of a Social Work Skills Learning Portfolio.	◆ EP2.1.1: <i>Identify as a professional social worker and conduct oneself accordingly.</i> ◆ EP2.1.9: <i>Respond to contexts that shape practice.</i>
<i>Note: “LG” refers to Learning Goal and “EP” to Educational Policy</i>	

learning—not only for ourselves but for our clients and our communities as well. Indeed, many residents of North America could benefit from education about and training in logical and rational thinking processes. Given their importance for contemporary practice, many of the summary exercises that conclude each chapter include scientific inquiry, critical thinking, and career-long learning activities.

Many skill-building exercises involve resources available through the Internet whereas others require personal reflection or perhaps conversations with experienced social workers. Certain exercises may provoke discomfort as you question or challenge strongly held personal beliefs, attitudes, and ideologies. Indeed, I hope that you do feel some discomfort—enough to stimulate you to think skeptically and critically about your own ideas and those of others. As social workers, we routinely face extraordinarily difficult and highly stressful situations that challenge our personal views, values, and expectations. We must learn to cope with and manage considerable individual, interpersonal, social, and intellectual discomfort so that we can maintain primary focus on our clients' needs and goals, and on our own professional responsibilities.

I encourage you to use the exercises in this book to explore and indeed question your personal beliefs about humans and human behavior, about fairness, and about life and living. I suggest that you “don't believe everything you think” (Kida, 2006). Appreciate that social work commonly involves complex “deep thinking” about personal and social phenomena that trigger powerful emotions and attitudes. As you use this book, I hope you learn to examine and analyze the underlying assumptions and the nature, source, and quality of the evidence, if any, used to support the values and ideas that guide your approach to others and the world around you.

The individuals, families, groups, organizations, and communities that we serve are increasingly diverse in multiple ways. Therefore, I have expanded the diversity, human rights and social justice, and policy practice aspects of the book. In recognition of their importance in social work practice, these topics now have their own chapter. In addition, many of the end-of-chapter summary exercises address aspects of culture, status, and difference as they relate to policies and practices that affect human rights and social justice.

The exploring, assessing, and contracting chapters are enhanced so that the relationships among the collaborative, client- and worker-generated assessment, the agreed-upon goals for work, and the strategies, interventions, and action steps selected to pursue those goals are more clear, coherent, and transparent. These changes should help you and your clients develop a coherent case formulation that incorporates change-oriented hypotheses and a contract or service agreement. Not surprisingly, these professional activities involve scientific inquiry, critical thinking, and attention to diversity.

I have attempted to update this edition to reflect new and emerging research-based knowledge including findings from systematic reviews of the research literature and meta-analytic studies concerning the significance, safety, and effectiveness of the processes and skills presented here. For example, assessment, evaluation, and seeking feedback from clients and others affected by our services gain a prominent place in all phases of practice: from preparing all the way through ending and, when possible, after that as well.

Professionalism receives increased attention. Integrity, professional knowledge and self-efficacy, self-understanding and self-control, social support, and, as discussed above, critical thinking, scientific and lifelong learning as well as valuing diversity and difference, advancing human rights and social justice, promoting social well-being through policies and practices, and ethical decision making are interrelated as fundamental aspects of professionalism. They are essential for developing and maintaining competence as a social worker. Ecological factors such as social support and social networks receive attention, as do strengths, resources, resiliencies, and assets within clients and within their social and environmental contexts. I emphasize goals, rather than problems, as the guiding focus for social work practice, recognizing, of course, that most people, groups, and communities seek out helping professionals because they are experiencing personal and social problems.

I have arranged this edition of the skills book in the following manner:

Part I begins with an introductory chapter that provides an introduction to and overall perspective about the nature of social work practice, populations served, social problems addressed,

and settings where social service occurs. Chapter 1³ contains a definition of social work skills and discussion of their relationship to the core competencies addressed in the Educational Policy and Accreditation Standards (EPAS) of the Council on Social Work Education (2008). In this chapter, you will learn about the conceptual framework used to select skills addressed in the book and become familiar with the essential facilitative qualities and the characteristics of professionalism that ethical, effective social workers consistently reflect in our work with and on behalf of clients.

Chapter 2 explores the topic of professionalism in greater depth. In this chapter, you examine aspects of integrity and complete instruments to stimulate further consideration of the issue in relation to professional practice. You consider the dimensions of the contemporary social work knowledge base. Several exercises yield self-assessment information related to the characteristics of social work professionalism. For example, you complete activities designed to further your learning about the professional social work knowledge base and your own self-efficacy. You engage in exercises to expand self-understanding of factors such as family of origin, ecological context, critical events, self-control, and social support. You also complete the Social Work Skills Test as a “pretest” of your knowledge and expertise, and conduct a preliminary self-assessment of proficiency in the social work skills, and begin to produce materials for incorporation in your Social Work Skills Learning Portfolio.

In this edition, scientific inquiry, critical thinking, and career-long learning are organized into a distinct chapter. Chapter 3⁴ addresses scientific inquiry and critical thinking skills, and provides learners with numerous opportunities to apply them through various thinking and writing exercises. Valuing diversity and difference, advancing human rights and social justice, and promoting social well-being through policy practice also receive their own chapter. In Chapter 4,⁵ learners engage in exercises to develop and strengthen these important competencies. You identify your own prejudicial attitudes and discriminatory behaviors, and determine the degree to which you accept others—especially those who differ from you in some way. You learn about human rights and social justice, and become familiar with policy practice as an integral part of social work practice.

Chapter 5⁶ reviews the processes of ethical decision making in social work practice. In this chapter, you learn about fundamental legal duties and obligations that apply to all helping professionals and review the core values and ethical principles that apply specifically to social workers. You consider the issue of malpractice, the implications of recent court decisions, and the passage of relevant laws. You explore analytic and decision-making processes by which to address ethical conflicts and dilemmas. Finally, you complete several exercises to strengthen development of the ethical decision-making skills and further enhance your critical thinking and lifelong learning abilities.

Part II begins with Chapter 6.⁷ In that chapter, you learn about the fundamental interpersonal skills of talking and listening and communicating in a culturally sensitive manner. Included in the chapter are talking skills associated with voice, speech, and language; body language; and listening skills related to hearing, observing, encouraging, and remembering. You then combine the talking and listening skills in the form of active listening. Active listening helps social workers invite, listen,

³Chapters 1 and 2 support core EPAS competencies EP2.1.1: “Identify as a professional social worker and conduct oneself accordingly”; and EP2.1.9: “Respond to contexts that shape practice.”

⁴Chapter 3 supports core EPAS competency EP2.1.3: “Apply critical thinking to inform and communicate professional judgments.”

⁵Chapter 4 supports core EPAS competencies EP2.1.4: “Engage diversity and difference in practice”; and EP2.1.7: “Apply knowledge of human behavior and the social environment.”

⁶Chapter 5 supports core EPAS competencies EP2.1.1: “Identify as a professional social worker and conduct oneself accordingly”; EP2.1.2: “Apply social work ethical principles to guide professional practice”; and EP2.1.3: “Apply critical thinking to inform and communicate professional judgments.”

⁷Chapter 6 supports core EPAS competencies EP2.1.1: “Identify as a professional social worker and conduct oneself accordingly”; EP2.1.3: “Apply critical thinking to inform and communicate professional judgments”; and EP2.1.10(a–d): “Engage, assess, intervene, and evaluate with individuals, families, groups, organizations, and communities.”

remember, and reflect what other people express. Because of the rich racial, ethnic, and cultural diversity throughout North America, we pay considerable attention to the significance of language, choice of words, and nonverbal behavior within the context of cultural diversity and difference. As in previous chapters, you also complete several exercises designed to promote skill development in these basic talking and listening skills and to continue to strengthen your critical thinking and lifelong learning abilities in this area.

Chapters 7 through 13⁸ address the skills associated with the following phases or processes of social work practice: (1) preparing, (2) beginning, (3) exploring, (4) assessing, (5) contracting, (6) working and evaluating, and (7) ending. Each chapter includes a general introduction to the purpose and tasks associated with that particular phase. Following the introduction, the social work skills commonly used during the phase are identified and illustrated. After each section and toward the conclusion of each chapter, you complete exercises designed to help you learn to apply each skill and to further your abilities to engage diversity and difference, think critically, inquire scientifically, and pursue career-long learning.

Completion of the learning exercises leads to the preparation of two “case records.” Based on self-understanding gained earlier, you prepare the description and assessment sections of your own “Personal Case Record.” In addition, you produce a more complete “Practice Case Record” in the course of conducting five interviews with a colleague who agrees to serve as a “practice client.” The five interviews provide an opportunity for you to simulate all phases of the working relationship (preparing, beginning, exploring, assessing, contracting, working and evaluating, and ending). In addition to the description, assessment, and contract sections, you also prepare progress notes and a closing summary as you engage your colleague in this intensive practice exercise. Both “case records” represent important written products for inclusion in the Social Work Skills Learning Portfolio.

The cases and situations used as illustrative examples and for use within learning exercise sections come from a variety of agency settings and circumstances. Although many of the case vignettes involve interaction with individuals, families, and groups, several relate to work with organizations and communities. The significance of social and environmental factors is consistently reflected as are the interrelationships between people and the environment. Several examples of nonclient systems (for example, referral sources, community resources, or related social systems) are incorporated, and I have chosen the case vignettes with a view toward diversity of age, gender, sexual orientation, and racial, ethnic, and socioeconomic status.

Professors who employ the workbook in their social work courses may use the exercises in a variety of ways. As part of a homework or in-class assignment, professors could ask students to respond to only some rather than all exercises. Professors may then call on class members to share their responses and discuss the characteristics that account for proficient applications of the skills. Alternately, professors may assign certain exercises as written homework for evaluation. Numerous self-assessment opportunities stimulate evaluation processes of various kinds: self-evaluation and peer assessment, as well as evaluation by instructors. Indeed, professors may use aggregated assessment data to highlight skill areas that need further collective attention or to move more quickly through those where proficiency is already high. Similarly, students and professors may periodically review the social work skills learning portfolios for process or summative assessment purposes and perhaps as a part of program evaluation.

⁸Chapters 7 through 13 support several core EPAS competencies, including EP2.1.1: “Identify as a professional social worker and conduct oneself accordingly”; EP2.1.3: “Apply critical thinking to inform and communicate professional judgments”; “EP2.1.4: “Engage diversity and difference in practice”; EP2.1.6: “Engage in research-informed practice and practice-informed research”; EP2.1.7: “Apply knowledge of human behavior and the social environment”; and especially EP2.1.10(a–d): “Engage, assess, intervene, and evaluate with individuals, families, groups, organizations, and communities.”

During classroom meetings, professors may ask students to form pairs, triads, or small groups to carry out selected learning exercises. Role plays in which learners alternately assume the part of client and social worker can be especially effective learning experiences—particularly when there is timely constructive feedback from the professor. In general, professors should recognize that, ultimately, we use the social work skills in the context of helping people. Therefore learning processes that approximate the actual doing with opportunities for evaluative feedback are preferred. Though “talking about” topics is certainly valuable, when skills and competencies are involved, doing, applying, and practicing tend to yield a much greater return on our educational investment.

This edition contains several appendices to support learning. Appendix 1 introduces the Social Work Skills Learning Portfolio and contains a checklist of products that may be included. Appendix 2 contains the new Social Work Skills Test. Students and professors may use it as a pretest and again as a posttest indicator. The 195-item skills test may also serve as a useful study guide or as an overall gauge of knowledge and proficiency in a wide range of social work skills or competencies. Appendix 3 presents the Social Work Skills Self-Appraisal Questionnaire, another tool for assessing proficiency in the skills addressed in the workbook. Relevant portions (that is, subscales) of the questionnaire appear at the conclusion of each chapter to enable students to track changes in their proficiency ratings over time.

Appendices 4–10 contain scales to facilitate students’ self-assessment and professional development. Appendix 11 includes an alphabetized vocabulary of English “feeling words” that learners may find useful for developing their empathic reflection skills. Appendix 12 contains an example of the description, assessment, and contract (DAC) portions of a case record. Appendix 13 consists of a rating form to assess the quality of performance of the social work skills during interviews with simulated or actual clients. Appendix 14 contains a table of social work skills. Appendix 15 contains a table of social work skills that support each of the core EPAS competencies. Finally, Appendix 16 contains blank answer sheets that students may use to complete the true-false and multiple-choice portions of the Social Work Skills Test.

Acknowledgments

The sixth edition of *The Social Work Skills Workbook* reflects the experience of more than 35 years of social work practice and more than 30 years of university teaching. Over the years, clients and students have consistently been my most important teachers. I am most appreciative of my physically challenged students and clients. Time and time again, they forgave my mistakes and guided me toward reverence.

I am especially indebted to those clients who allowed me a glimpse into their worlds. Their life stories are remarkable. I feel privileged to participate with them in their heroic journeys. Likewise, students in my social work courses have been my most gifted teachers. If they have learned half of what I have learned from them, I will feel satisfied. I also appreciate the letters and e-mail messages I have received from social work students and professors. I treasure their suggestions for improving the book.

I would also like to recognize those social workers whose teachings and writings have affected me professionally and contributed to the approach taken in this workbook. Dr. Eldon Marshall, my former professor and current friend and colleague, was the first to introduce me to the interpersonal helping skills (Marshall, Charping, & Bell, 1979; Marshall, Kurtz, & Associates, 1982). I shall never forget his class or the impact of my first videotaped interview. Dr. Dean Hepworth, through both his teaching and writing, furthered the skills emphasis begun during my master’s education. My former colleague, the late Dr. Beulah Compton, also deserves much credit.

Her clear conception of fundamental social work processes has served me well indeed. I shall long remember our sometimes heated but always stimulating conversations about social work practice.

I am also grateful to my past and present colleagues at the Indiana University School of Social Work. An extraordinary group of professionals, your dedication to student learning continues to inspire.

I wish to express my appreciation to the reviewers whose suggestions led to improvements in this and earlier editions:

Scott Boyle, College of Social Work, University of Utah

Tracy Carpenter-Aeby, East Carolina University

Robert Evans, Vincennes University

Dr. Pearl Fisk, Fordham University Graduate School of Social Service

Dexter Freeman, Fayetteville State University

Tim Hanshaw, Limestone College

Dr. Mary Lewis, North Carolina AT&T State University

Bethany Lighthart, Southerwestern Michigan College

Craig Mosher, Luther College

Caroline Reid, Eastern Kentucky University

Deb Aden Ripperda, University of Sioux Falls

Sherrill A. C. Robinson, Kansas State University

Jan A. Rodgers, Dominican University

Cindy West, University of Tennessee at Martin

Patricia Wilson, Vincennes University

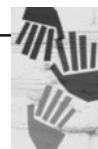
Finally, thanks to my mother, Marjorie Murphy Cournoyer, for her love and compassion for others, and Grant and Karma Hughes, my wife's parents, for their unflagging support. And, finally, to my loving partner, Catherine Hughes Cournoyer, and our children, John Paul and Michael, I can express only enormous gratitude. Catherine is the most generous person I have ever met and without question the best social worker. Each day, she and the boys continue to make me more and better than I could possibly be without them.

Barry R. Cournoyer

BOX P.2

Other Books Authored or Coauthored by Barry R. Cournoyer

- ◆ Cournoyer, Barry R., & Stanley, Mary J. (2002). *The Social Work Portfolio: Planning, Assessing and Documenting Lifelong Learning in a Dynamic Profession*. Pacific Grove, CA: Brooks/Cole.
- ◆ Cournoyer, Barry R. (2004). *The Evidence-Based Social Work Skills Book*. Boston: Allyn & Bacon.
- ◆ Compton, Beulah R., Galaway, Burt, & Cournoyer, Barry R. (2005). *Social Work Processes* (7th ed.). Pacific Grove, CA: Brooks/Cole.



PART I
PROFESSIONALISM

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CHAPTER 1



INTRODUCTION

Welcome to the exciting and challenging profession of social work! As a social worker, you will serve people in all walks, stages, and stations of life, and in all kinds of situations. The range of settings in which you might serve is wide and varied. The contexts for social work practice are often complex, usually demanding, and always challenging. Despite the extraordinary demands upon social workers, service as a social work professional remains one of the most satisfying and personally rewarding of all careers. Indeed, findings from surveys reveal that social work is among the eight most satisfying careers. Social workers often attribute our satisfaction to the following: (1) intellectual stimulation, (2) job security, (3) professional autonomy, and (4) extensive direct contact with clients (CareerJournal.com editors, 2006a, 2006b).

The demands, challenges, and responsibilities of social work service are sometimes daunting. To serve competently in such circumstances, social workers today need to be knowledgeable, thoughtful, ethical, accountable, and proficient. This chapter (see Box 1.1) introduces the social work skills, the phases of practice, and the qualities and characteristics of professionalism needed for ethical, effective social work practice in contemporary society.

At some point in your career as a social worker, you might serve in a child-protection capacity, responding to indications that a child may be at risk of abuse or neglect. You may help families improve their child-caring capabilities or serve in the emergency room of a hospital, intervening with people and families in crises. You may lead groups for sexually victimized children or provide education and counseling to abusive or incarcerated adults.

You may aid couples in strained relationships or help single parents who seek guidance and support in rearing their children. You may serve people who abuse alcohol and drugs or help family members affected by the substance abuse of a parent, child, spouse, or sibling. You might work in a residential setting for youthful offenders, a prison for adults, or a psychiatric institution.



BOX 1.1

Chapter Purpose

The purpose of this chapter is to introduce learners to the social work skills, qualities, and characteristics needed for ethical, effective social work practice in contemporary society.

Goals

Following completion of this chapter, learners should be able to:

- ◆ Describe the mission and purposes of the social work profession.
- ◆ Identify the characteristics of professionalism.
- ◆ Define the concepts of social work skills and competencies.
- ◆ Identify the phases or processes of social work practice.
- ◆ Describe the essential facilitative qualities and the nonspecific factors.
- ◆ Describe the purposes and functions of *The Social Work Skills Learning Portfolio*.

Core EPAS Competencies

The skills addressed in this chapter support the following core EPAS competencies:

- ◆ Identify as a professional social worker and conduct oneself accordingly (EP2.1.1).
- ◆ Apply critical thinking to inform and communicate professional judgments (EP2.1.3).
- ◆ Engage diversity and difference in practice (EP2.1.4).
- ◆ Apply knowledge of human behavior and the social environment (EP2.1.7).
- ◆ Respond to contexts that shape practice (EP2.1.9).
- ◆ Engage, assess, intervene, and evaluate with individuals, families, groups, organizations, and communities (EP2.1.10[a–d]).

You might serve in a university counseling center, working with college students, faculty members, and other campus employees. You could help people challenged in some way—perhaps physically or mentally, or both. You might serve in a school system or perhaps as a consultant to a local police department or a state or national agency or bureau. You might serve as a member of the armed services—helping soldiers, sailors, marines, airmen, or members of the coast guard and their families. You could work in a mayor’s office, serve on the staff of a state legislator, or perhaps even become a member of Congress yourself.¹

You may function in a crisis intervention capacity for a suicide prevention service. You could work for a health maintenance organization (HMO), a managed health care system, or an employee assistance program (EAP). As a social worker, you might act as an advocate for people who have experienced discrimination, oppression, or exploitation, perhaps because of racism, sexism, or ageism. You might organize groups or communities, or perhaps help workers to form or participate in a union. You might work with homeless people, runaway youth, or street people struggling to survive through panhandling or prostitution. You might work with people victimized by crime or perhaps with those who engaged in criminal activity. You might serve in a domestic

¹In 2008, ten professional social workers served as elected members of the U.S. Congress (nine in the House of Representatives and one in the Senate). In that year, some 193 social workers held political office in the United States (NASW, 2009).

violence program, providing social services to people affected by child abuse, spouse abuse, or elder abuse. You could provide psychosocial services to people dealing with a physical illness, such as cancer, kidney failure, Alzheimer's disease, or HIV/AIDS, and help their families cope with the myriad psychosocial effects of such conditions. You might work in a hospice, helping people with a terminal illness prepare for their own deaths or that of a family member. You could help people find employment or locate needed services and resources by providing information and arranging referrals. You might serve immigrants, refugees, transients, or migrant workers. You might counsel individuals suffering from a serious mental illness, such as schizophrenia or bipolar disorder, and provide support and education to their families. You could work in an assisted care facility for aged people, leading groups for residents or counseling family members. You might serve in a halfway house, work with foster parents, or perhaps provide information and support to teenage parents. You might serve active or retired military personnel and their families or work in industry, consulting with employers and employees about problems and issues that affect their well-being during times of economic instability.

The range of settings in which you could practice your profession and the variety of functions that you could serve as a social worker are immense indeed. Such breadth, diversity, and complexity can be overwhelming. You may ask yourself, "Can I possibly learn what I need to so that I can serve competently as a social worker in all those places, serving such different people, and helping them to address such complex issues?" The answer to that question is certainly NO!

You and I could never become truly competent in all the arenas where social workers practice because it would require a greater breadth and depth of knowledge and expertise than any one person could ever acquire. Indeed, social workers need a specialized body of knowledge and skill for each practice setting, each special population group, and each psychosocial issue. You cannot know everything, do everything, or be competent in helping people struggling with every one of the enormous array of social problems. However, you can acquire expertise in those skills that are common to social work practice with all population groups and all psychosocial issues in all settings. These common social work skills or competencies bring coherence to the profession, despite its extraordinary variety.

In addition to applying a common set of skills, social workers tend to approach clients from a similar perspective—one that is reflected in a distinct professional language. For example, when referring to the people we serve, most social workers prefer the term *client*, *person*, or *consumer* rather than *patient*, *subject*, or *case*. Social workers also favor the word *assessment* rather than *diagnosis*, *study*, *examination*, or *investigation*. Furthermore, we tend to look for *strengths*, *assets*, *resources*, *resiliencies*, *competencies*, and *abilities* rather than attending exclusively to *problems*, *obstacles*, *deficiencies*, or *pathologies*. Reflected by this distinctive use of professional language, such a common perspective is characteristic of most contemporary social workers regardless of our particular practice settings.

Professional social workers have earned a baccalaureate, master's, or doctoral degree in social work. We are licensed or certified to practice social work in our locale. We adopt certain common professional values that pervade all aspects of our helping activities, pledge adherence to a social work code of ethics, and tend to view social work in a manner similar to that reflected in the International Federation of Social Workers' (IFSW, 2000) definition of social work:

The social work profession promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being. Utilising theories of human behaviour and social systems, social work intervenes at the points where people interact with their environments. Principles of human rights and social justice are fundamental to social work. (para. 1)

Regardless of our practice setting or position, social workers tend to view the person-in-environment or the person-and-environment² as the basic unit of attention. In addition, we consider the enhancement of social functioning and the promotion or restoration of “a mutually beneficial interaction between individuals and society to improve the quality of life for everyone” (Minahan, 1981, p. 6) as an overriding purpose of practice. This dual focus on people and environment leads social workers to consider multiple systems—even when an individual person is formally the “client.” Indeed, social workers always consider and often involve other people or other social systems in the helping process.

The purpose of the social work profession is to promote human and community well-being. Guided by a person and environment construct, a global perspective, respect for human diversity, and knowledge based on scientific inquiry, social work’s purpose is actualized through its quest for social and economic justice, the prevention of conditions that limit human rights, the elimination of poverty, and the enhancement of the quality of life for all persons. (Council on Social Work Education, 2008, para. 1)

Social workers tend to conceive of people and situations as continually changing and as having the potential for planned change. We view professional practice as predominantly for clients, the community, and society. Whatever personal benefit we might gain is secondary; the notion of service to others is primary. The primacy of service in social work is reflected through a special sensitivity to those living in poverty, unemployed or underemployed people, and other at-risk individuals, vulnerable populations, and oppressed peoples. Indeed, people with the lowest status and the least power constitute social work’s primary constituency.

Social workers recognize that professional service to others often involves powerful interpersonal and social processes that have considerable potential for harm as well as for good. We realize that competent practice requires exceptional personal and professional integrity, a highly developed understanding of ourselves, and extraordinary personal discipline and self-control. In particular, social workers must be expert critical thinkers and energetic lifelong learners to make sense of the ever-increasing glut of information—much of it false, misleading, and nonsensical.

A great deal more than good intentions, admirable personal qualities, and compassionate feelings is required. As social workers, we must base our words and actions on professional knowledge, critical thought, and social work values, ethics, and obligations.

Social Work Skills

The terms *skill* and *competency* have become extremely popular in social work and other helping professions during the past half century. Several social work textbooks incorporate the words *skill* or *skills competence, competency, or competencies* in their titles (Brittain & Hunt, 2004; Fong & Furuto, 2001; Freeman, 1998; Gambrill, 1983; Garvin & Seabury, 1997; Greene, 2007; Henry, 1981, 1992; Hepworth et al., 2006; Lum, 2003; Maluccio, 1981; Middleman & Goldberg, 1990; O’Hagan, 2007; Phillips, 1957; Plionis, 2007; Pope-Davis, Coleman, Liu, & Toporek, 2003; Shulman, 2006; Vass, 1996; Yuen, 2002; Zide & Gray, 2007).

L. C. Johnson (1995) describes skill as “the practice component that brings knowledge and values together and converts them to action as a response to concern and need” (p. 55) and “a complex

²In this book, we use the term *person* in the same manner we use the term *client*. We recognize that a *client* may be an individual person, dyad, family, group, organization, community, or even a society with which a social worker has an agreement to provide services. Similarly, the word *person* in terms such as *person-in-environment, person-and-situation, or person-problem-situation* could mean an individual person or several people according to the context.



BOX 1.2

Definition: Social Work Skill

A social work skill is a circumscribed set of discrete cognitive and behavioral actions that are consistent and congruent with (1) research-based knowledge; (2) social work values, ethics, and obligations; (3) the essential facilitative qualities or the “core conditions”; (4) the characteristics of professionalism; and (5) a legitimate social work purpose within the context of a phase or process of practice.

organization of behavior directed toward a particular goal or activity” (p. 431). Smalley (1967) views skill as a “social worker’s capacity to use a method in order to further a process directed toward the accomplishment of a social work purpose as that purpose finds expression in a specific program or service” (p. 17). Skill also has been described as “the production of specific behaviors under the precise conditions designated for their use” (Middleman & Goldberg, 1990, p. 12).

Henry (1981) suggests that skills are “finite and discrete sets of behaviors or tasks employed by a worker at a given time, for a given purpose, in a given manner” (p. vii). She (Henry, 1992) also cites Phillips (1957), who characterizes skill as “knowledge in action” (p. 20). Morales and Sheafor (1998) describe skill as the “ability to use knowledge and intervention techniques effectively” (p. 140).

These various descriptions and definitions are extremely useful. They provide context for the way we approach skills in this book. For our purposes, we will use the definition of *social work* skill presented in Box 1.2.

This definition of *skill* approximates the definition of *competency* as used by the Council on Social Work Education (CSWE). In the Educational Policy and Accreditation Standards (EPAS), competencies are “measurable practice behaviors that are comprised of knowledge, values, and skills” (Council on Social Work Education, 2008, p. 3, EP2.1). In the context of professional education, social work skills are competencies and competencies are skills. As competencies, the skills addressed in this book reflect social work values and require professional knowledge and expertise in their application.

Although they are usually associated with particular phases or processes of practice, professional skills or competencies should never be viewed as technical activities to complete, robotlike, at exactly the same relative time and in precisely the same way with all clients and all situations. Rather, we select, combine, and adapt specific social work skills to suit the particular needs and characteristics of the person-in-environment. Social workers think carefully about timing and context as they make judgments about which skills to use and when and how to use them.

The range and scope of skills that social workers might use in the context of service are wide and varied. A “social worker’s skills include being proficient in communication, assessing problems and client workability, matching needs with resources, developing resources, and changing social structures” (Barker, 2003, p. 399). Almost 30 years ago, the National Association of Social Workers (NASW, 1981a) outlined 12 skills:

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Notice how the 12 skills refer to specific behavioral actions or competencies. Recently, the Council on Social Work Education adopted a similar approach when they identified 10 core competencies needed by professional social workers. Incorporated in the EPAS (Council on Social Work Education, 2008, pp. 3–7), graduates of accreditation social work programs should be able to:

1. Identify as a professional social worker and conduct oneself accordingly (EP2.1.1).
2. Apply social work ethical principles to guide professional practice (EP2.1.2).
3. Apply critical thinking to inform and communicate professional judgments (EP2.1.3).
4. Engage diversity and difference in practice (EP2.1.4).
5. Advance human rights and social and economic justice (EP2.1.5).
6. Engage in research-informed practice and practice-informed research (EP2.1.6).
7. Apply knowledge of human behavior and the social environment (EP2.1.7).
8. Engage in policy practice to advance social and economic well-being and to deliver effective social work services (EP2.1.8).
9. Respond to contexts that shape practice (EP2.1.9).
10. Engage, assess, intervene, and evaluate with individuals, families, groups, organizations, and communities (EP2.1.10a–d).

Box 1.3 contains a “word cloud” of key terms reflected in the core EPAS competencies.

BOX 1.3

Key Terms Contained in the Core EPAS Competencies





FIGURE 1.1

Phases of Practice

- Preparing
 - Beginning
 - Exploring
 - Assessing
 - Contracting
 - Working & Evaluating
 - Ending

The skills addressed in this book support the core competencies and most of the practice knowledge dimensions and practice behaviors contained in the EPAS (Council on Social Work Education, 2008). Interestingly, they are also consistent with the top 10 qualities that employers of college graduates seek in their prospective employees as defined by the National Association of Colleges and Employers (2006). These include: (1) verbal and written communication skills, (2) honesty and integrity, (3) well-developed interpersonal skills, (4) a strong work ethic, (5) teamwork skills, (6) analytic skills, (7) motivation and personal initiative, (8) flexibility and adaptability, (9) computer skills, and (10) oriented to details.

More specifically, however, the skills addressed in this book serve the tasks associated with commonly identified phases or processes of social work practice, the essential facilitative qualities exhibited by most effective professional helpers, and the fundamental characteristics of professionalism. In this context, we identify seven phases of social work practice (see Figure 1.1).

These seven phases extend the four outlined in the EPAS (Council on Social Work Education, 2008). The EPAS state that graduates of CSWE-accredited social work programs can “engage, assess, intervene, and evaluate with individuals, families, groups, organizations, and communities” (EP2.1.10[a–d]).

The preparing, beginning, and exploring skills support the *engagement* and some of the *assessment* competency; the assessing and contracting skills support the *assessment* competency; and the working and evaluating, and the ending skills support the *intervention* and *evaluation* competencies (see Figure 1.2) identified in sections EP2.1.10a–d of the EPAS (Council on Social Work Education, 2008).

The tasks associated with each phase or process are presented in the form of small, manageable units of thought and action that are consistent with the essential facilitative qualities and compatible with the central characteristics of professionalism. Integrated and synthesized in this fashion, they form the social work skills. As illustrated in Table 1.1, we organize the social work skills according to the seven phases of practice reflected in *The Social Work Skills Workbook* or the four phases outlined in the Educational Policy and Accreditation Standards (EPAS) of the Council on Social Work Education. Each of the skills included in this text is applicable to work with individuals, families, groups, organizations, and communities.

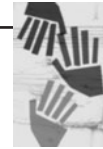


FIGURE 1.2

Phases and Processes

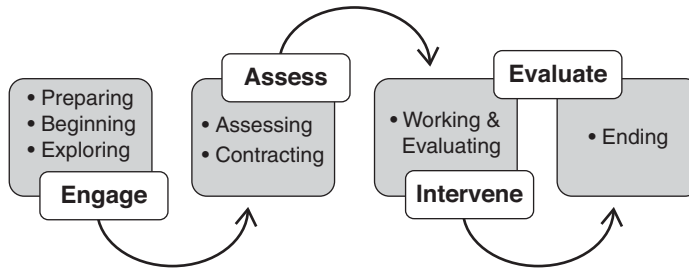


TABLE 1.1

Phases of Practice and Client System Size: Framework for Organizing Phase-Related Social Work Skills

Seven Phases of Social Work Practice (Cournoyer)	Four Phases of Social Work Practice: EPAS Competency EP2.10(a-d)	EP2.1.10 (a-d-1) Individuals	EP2.1.10 (a-d-2) Families	EP2.1.10 (a-d-3) Groups	EP2.1.10 (a-d-4) Organizations	EP2.1.10 (a-d-5) Communities
SW1.0 Preparing	EP2.1.10(a) Engage					
SW2.0 Beginning	EP2.1.10(a) Engage					
SW3.0 Exploring	EP2.1.10(a) Engage					
SW4.0 Assessing	EP2.1.10(b) Assess					
SW5.0 Contracting	EP2.1.10(b) Assess					
SW6.0 Working & Evaluating	EP2.1.10(c) Intervene; EP2.1.10(d) Evaluate					
SW7.0 Ending	EP2.1.10(c) Intervene; EP2.1.10(d) Evaluate					

In demonstrating these skills and competencies in work with client systems of different sizes at various phases or stages of practice, social workers consistently demonstrate the following essential facilitative qualities:

- ◆ Empathy
- ◆ Respect
- ◆ Authenticity

We also integrate the following characteristics of professionalism throughout all aspects of our service to and with others:

- ◆ Integrity
- ◆ Professional knowledge and self-efficacy
- ◆ Self-understanding and self-control
- ◆ Social support
- ◆ Critical thinking, scientific inquiry, and career-long learning
- ◆ Valuing diversity and difference
- ◆ Advancing human rights and social justice
- ◆ Promoting social well-being
- ◆ Ethical decision making

Each of these characteristics requires integrated knowledge of the values, ethics, and legal obligations that inform our professional thoughts and actions. Indeed, the values of the social work profession permeate all aspects of our service to and work with others.

Common and Nonspecific Factors

Findings from numerous research studies suggest that certain common factors or core conditions present in helping relationships account for many of the beneficial outcomes (Carkhuff, 1969; Carkhuff & Anthony, 1979; M. J. Lambert, 1976, 1982, 1983, 1992; M. J. Lambert & Bergin, 1994; M. J. Lambert, Christensen, & DeJulio, 1983; Rogers, 1951, 1957; Truax & Carkhuff, 1967; Weinberger, 2003). As early as the 1930s, helping professionals (Rosenzweig, 1936) discussed the presence of implicit common factors in diverse therapeutic approaches. Subsequent analyses of the research yielded four general categories of common nonspecific factors associated with client outcomes in counseling and psychotherapy (Asay & Lambert, 1999; M. J. Lambert, 1992, 2003; M. J. Lambert & Bergin, 1994; M. J. Lambert & Cattani-Thompson, 1996; Sprenkle, Blow, & Dickey, 1999):

Client Factors and Situational Factors: Strengths, assets, resources, challenges, and limitations within the client and the client's situation. The client's stage of change (Prochaska, 1999; Prochaska & Norcross, 2007; Prochaska, Norcross, & DiClemente, 1994) and various external factors—what clients bring with them to the relationship with the helping professional—have a substantial impact on client outcomes (M. J. Lambert, 1992; Tallman & Bohart, 1999; Wampold, 2001). Social work's emphasis on the person-in-environment and "starting where the client is" correspond to this finding.

Relationship Factors: Qualities of the helping professional and the resulting relationship between the client and helper. The nature of the client-worker relationship also influences client outcomes (M. J. Lambert, 1992). Social workers have long recognized the importance of the worker-client relationship. Proficiency in the social work skills addressed in this book will help

you establish and maintain positive working relationships with clients and others with whom you interact as part of your professional activities.

Expectancy Factors: Hopefulness, optimism, and expectations that the helping encounter will be beneficial. Such “placebo effects” significantly affect client outcomes (M. J. Lambert, 1992). Social workers commonly encourage hope and serve as examples to others through our positive attitudes and enthusiasm.

Model and Technique Factors: The theoretical approaches or models, change strategies, intervention techniques, and practice protocols adopted in the process of helping. When combined, expectancy and model/technique factors account for about the same amount of client outcome impact as do relationship factors (M. J. Lambert, 1992).

Other scholars have reached similar conclusions about these common factors. In addition to the quality of the working relationship and client expectancies, Weinberger (1993, 1995, 2003) also emphasizes the importance of (1) exposure to and exploration of problem issues, (2) practice in coping with or mastering aspects of the problematic issues, and (3) development of a conceptual means to understand and explain why and how the problems occur and how they can be managed.

Recognition of the importance of relationship factors encouraged researchers to explore qualities exhibited by helpers that might be associated with better client outcomes. Qualities such as empathy, caring, nonpossessive warmth, acceptance, affirmation, sincerity, and encouragement are frequently included among the characteristics of effective helpers (Hubble, Duncan, & Miller, 1999). When professionals reflect these qualities, we tend to foster

a cooperative working endeavor in which the client’s increased sense of trust, security, and safety, along with decreases in tension, threat, and anxiety, lead to changes in conceptualizing his or her problems and ultimately in acting differently by reframing fears, taking risks, and working through problems in interpersonal relationships (i.e., clients confront and cope with reality in more effective ways). (M. J. Lambert & Cattani-Thompson, 1996, p. 603)

Identifying and measuring all the potential factors that affect the outcome of helping processes are enormously complicated undertakings. The picture is especially complex for social workers who fulfill disparate professional functions in extremely varied settings with a wide range of populations and greatly challenging psychosocial issues. Different social workers in different contexts assume quite different roles and responsibilities. Indeed, a single social worker may emphasize different characteristics at various times. The social worker serving parents and siblings of babies in the neonatal care unit of a children’s hospital emphasizes different qualities than does the worker who serves people addicted to heroin or crack cocaine. Similarly, the social worker “engaged in advocacy may need a more aggressive, directive, dominant approach” (Kadushin, 1983, p. 84).

Despite the breadth and diversity inherent in social work and the evolutionary nature of relevant research findings, certain aspects of the worker-client experience appear related to client satisfaction and effective outcomes. Krill (1986) suggests that the relationship between a social worker and a client is more likely to be productive if:

- ◆ The participants like and respect each other.
- ◆ The client is clearly told what to expect and how to contribute to the helping process.
- ◆ The worker is warm, genuine, and sincere and regularly expresses empathy about the client’s experience.

- ◆ The worker and client engage in goal-directed activities such as practice, in-session tasks, or between-session action steps.
- ◆ The social worker actively seeks to involve significant people in the client's life in the helping process. (p. xi)

The characteristics of effective helpers are often called the facilitative qualities or the core conditions (Carkhuff, 1969; Carkhuff & Truax, 1965; Ivey, 1971; Ivey & Authier, 1978; Ivey & Simek-Downing, 1980; Marshall, Charing, & Bell et al., 1979; Marshall, Kurtz, & Associates 1982; Rogers, 1951, 1957, 1961, 1975; Truax & Carkhuff, 1967). When consistently demonstrated by helping professionals, these qualities contribute to the development and maintenance of a special rapport with our clients. Various authors refer to this special relationship rapport as the helping relationship, the working relationship, the therapeutic alliance, or professional rapport. Perlman (1979) suggested that we could distinguish the professional working relationship between social worker and client from other relationships by the following characteristics:

- ◆ It is formed for a recognized and agreed-upon purpose.
- ◆ It is time-bound.
- ◆ It is *for* the client.
- ◆ It carries authority.
- ◆ It is a controlled relationship. (pp. 48–77)

Within the context of this special relationship, the essential facilitative qualities become critical. When social workers consistently reflect these qualities, the risk of harm tends to decrease and the likelihood of benefit tends to increase. However, demonstrating these qualities alone is rarely enough to enable clients to reach agreed-upon goals. Social workers nearly always need to add expert knowledge and skills to help clients progress toward goal attainment. Furthermore, social workers must apply the qualities differentially according to the individual and cultural characteristics of each client. Some clients feel quite uneasy when the worker is frequently and intensively empathic. They might prefer a formal encounter in which the worker provides direct advice and guidance in a businesslike fashion. Others seem to benefit from an emotionally close and intimate relationship where both the client and the worker share personal thoughts and feelings. Obviously, client characteristics also play a powerful role in both the process and outcomes of the working relationship. Motivated clients who participate actively in the process and anticipate favorable results tend to benefit from competent, relevant services. Ambivalent or pessimistic clients who passively or reluctantly engage in the process tend to experience less favorable outcomes. Of course, the qualities of both social workers and clients may change, sometimes from moment to moment. Indeed, most clients seem to follow certain stages of change (Prochaska, 1999; Prochaska et al., 1994). Many people first contact social workers well before they are ready to engage actively in a change plan. A caring, involved, and encouraging worker may help to increase a client's hope and optimism and thus help the client to proceed to another stage of change. Similarly, a motivated, energetic, hard-working client may encourage a social worker to become more understanding and supportive.

Regardless of theoretical orientation and choice of intervention approach, effective helpers tend to reflect common characteristics in our service to others. Helping professionals express those qualities differentially according to the individual client, the unique circumstances of the person-in-environment, the nature of the social worker's role, and the phase of service. Nonetheless, as a general guide, social workers should reflect the following essential qualities in relationships with others: (1) empathy, (2) regard, (3) authenticity, and (4) professionalism.

Empathy

The term *empathy* (Altmann, 1973; Bohart & Greenberg, 1997a, 1997b; Bozarth, 1997; Keefe, 1976; Pinderhughes, 1979; Rogers, 1975) is widely used in social work and other helping professions. Derived from the Greek word *empathēia*, empathy may be described as a process of joining in the feelings of another, of feeling how and what another person experiences, of feeling with someone. It is an understanding and appreciation of the thoughts, feelings, experiences, and circumstances of another human being.

Stotland (2001; see also Stotland, Mathews, Sherman, Hansson, & Richardson, 1978) concludes that “the key antecedent condition for empathy appears to be the empathizer’s imagining himself or herself as having the same experience as the other—thus imaginatively taking the role of the other” (Empathy section, para 6). In effect, empathy involves the proverbial “putting oneself in another’s shoes.”

Empathy, however, is not an expression of feeling for or feeling toward, as in pity or romantic love. Nor is it a “diagnostic or evaluative understanding of the client” (Hammond, Hepworth, & Smith, 1977, p. 3). Rather, it is a conscious and intentional joining with others in their subjective experience.

Naturally, there are limits to anyone’s ability and willingness to feel with and feel as another does. In fact, as a professional social worker, you must always retain a portion of yourself for your professional responsibilities. Be careful not to overidentify with clients by adopting their feelings as your own. After you feel a client’s feelings, you must be able to let them go. They remain the client’s; they are not yours to keep. Indeed, if you were to “take” or assume clients’ feelings as your own, you might well become controlling or perhaps parental (that is, paternalistic or maternalistic) in your approach to them.

Empathy helps us gain an understanding of, appreciation for, and sensitivity to the people we serve. Through empathic connection with your clients, you increase the probability of developing rapport and maintaining productive working relationships.

Regard

The facilitative quality of *regard* or *respect* (Hammond et al., 1977, pp. 170–203) suggests an attitude of noncontrolling, warm, caring, nonpossessive acceptance of other people. It involves the demonstration of unconditional positive regard (Rogers, 1957, 1961). In intercultural contexts, regard also includes the genuine acceptance of difference and, indeed, the celebration of diversity. Respect of this nature goes far beyond basic toleration to include appreciation of the value of diversity and difference in human communities and throughout the biological and ecological environment as well.

Most of us tend to spend considerable time with people like ourselves who live and work in similar circumstances, hold views that resemble our own, and express interest in and affection toward us. Conversely, we tend to spend little time with people unlike ourselves who live and work in different circumstances, espouse views that differ from our own, or are unfriendly or disinterested in us. Very few of us actively seek out and engage people who differ from ourselves and even fewer seem willing to consider the rationality, relevance, or utility of points of view that conflict with our own.

Despite the common human patterns, during your professional social work career you are likely to work with many people who differ from you—often in multiple ways. You may find that you do not personally like some clients, and some clients will undoubtedly dislike you. You will certainly disagree with the beliefs, attitudes, and actions of many others. Nonetheless, as a social

worker, you maintain positive regard for and caring acceptance of all the people you serve and all others with whom you interact. Social workers aspire to view each human being we meet as unique and inherently valuable. We convey our respect and regard by prizing and cherishing the personhood of all clients, regardless of the nature of their racial or ethnic backgrounds, gender, age, ability, appearance, status, views, actions, or circumstances. Although we may personally disagree with and perhaps even disapprove of some clients' words or actions, we continue to care about and accept them as unique people of dignity and worth. Furthermore, we recognize the fundamental right of clients to make their own decisions. This ability to respect clients neither because of nor in spite of their attributes, behaviors, or circumstances is an essential facilitative condition in social work practice.

Caring for clients as valuable human beings, however, does not preclude you from making professional judgments or from offering suggestions and advice. You need not turn off your brain to demonstrate regard for others. Respect for clients does not mean that you neglect other people or groups as you attend to clients. Indeed, a person-in-environment perspective suggests that you always consider people and social systems affecting and affected by the clients you serve.

Authenticity

Authenticity refers to the genuineness and sincerity of a person's manner of relating. Reflecting fundamental honesty, an authentic social worker is natural, real, and personable. The presentation is congruent, so that verbal, nonverbal, and behavioral expressions reflect synchronicity. Words and deeds match. The genuine social worker is nondefensive, open to the ideas of others, and forthright in sharing thoughts and feelings. "An authentic person relates to others personally, so that expressions do not seem rehearsed or contrived" (Hammond et al., 1977, p. 7). Genuineness, congruence, transparency, or authenticity (Rogers, 1961) may sometimes seem contrary to the notion of the professional social worker as cool, calm, and collected. However, professionalism in social work does not mean adopting a stiffly formal or overly controlled attitude. As a social worker, you need not and should not present yourself as an unfeeling, detached, computer-like technician. People seeking social services almost always prefer to talk with a knowledgeable and competent professional who comes across as a living, breathing, feeling human being—not as someone playing a canned role, spouting clichés, or repeating the same phrases again and again.

This emphasis on authenticity or genuineness in the working relationship, however, does not grant us license to say or do whatever we think or feel in that moment. Remember that the helping relationship is fundamentally *for* the client. It is not primarily for us social workers. Expression of our own thoughts and feelings for any purpose other than serving the client and working toward mutually agreed-upon goals is, at best, inefficient and, at worst, harmful.

Professionalism

Integral to the values and ethics of social work and inherent in several aspects of the essential facilitative qualities, *professionalism* is so important to social workers individually and collectively that it requires special attention. Professionalism includes several characteristics: (1) integrity, (2) professional knowledge and self-efficacy, (3) self-understanding and self-control, (4) social support, (5) critical thinking, scientific inquiry, and career-long learning, (6) valuing diversity and difference, (7) advancing human rights and social justice, (8) promoting social well-being, and, of course, (9) ethical decision making. We explore these characteristics in the next few chapters.

- n. National Association of Social Workers (NASW)
- o. National Center for Cultural Competence
- p. National Poverty Center
- q. Official web portal of the U.S. government to access, for instance, U.S. administrations (for example, Administration on Aging, Administration for Children and Families, Economic and Statistics Administration, Economic Development Administration, Employee Benefits Security Administration, Employment and Training Administration, Energy Information Administration, Food and Drug Administration, Health Resources and Services Administration, Occupational Safety and Health Administration, Rehabilitation Services Administration, Small Business Administration, Social Security Administration, Substance Abuse and Mental Health Services Administration, Veterans Benefits Administration, Veterans Health Administration), agencies (for example, Agency for Healthcare Research and Quality, Agency for International Development, Environmental Protection Agency), bureaus (for example, Bureau of Indian Affairs, Bureau of Justice Statistics, Bureau of Labor Statistics, Bureau of the Census, FedStats), centers (for example, Center for Nutrition Policy and Promotion, Centers for Disease Control and Prevention [CDC], Centers for Medicare & Medicaid Services), commissions (for example, Commission on Civil Rights, Commission on International Religious Freedom, Equal Employment Opportunity Commission), councils (for example, Coordinating Council on Juvenile Justice and Delinquency Prevention, Corporation for National and Community Service, Council of Economic Advisers, Council on Environmental Quality, National Council on Disability), departments (for example, Department of Education, Department of Health and Human Services, Department of Housing and Urban Development, Department of Justice, Department of Labor, Department of Veterans Affairs), foundations (for example, African Development Foundation, Inter-American Foundation, National Science Foundation), institutes (for example, Institute of Education Sciences, Institute of Museum and Library Services, Institute of Peace, National Institute of Justice, National Institute of Standards and Technology, National Institutes of Health, State Justice Institute), and the White House, the U.S. Senate, the U.S. House of Representatives, the Library of Congress, the National Library of Medicine, and the U.S. Supreme Court.
- r. Online Books Page
- s. Open Culture: The Best Free Cultural & Educational Media on the Web
- t. OxFam International
- u. Project Gutenberg
- v. PubMed Central: A Free Archive of Life Sciences Journals
- w. Social Work Action Network (SWAN)
- x. The United Nations home page to access, for example, the various committees, commissions, and organizations of the United Nations as well as documents and initiatives that relate to human rights, social and economic development, and humanitarian issues. Be sure to locate the home pages of the World Food Programme,

the World Health Organization (WHO), the Human Development Program (UNDP), and the Educational, Scientific and Cultural Organization (UNESCO).

- y. The World Bank
- z. World Hunger Education Service (WHES) and Hunger Notes

CHAPTER 1 SELF-APPRAISAL

As you conclude this chapter, please reflect on your current level of understanding by completing the following self-appraisal exercise.

SELF-APPRAISAL: INTRODUCTION

Please respond to the following items to help you reflect on aspects of professional social work presented in this chapter. Read each statement carefully. Then, use the following 4-point rating scale to indicate the degree to which you agree or disagree with each statement. Record your numerical response in the space provided.

4 = Strongly agree 2 = Disagree
3 = Agree 1 = Strongly disagree

4	3	2	1	Rating Statement
				<i>At this point in time, I can:</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Describe the mission and purposes of the social work profession.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Identify the characteristics of professionalism.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Define the concepts of social work skills and competencies.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Identify the phases or processes of social work practice.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Describe the essential facilitative qualities and the nonspecific factors.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Describe the purposes of <i>The Social Work Skills Learning Portfolio</i> .
				Subtotal

Note: These items are identical to those contained in the Introduction section of the Social Work Skills Self-Appraisal Questionnaire presented in Appendix 3. Later, when you complete the Questionnaire you can compare the responses you made on that occasion with those you made this time. Also, compare the two subtotals. If you conclude that you have progressed in terms of your proficiency with these skills, more recent subtotals should be higher than earlier ones.

In this chapter, you explored several dimensions and aspects of professional social work. You conducted several exercises and completed a self-appraisal. Reflect upon the contents of the chapter and the work you have completed. Based on your analysis, word process a short essay titled “Initial Reflections About Social Work and Social Workers.” Limit yourself to 500 words (that is, two double-spaced, typed pages) or less. Focus on the more important ideas, questions, and issues that occurred while you reflected on this introductory chapter.

This short essay will become a part of your Social Work Skills Learning Portfolio. Described more specifically in Appendix 1, the learning portfolio is essentially a container (for example, an expandable folder, a three-ring binder, or space in an electronic storage medium such as a hard drive or removable disk) of selected products that you prepare while completing *The Social Work Skills Workbook*. Especially when prepared in word-processed format, the learning portfolio provides ready access to documentary evidence of your progress in developing proficiency in the social work skills. You may use the Social Work Skills Learning Portfolio for self-assessment purposes, and your professor may use it to evaluate your individual learning. When several students’ portfolios are aggregated, the social work program may use them to evaluate the general effectiveness of a course or educational program. Stakeholders may use the assessments and evaluations formatively to identify additional individual or group learning needs, or summatively to determine a rank, status, or grade.

CHAPTER 2



INTRODUCTION TO PROFESSIONALISM

Society entrusts the profession of social work and social work professionals with the status, authority, and responsibility associated with providing social services to vulnerable people. In Chapters 2 through 5, we explore several fundamental aspects of professionalism. We begin the process in this chapter (see Box 2.1) by exploring the following characteristics: integrity, professional knowledge and self-efficacy, self-understanding and self-control, and social support. In Chapter 3, we examine critical thinking, scientific inquiry, and career-long or lifelong learning. In Chapter 4, we explore valuing diversity, advancing human rights and social justice, and promoting social well-being. In Chapter 5, we explore the complex and ever-demanding challenges of ethical decision making—one of the most crucial aspects of professionalism.

Each of these chapters contains learning exercises to help you explore these interrelated aspects of professionalism. Here in Chapter 2, you also learn to prepare a family genogram, an eco-map, and a critical events timeline—which help to enhance your self-understanding and help clients better understand themselves as well. In addition, you contribute additional materials to your Social Work Skills Learning Portfolio.



BOX 2.1

Chapter Purpose

The purposes of this chapter are to acquaint learners with the characteristics of professionalism and to contribute to ongoing processes of integrity, self-understanding and self-control, and social support.

Goals

On completing this chapter, learners should be able to:

- ◆ Describe the characteristics of professionalism.
- ◆ Discuss the significance of professionalism for effective social work practice.
- ◆ Discuss how integrity serves as an integral aspect of professionalism.
- ◆ Discuss how professional knowledge and self-efficacy, self-understanding and self-control, and social support relate to effective social work practice.
- ◆ Prepare a family genogram.
- ◆ Prepare an eco-map.
- ◆ Prepare a critical events timeline.
- ◆ Discuss the implications of a personality assessment.
- ◆ Complete a preliminary assessment of proficiency in the social work skills.

Core Competencies

The skills addressed in this chapter support the following core EPAS:

- ◆ Identify as a professional social worker and conduct oneself accordingly (EP2.1.1).
- ◆ Apply social work ethical principles to guide professional practice (EP2.1.2).
- ◆ Apply knowledge of human behavior and the social environment (EP2.1.7).
- ◆ Respond to contexts that shape practice (EP2.1.9).
- ◆ Engage, assess, intervene, and evaluate with individuals, families, groups, organizations, and communities (EP2.1.10[a–d]).

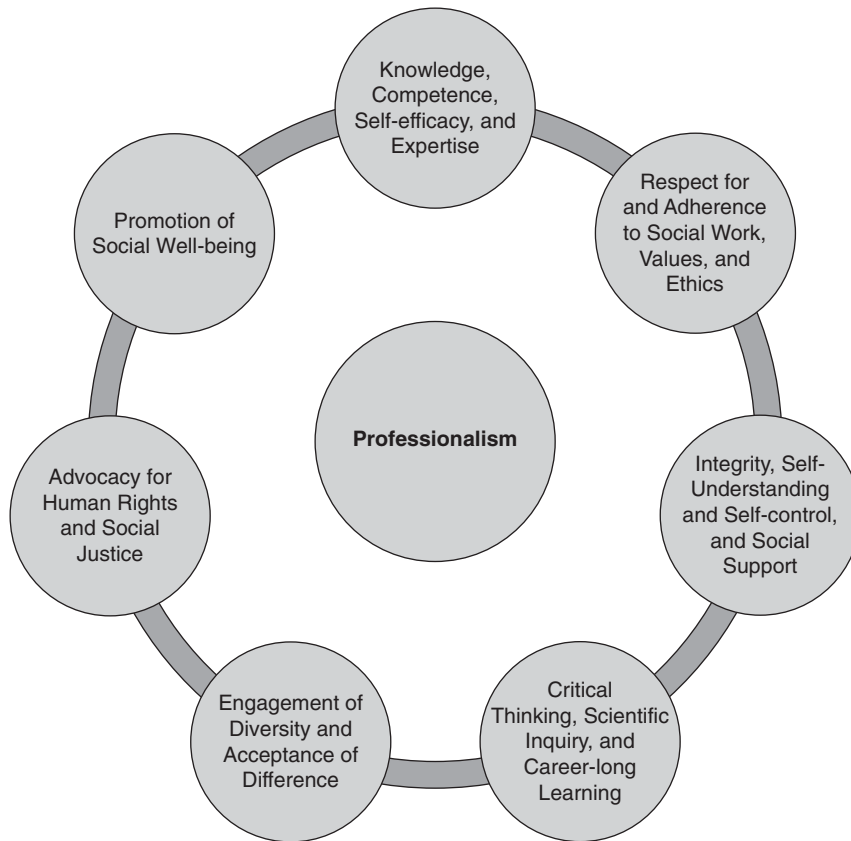
Professionalism: A Working Definition and Conceptual Framework

Membership in the community of professional helpers involves considerable status, power, and prestige. A professional is one who “has or displays . . . skill, knowledge, experience, standards, or expertise . . . [and is] . . . competent, efficient” (*Oxford English Dictionary [OED]* [Online], 2009). In the case of social work, however, professionalism goes well beyond knowledge, competence, and expertise to incorporate qualities of honor, honesty, dedication, service, commitment, and altruism and, importantly, adherence to a set of values and a code of ethics. Our working definition of professionalism in social work includes: (1) sophisticated knowledge, competence, self-efficacy, and expertise in the provision of social work services; (2) respect for and adherence to the values of the social work profession and its code of ethics; (3) personal and professional integrity, self-understanding and self-control, and social support; (4) critical thinking, scientific inquiry, and career-long learning; (5) engagement in diversity and respect for difference; (6) advancement of human rights and social justice; and (7) promotion of social well-being. Figure 2.1 depicts the working definition as a conceptual framework.



FIGURE 2.1

Professionalism: A Conceptual Framework



Individuals, families, groups, organizations, communities, and the society as a whole depend on the social work profession to fulfill vital psychosocial functions and address pressing social problems. Each year, people invest enormous amounts of public and private monies in health and human services of all kinds. For example, in the year ending September 2008, the U.S. Department of Health and Human Services reported net expenditures of \$712.7 billion, the Social Security Administration \$663.6 billion, the Department of Veterans Affairs¹ \$430.4 billion, the U.S. Department of Education \$61.9 billion, the U.S. Department of Labor \$60.6 billion, and the U.S. Department of Housing and Urban Development \$59.8 billion. When combined, this represents a 1-year total of \$1,989 billion for these six departments alone. This constitutes more than 50 percent of the \$3,640.7 billion expended by the U.S. government during fiscal year 2008 (U.S. Department of the Treasury, 2008). Of course, billions of dollars in private monies are also spent each year on health, education, and welfare-related services.

¹The Department of Defense (DOD) has a separate budget from the Department of Veterans Affairs. The DOD expended \$740.8 billion and the Department of Homeland Security \$52.1 billion in the fiscal year 2008.

In its 2008–2009 Occupational Outlook Handbook, the U.S. Bureau of Labor Statistics (BLS) reported that about 595,000 social workers were employed in the United States during 2006. Some “5 out of 10 jobs were in health care and social assistance industries, and 3 out of 10 are employed by State and local government agencies, primarily in departments of health and human services. Although most social workers are employed in cities or suburbs, some work in rural areas” (U.S. Department of Labor, 2007, Employment section, paras. 1–2). Table 2.1 illustrates the number of employed social workers by type of setting in 2006.

The actual number of employed social workers is probably closer to 750,000, as many social workers appear within other occupational categories (for example, substance abuse and behavioral disorder counselors; educational, vocational, and school counselors; marriage and family therapists; probation officers). Furthermore, the BLS figures do not include self-employed social workers. There are indeed a lot of us!

Social workers affect people in profound ways—usually for better but sometimes for worse. Given the large number of social workers and the nature and scope of the services we provide, the topic of professionalism cannot be overemphasized. When social workers are competent and trustworthy, our clients feel satisfied, and society as a whole benefits. The profession grows and the overall reputation of social work improves. When, however, social workers lack professionalism, many people suffer. Harm may come to clients or others affected by our policies, programs, and practices. Indeed, some clients may lose their lives due to social workers’ negligence or incompetence. Because a few social workers lack professionalism, employers may become reluctant to hire others. The stature of the profession may decline, and funding sources may become less inclined to support social services in general.

Because the stakes are so high, social workers are obligated—personally, morally, ethically, and legally—to reflect high standards of professionalism in all aspects of our service activities. Fortunately, most of us are committed to providing ethical and effective services to our clients and to promoting a better quality of life for all people. Most social workers are knowledgeable in their areas of practice and honest and trustworthy in their relations with others. Most social workers sincerely try to demonstrate understanding, respect, compassion, and competence in their efforts to provide high-quality services. Most of us try to keep current with advances in professional knowledge. We tend to recognize that personal behavior in our private lives may affect both our professional reputation and the quality of our professional performance. Indeed, most social workers fully realize that a positive professional reputation among colleagues and constituents results primarily from conscientious attention and consistent adherence to high standards of professionalism.

TABLE 2.1
Number of Employed Social Workers by Setting

Social Work Employment Setting	Number
Child, family, and school social workers	282,000
Medical and public health social workers	124,000
Mental health and substance-abuse social workers	122,000
Social workers, all others	66,000
TOTAL	594,000

Integrity

Fundamental to the facilitative qualities of authenticity and respect, integrity is an essential aspect of professionalism. Within the context of social work service, integrity suggests honesty, truthfulness, and sincerity. In its Code of Ethics, the National Association of Social Workers (NASW, 2008) states, “Social workers should not participate in, condone, or be associated with dishonesty, fraud, or deception” (Section 4.04). Keeping promises and fulfilling commitments are additional aspects of integrity.

As a social worker, you demonstrate integrity when you share information supported by valid and reliable evidence. You reflect integrity when you acknowledge publicly others’ contributions and credit sources of information used to support your statements and positions. You demonstrate integrity when you openly state that you are sharing a personal opinion rather than a professional recommendation. You display integrity when you willingly acknowledge mistakes and errors in your own thoughts, words, and deeds. You exemplify integrity when you resist temptations to cheat, lie, or misrepresent facts. You manifest integrity when you report a friend and colleague who defrauded or exploited a client, cheated on an exam, or plagiarized a report. In sum, you demonstrate integrity as a social worker when you behave in an honorable manner and hold yourself accountable to high personal and professional standards.

The Code of Ethics of the NASW includes integrity as one of its core values and describes the related ethical principle as follows:

Value: Integrity

Ethical Principle: Social workers behave in a trustworthy manner.

Social workers are continually aware of the profession’s mission, values, ethical principles, and ethical standards and practice in a manner consistent with them. Social workers act honestly and responsibly and promote ethical practices on the part of the organizations with which they are affiliated. (National Association of Social Workers, 2008 Ethical Principles section, para. 6)

As you consider various aspects of professionalism, none will be more essential than integrity. Adherence to the values and ethics of the profession and to fundamental moral principles such as sincerity, fairness, truthfulness, reliability, dedication, and loyalty is central to professional integrity. However, integrity goes beyond the sum of these virtues to include a general sense of coherence, wholeness, and harmony with social work roles, responsibilities, and expectations. Involving the essential facilitative quality of authenticity as well as personal honor, professional integrity relates to virtually all facets of professional social work. Consider, for example, the notions of trust and credibility. Clients tend to seek the services of social workers and other helping professionals because they assume they will receive honest, fair, responsible, and competent treatment. Indeed, first meetings often reflect an initial trust that may continue throughout the entire course of the relationship. However, when a professional’s words or actions suggest dishonesty, irresponsibility, unfairness, or incompetence, clients notice. Lapses of integrity jeopardize the assumption of goodwill and may leave disappointed clients and their friends and family members unwilling to trust other social workers in the future.

In some instances, these losses may be permanent as a client concludes “I’ll never go back to that place” or “I’ll never go to another social worker again” or even “I guess it’s hopeless.” Relationships with colleagues, employers, and community members are similar in this regard. Lapses in integrity can, in short order, damage or destroy personal, family, friendship, and professional relationships.

Perhaps because integrity is so often associated with honesty, trustworthiness, and personal character, one's reputation is extremely difficult to recover once it is damaged. A few years ago, the prestigious *New York Times* discovered that one of its reporters had committed journalistic fraud through numerous instances of falsification, fabrication, and plagiarism. Recognizing the potential impact on its reputation for accuracy and integrity, the *Times* assigned an investigative team to study the trail of deceptive reporting. The investigators summarized their findings in lengthy reports prominently published in the *Times* itself (*The New York Times* staff, 2003a, 2003b).

The reporter will probably never work in journalism again. Publishers and editors simply cannot trust him. He is no longer credible. The damage to his personal and professional reputation is so severe that association with any newspaper or magazine would tarnish its image as well. However, the effects go well beyond the individual reporter and even the *Times*. His actions raise questions about the profession of journalism itself. After all, if he falsified and plagiarized dozens of reports over several months or years, could other reporters be doing the same? Can readers trust any reporters or any newspapers to be honest and accurate?

Some social workers and social service organizations have also violated basic principles of integrity. A few have neglected to fulfill fundamental responsibilities such as regularly checking on the welfare of abused or neglected children under their supervision ("Danieal Kelly," 2009; Kaufman & Jones, 2003). Others have committed fraud by falsifying documents and reports to suggest that they completed work or provided services they did not actually perform (Ujifusa, 2008) or to obstruct judicial process (Reuters News Service, 2009). Some have even used and exploited clients for their own personal pleasure and benefit (Clarridge, 2009; Shifrel, 2009). When violations such as these occur, the consequences may be profound. Children may die or suffer severe injuries (Associated Press, 2009), and neighbors may fail to report suspicions of abuse out of fear that children will be worse off if placed in custodial care than they would be if left alone.

In contemporary life, reputations may also be affected—often quite unfairly—by the incredible and insidious memory capacity of the digital age. Once recorded—whether via a cell phone or laptop camera, an audio or video recorder, or in computer memory—a more or less permanent artifact remains available, perhaps forever. Indeed, we may presume that most things that are transmitted or posted via the Internet remain in cyberstorage somewhere. Messages sent via e-mail, instant message, or Twitter; postings on MySpace, Facebook, or other social-networking Web sites; or statements made in blogs or boards can become quite embarrassing at some point in our careers. Those pictures taken during a spring break vacation can come back to haunt us! Indeed, some employers now regularly search the Internet for information about and artifacts concerning job applicants. Even when the reality is entirely understandable and quite innocent, the appearance of personal impropriety can negatively affect our professional reputation, our ability to obtain or maintain a position, and our opportunity to help people in need.

In general, social workers and other helping professionals benefit from a presumption of integrity. What an extraordinary gift! Involving exceptional power and influence, it carries enormous moral responsibility. Cherish it and consider your personal and professional integrity among your most valuable assets. Keep your promises. Sincerely acknowledge your mistakes. Be forthcoming about your level of knowledge, skills, and areas of competence. Tell your clients the truth. Furthermore, and perhaps most importantly, be brutally honest with yourself. Adopt an extreme attitude in this regard. Among helping professionals, self-deception is the most dangerous conceit.

Knowledge and Self-Efficacy

Advanced professional knowledge is, of course, essential for ethical and effective social work practice. In social work, the particular knowledge required varies considerably according to the characteristics of the setting, the issues for work, the populations served, and the roles assumed. However, a common base of knowledge exists for all social workers. The Council on Social Work Education (CSWE, 2008), for instance, states that graduates of accredited programs should be able to demonstrate specific competencies, which, as we know, “are measurable practice behaviors that are comprised of knowledge, values, and skills” (p. 3). Skillful use of professional competencies requires a great deal of knowledge and a commitment to continue learning throughout our social work careers. Among the common knowledge dimensions addressed within CSWE-accredited social work curriculums include knowledge about:

- ◆ The social work profession—including its history, mission, and core values, ethics and relevant laws and regulations
- ◆ Human rights, civil rights, and social and economic justice
- ◆ Research and the principles of logic, scientific inquiry, and reasoned discernment
- ◆ Effective oral and written communication
- ◆ Human behavior and the social environment—including human development across the life span, social systems, and theories and knowledge that further understanding of biological, social, cultural, psychological, and spiritual aspects of human activity and development
- ◆ Diversity, difference, and culture; poverty, oppression, discrimination, marginalization, and alienation; and privilege, power, and acclaim
- ◆ The history and current structures of social policies and services; the role of policy in service delivery; and the role of practice in policy development
- ◆ The dynamic organizational, community, and societal contexts, which influence social work practice and the profession
- ◆ Social work practice—including theoretical and research-based models relevant for engaging, assessing, preventing, intervening, and evaluating in service with individuals, families, groups, organizations, and communities (pp. 3–7)

In addition, all social work students complete field practicum experiences where they learn to apply professional knowledge in supervised practice contexts. In such settings, students learn through doing, and refine skills and competencies that would be difficult to develop in any other way.

Although they may vary in specific information and emphasis, all CSWE-accredited social work programs address these knowledge areas, contributing to a common knowledge base. These content areas are consistent with a more expansive array suggested by the NASW (1981, p. 17). They are also congruent with the content areas addressed in the nationally standardized social work licensing examinations used throughout most of the 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and some Canadian provinces.

The content areas addressed in nationally standardized Bachelor’s level examinations sponsored by the Association of Social Work Boards (ASWB, 2008) include those contained in Box 2.2.

The ASWB also sponsors Master’s, Advanced Generalist, and Clinical Examinations. These nationally standardized social work examinations ensure that reasonably equivalent standards exist throughout most of the United States and parts of Canada. They, along with the policies of NASW and CSWE, contribute to the maintenance of a common social work knowledge base.

In addition to sophisticated knowledge and skill, social workers must *believe* that they can make a difference. Just as clients benefit when they believe in the goodwill, integrity, and competence



BOX 2.2

ASWB Content Areas: Bachelor's Examination

- I. Human Development and Behavior in the Environment—14%**
 - i. Theoretical approaches to understanding individuals, families, groups, communities, and organizations
 - ii. Human growth and development
 - iii. Human behavior in the social environment
 - iv. Impact of crises and changes
 - v. Addictive behaviors
 - vi. Dynamics of abuse and neglect
- II. Issues of Diversity—7%**
- III. Assessment in Social Work Practice—20%**
 - i. Social history and collateral data
 - ii. Use of assessment instruments
 - iii. Problem identification
 - iv. Effects of the environment on client system behavior
 - v. Assessment of client system's strengths and weaknesses
 - vi. Assessment of mental and behavioral disorders
 - vii. Indicators of abuse and neglect
 - viii. Indicators of danger to self and others
 - ix. Indicators of crisis
- IV. Direct and Indirect Practice—21%**
 - i. Models of practice
 - ii. Intervention techniques
 - iii. Components of the intervention process
 - iv. Matching intervention with client system needs
 - v. Professional use of self
 - vi. Use of collaborative relationships in social work practice
- V. Communication—10%**
 - i. Communication principles
 - ii. Communication techniques
- VI. Professional Relationships—5%**
 - i. Relationship concepts
 - ii. Relationship in practice
- VII. Professional Values and Ethics—13%**
 - i. Responsibility to the client system
 - ii. Responsibility to the profession
 - iii. Confidentiality
 - iv. Self-determination
- VIII. Supervision in Social Work—2%**
 - i. Educational functions of supervision
 - ii. Administrative functions of supervision
- IX. Practice Evaluation and the Utilization of Research—2%**
 - i. Methods of data collection
 - ii. Research design and data analysis
- X. Service Delivery—5%**
 - i. Client system rights and entitlements
 - ii. Implementation of organizational policies and procedures
- XI. Social Work Administration—1%**
 - i. Staffing and human resource management
 - ii. Social work program management

of social workers, social workers benefit from self-confidence as well. Supported by knowledge and expertise, we need attitudes of hope and optimism. For social workers, self-efficacy is “confidence in their ability to execute specific skills in a particular set of circumstances and thereby achieve a successful outcome” (Holden, Meenaghan, Anastas, & Metrey, 2001, p. 116). Without knowledge-based self-efficacy, social workers would likely be relatively inactive, passive observers rather than energetic, collaborative agents of change.

Gary Holden, in particular, has contributed greatly to the development of specialized self-efficacy assessment instruments for use in social work practice and education (Holden, 1991; Holden, Barker, Meenaghan, & Rosenberg, 1999; Holden, Cuzzi, Rutter, Chernack, & Rosenberg, 1997; Holden, Cuzzi, Rutter, Rosenberg, & Chernack, 1996; Holden, Cuzzi, Spitzer, et al., 1997; Holden, Meenaghan, & Anastas, 2003; Holden et al., 2001). In addition to specific self-efficacy, however, social workers benefit from a generalized belief in their own competence (Bandura, 1977a, 1977b, 1992, 1995a, 1997, 1995b; Bandura & Walters, 1963).

People make causal contributions to their own psychosocial functioning through mechanisms of personal agency. Among the mechanisms of agency, none is more central or pervasive than people’s beliefs of personal efficacy. Perceived self-efficacy refers to beliefs in one’s capabilities to organize and execute the courses of action required to manage prospective situations. Efficacy beliefs influence how people think, feel, motivate themselves, and act. (Bandura, 1995a, p. 2)

During the 21st century, most social workers and the social work profession as a whole face extraordinary challenges (Austin, 1997). A broad and deep base of current, valid, and reliable knowledge and a correspondingly strong sense of self-efficacy are required for ethical and effective social work practice.

The National Association of Social Workers (1981), the Council on Social Work Education (2008), the Association of Social Work Boards (2008),² and eminent social workers (Bartlett, 1970) have identified the general parameters of a common social work knowledge base. In actual practice, of course, social workers also require a great deal of specialized knowledge that applies to the unique characteristics of the clientele and communities they serve. Suppose, for example, that you provide social work services to women physically abused in domestic violence circumstances. Just imagine how much you would need to know to serve your clients and community effectively!

You would need to be well acquainted with the current theoretical and research literature concerning the nature and outcome of social services for domestically abused women and probably those for abusive men as well. You would need to know the factors that contribute to domestic violence, as well as those that tend to reduce its likelihood. You would need to understand the range of risks facing women in such circumstances and know how to assess the risk of injury or death. You would need to know what to do when risk is high, moderate, or low. You would have to know how to help clients consider the risk–benefit ratio of various courses of action.

In approaching service from a person-in-environment perspective, you would need to know how to identify, assess, and intervene in primary and secondary social systems. Knowledge about the racial and ethnic cultures of your community would help. Knowledge and skill in determining the biopsychosocial needs of children affected by domestic violence directed against their mothers and older sisters could apply in many circumstances. Expertise in assessing the strengths and potentials of all members of the primary social system—including people suspected of initiating

²You may access Web sites of the Association of Social Work Boards at www.aswb.org, the Council on Social Work Education at www.cswe.org, and the National Association of Social Workers at www.socialworkers.org.

violence—could help to deepen understanding and identify possible solutions. You would need to know the laws and regulations of the locale where you serve and the professional values and ethics that might apply. You would have to be familiar with the actual and potential resources—locally, nationally, and, sometimes, internationally—that might become needed at various times in the process. In sum, competent social work service in such a setting would require a truly sophisticated level of both general and specialized professional knowledge and expertise.

This book focuses on social work skills and competencies. It does not address the general social work knowledge base or the specific expertise needed in particular service contexts. There are several extremely rich sources of information in these areas. Recently published textbooks in human behavior and social environment, social policy, research, and social work practice cover the common base extraordinarily well. *The Social Work Encyclopedia* (Mizrahi & Davis, 2008) contains a wealth of highly relevant information for social workers at all levels of practice and in many contexts. Dozens of outstanding, social work textbooks are readily available, and of course, numerous high-quality professional journals that address specific aspects, dimensions, approaches, and areas of social service can also help to inform social workers.

In this book, you will explore an important part of the common social work knowledge base. However, it is only a part. You will focus on the skills needed for ethical, effective social work practice throughout the preparing, beginning, exploring, assessing, contracting, working and evaluating, and ending phases of practice. The following exercise should help you to formulate a preliminary self-assessment of your current level of proficiency in the social work skills addressed in the workbook.

EXERCISE 2-2: SOCIAL WORK SKILLS PROFICIENCY

1. Please turn to Appendix 2 to complete the Social Work Skills Test. Recognize that you have just begun the learning process. Unless you have previously addressed this material, your knowledge and proficiency in these areas may well be quite limited. You may be unable to respond to many items. Do not despair! With study and practice, you will improve.

Use the space below to summarize the implications of your results on the Social Work Skills Test.

2. After you finish the skills test, turn to Appendix 3 and complete the Social Work Skills Self-Appraisal Questionnaire. Realize that your assessment ratings in certain areas may be low (except for the “Introduction” items—which you completed at the end of the first chapter). After all, you probably have not studied these skills before. View your ratings as baseline data. As you progress in your readings, complete the learning exercises, and engage with colleagues in practice sessions, you should become more proficient in using and assessing the social work skills, and your ratings on the self-appraisal questionnaire will probably increase. At this time, the results of your self-appraisal ratings will certainly be preliminary. Nevertheless, you may use the results as a general but tentative indication of your initial proficiency.

Use the space below to record your score, and briefly summarize your results on the Social Work Skills Self-Appraisal Questionnaire. Briefly identify those areas where you already reflect some strength and those areas that need the most attention.

3. Go to Appendix 4 and complete the Self-Efficacy Scale. The scale will help you assess your current level of general self-efficacy. It is not an examination. You can neither “pass” nor “fail” this exercise!

Use the space below to record your General and Social Self-Efficacy Subscale scores. Also, briefly discuss the implications of your scores as they might pertain to you as a person and your role as a social work professional.

Self-Understanding and Self-Control

In addition to integrity, knowledge, and self-efficacy, professionalism also involves a sophisticated level of self-understanding and self-control. Because social work practice involves the conscious and deliberate use of various facets of yourself, you become the medium through which to convey knowledge, attitudes, and skill. You need a truly extraordinary depth of self-awareness and a refined ability to access different aspects of yourself in your efforts to serve others. Without self-understanding, you could, and indeed most likely would, act out your unresolved personal issues with clients or colleagues. You might have the most noble and idealistic of motives, intending only to help others. Nonetheless, if you lack self-awareness or self-control, you may unwittingly enact ideological, emotional, or behavioral patterns that harm the very people you hope to help (Caplan & Caplan, 2001; Keith-Lucas, 1972).

Self-understanding and self-control are not products or outcomes that can be completed and then set aside. Rather, they reflect ongoing processes through which you continuously grow personally and professionally. Self-understanding and self-control tend to reduce the risk of harm to others, which can occur if you are unaware of or unable to manage your own thoughts, habits, patterns, and issues. Effective service requires that you know how you tend to think about things, how you react to stress, how you address problems and obstacles, how you present yourself, how you appear to others, and what mannerisms you commonly exhibit. Acknowledge your ideological preferences and recognize which issues cause you anxiety or uneasiness, which topics trigger emotional reactivity, what kinds of people or events elicit fear or anger, and which patterns of personal interaction you tend to prefer or dislike. Of course, such a level of self-understanding does not occur through a single set of exercises, a course, or even a complete program of university study. It certainly does not accompany a bachelor's (BSW), master's (MSW), or doctoral degree in social work (DSW or PhD). Rather, sophisticated self-understanding is an ongoing endeavor that continues throughout life.

At a minimum, social workers must understand how their personal beliefs, attitudes, and ideologies might influence or interfere with their professional activities. Appreciate how your family and cultural background and orientation affect your personal views as well as your psychosocial functioning and relationship patterns (Kondrat, 1999). Recognize the impact of significant life events, and identify your personality characteristics. Learn about your preferred relational styles including how you typically seek, receive, and give social support. Become aware of your own biases, stereotypes, prejudices, and tendencies to discriminate for or against others, as well as the ways in which you might express genuine acceptance of others. Develop ways and means to recognize and personally manage maladaptive patterns of thinking, feeling, and behaving, which might interfere with your ability to provide high-quality social work services.

As is the case with most worthwhile endeavors, engaging in self-awareness activities involves certain risks. You may discover aspects of yourself that you have not previously recognized or considered—especially as they might affect your service as a social worker. For example, you may learn that you have a strong need for power, control, and predictability in relationships. You may find that you relate to women with less interest, energy, or attention than you do to men. You could realize that your personal belief systems (that is, religious, spiritual, or philosophical) prevent you from gaining a scientific understanding of various phenomena. You may realize that you have not fully examined the potential implications of a physical challenge that you personally face (for example, vision or hearing loss) for clients you will serve. You may become aware of fixed racial or ethnic stereotypes that interfere with an objective assessment of individual members of certain groups. You might become aware of unmet childhood needs for acceptance and approval that lead you to avoid confrontation or withdraw from conflict. You may find that you experience heightened anxiety when you are in the presence of authority figures. You may discover that you have an

alcohol or drug problem, that you suffer from occasional periods of depression or carry substantial unresolved rage, or even that you are unsuited for a career in the profession of social work.

This process of self-exploration and self-discovery may give rise to disturbing thoughts and feelings. You may even find yourself reconsidering significant life choices. Indeed, numerous risks are inherent in any serious process of self-examination. However, as a social worker, the pursuit of self-understanding is usually well worth the costs. Failure to continue to grow in this way may put you and the people you serve at risk of harm from the very process that you hope will help.

As you grow in self-understanding, you will probably recognize a parallel need for self-control and self-discipline. As professional social workers, we must manage our thoughts, feelings, words, gestures, and behavior. We must regulate our reactions. Under conditions where other people might well be overwhelmed by powerful emotions and impulses, we must maturely choose our words and actions in accord with our professional purpose, knowledge, values, ethics, and the agreed-upon goals for service.

Social workers must manage their emotions and “restrict impulses or behaviors to appropriate circumstances in the environment” (Barker, 2003, p. 387). In work with and on behalf of clients, carefully select your verbal as well as your nonverbal expressions. Manage both your overt and covert behavior by skillfully choosing the words you say, monitoring your body movements, gestures, and facial expressions, and modulating your voice and speech. Doing all these things simultaneously requires an extraordinary degree of self-control.

At times, it may even be necessary to control your inner thoughts to better serve clients and advocate on their behalf. Self-control is one of the true hallmarks of professionalism. It distinguishes a professional social worker from a friendly person with good intentions.

Furthermore, you must manage maladaptive patterns of behavior that might affect your professional judgment and performance. Suppose you happen to be a highly extroverted, talkative, or even garrulous person. You would have to recognize and manage how much you talk so that clients have a genuine opportunity to share information about themselves, their concerns, and their situations. Conversely, if you are shy, introverted, and reluctant to express yourself, challenge the pattern so that clients can benefit from your professional knowledge and expertise.

As professionals, we are obligated to identify and manage those traits and behaviors that could interfere with the quality of our service to others. Address your fears, anxieties, and personal habits, which might have negative effects. Excessive eating, dieting, exercising, or television viewing may indirectly interfere with effective social work practice. Substance misuse can easily impair judgment. Procrastination may be a problem, as might issues with authority, a quick temper, or impulsiveness. Narrow and fixed beliefs and ideologies can be a major obstacle to helpfulness. Similarly, some interpersonal or interactional social patterns may become compulsive and interfere with professional functioning. In addition to alcohol or drug abuse, some individuals have a sexual addiction or perhaps a powerful need for approval. Another is the relational pattern of rescuing. In professional practice, this may be evident when a social worker tends to view clients as victims in need of rescue or salvation. The “social worker-as-savior” may assume disproportionate control over and responsibility for clients. Rather than enhancing competence, rescuing behavior often weakens others’ sense of autonomy and self-efficacy and can diminish their personal or collective sense of empowerment. Of course, sometimes people actually need rescuing. A child in danger of freezing to death because she lives under a bridge in winter should receive warm shelter. This would not be rescuing in the compulsive sense, as it would be if you took responsibility for the decisions of fully competent adults.

Self-understanding and self-control are continuous processes that you may advance through personal counseling, individual or group psychotherapy, consultation or supervision by experienced social workers, and participation in professional workshops and training institutes. If you are open to it, self-awareness and self-discipline may also improve as a natural outgrowth of interaction with peers, clients, friends, and family members.

The next few sections contain content and exercises designed to enhance self-understanding and, perhaps, gain additional self-control. Prepare a genogram and an eco-map to help examine the influence of your family and your most relevant social systems. Also complete a critical events timeline, a personality assessment, and a self-control scale.

The Family: Context for Development of Self

Social workers have long recognized that families powerfully influence the course of social, psychological, and even biological development (see, for example, Hartman & Laird, 1983). Family and childhood experiences significantly affect people's attitudes, beliefs, values, personality characteristics, and behavioral patterns. Families tend to be the primary means of cultural socialization. Unless you are keenly aware of the influence of your family experiences, you may inadvertently or unconsciously play out a family role or pattern in your work with clients and colleagues. Among the common family roles (Satir, 1972; Wegscheider-Cruse, 1985) that people may assume are rescuer, peacemaker, hero, and parental child. Of course, sometimes it is entirely proper to use a part of your family-based self in social work practice. In all such cases, however, it should be for a clearly identified social work purpose, and you should be fully aware that you are doing so.

The intergenerational family genogram is one way to become more aware of how our families³ influence us. A genogram⁴ is a graphic representation of one's family tree or pedigree⁵ (Wattendorf & Hadley, 2005). It provides a picture of the parties involved and a chronology of significant events or themes. In addition, a genogram may be used as "a subjective interpretive tool" (McGoldrick & Gerson, 1985, p. 2) to develop hypotheses about a person's psychosocial characteristics or a family's interactional patterns.

We commonly use certain symbols to prepare family genograms (McGoldrick, Gerson, & Shellenberger, 1999). For instance, we usually use squares to represent males and circles to identify females. Bracket lines represent spousal relationships. A solid bracket line (|_____|) reflects a committed couple (for example, marriage or its equivalent). A dashed bracket line (|_ _ _|) indicates a relationship of somewhat lesser commitment. A dotted bracket line (| . . . |) suggests a relatively uncommitted relationship (for example, a short-term affair). A line extended downward from a relationship bracket line indicates a pregnancy, biological child, or adopted child from that relationship. Separations and breakups or divorces are indicated by one and two slash marks (/ and //) respectively, cutting across the relationship bracket line. We place pregnancies and children from each relationship in order from the earliest to latest, proceeding from left to right. We indicate deaths by an X symbol placed within the pertinent circle or square. If known, we provide names of people and dates of birth, adoption, marriage, separation, divorce, and death alongside the symbols. For example, we might note just above or beneath a bracket line indicating a marriage relationship "m. 3/18/1987." This indicates that the couple married on March 18, 1987. If this relationship leads to a birth or adoption, such events might be recorded by "b. 4/21/1989" or "a. 4/21/1989." If the couple later separates, we could indicate that event by "s. 4/23/1994." A subsequent divorce could be shown by "div. 5/7/1995."

³Not all people have biological or adopted families of origin. Many children grow up in foster-care settings, children's institutions, or hospitals. In such circumstances, some adaptation of the genogram may be necessary to identify significant persons in the individual's life. Sometimes, creation of an eco-map (see the next section) may be more applicable than a genogram.

⁴For an example of a genogram created with the program Relativity™, go to <http://www.interpersonaluniverse.net/genogram.html>.

⁵Medical physicians and geneticists often use the term *family pedigree* to describe a graphic representation of illnesses and diseases that occur within three or more generations of a family.

You may add descriptions of individual people and relationships with brief notations. For example, one family member may have served in the military during a war, and perhaps another suffered from diabetes. Indeed, circumstances may warrant a genetic family history (Bernhardt & Rauch, 1993) or pedigree to trace biological and physiological phenomena across generations. We may also record significant events such as major accidents, injuries, crimes, and changes of residence or occupation. Additional symbols or notations may be used to characterize the nature of selected relationships (McGoldrick & Gerson, 1985; McGoldrick et al., 1999). Very close relationships, those that are emotionally cool, those that are strained, and those that involve conflict may be identified. You may place the sources of information at the bottom of the genogram along with the date and name of the person who prepared the genogram.

A family genogram may be as brief or as extensive as the person or people organizing the information want it to be. Some people pursue its creation with great zeal, spending hours interviewing parents, aunts and uncles, and grandparents. They may even contact distant relatives and former neighbors. Others base their genograms solely on information they personally recall. Usually, the intended purpose for the genogram determines the amount of energy expended in data collection and preparation. Genograms may be prepared in the present—the family as it is now—or the past tense—how it existed at some earlier point. It is even possible to prepare a genogram based on predictions of the future—how the family may appear 5 or 10 years hence. Many people find it useful to take “genogrammatic” snapshots of the family as they remember it at significant points in their development (for example, beginning grammar school, graduating from school, leaving home, entering military service or college, marrying, or giving birth to or adopting children).

As an illustrative example, consider the case of Mrs. Lynn Chase. Later, we will learn more about her situation. At this point, however, we are primarily concerned with displaying a typical genogram, as shown in Figure 2.2. Susan Holder, the social worker who prepared the genogram from Mrs. Chase’s perspective, pulled together a considerable amount of information in readily accessible form. There are concise notes regarding some major intergenerational family themes and patterns. This genogram could be an important reference in Susan’s service to Mrs. Chase.

Although many social workers are quite familiar with family genograms, there are other forms of genograms as well. For example, you may sometimes find it useful to collaborate with clients in the preparation of cultural genograms (Congress, 1994; Hardy & Laszloffy, 1995; Keiley et al., 2002) or spiritual genograms (Frame, 2000; Hodge, 2001a, 2001b, 2005a). In child welfare service, the development of a household or placement genogram (Alter & Adkins, 2001; Altshuler, 1999; McMillen & Groze, 1994) may be particularly helpful.

Ecological Assessment

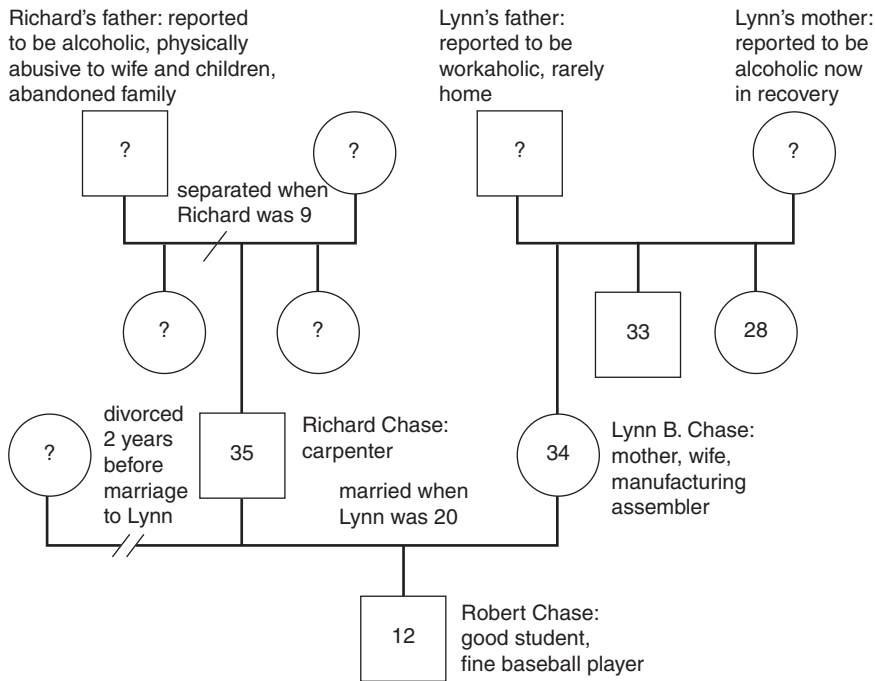
In addition to family experiences, the broader ecological contexts in which people live also affect us. We are influenced by past and present social and environmental circumstances and by expectations for our future. As human beings, social workers are, of course, affected by these factors as well. Ecological factors influence various aspects of both your personal and professional lives. Indeed, your social ecology is quite likely to affect your professional experience and performance as a social worker.

An eco-map (Hartman, 1978; Hartman & Laird, 1983) is an extremely useful tool for portraying the ecological context because it provides a diagrammatic representation of a person’s social world. In addition to presenting an overview of a person, family, or household in context, the eco-map readily highlights the energy-enhancing and energy-depleting relationships between members of a primary social system (for example, family or household) and the outside world (Mattaini, 1993a, 1993b, 1995). The graphic nature of the eco-map highlights social strengths and deficiencies and helps identify areas of conflict and compatibility. It often indicates areas where



FIGURE 2.2

Chase Family Genogram



Notes: Richard's father is reported to have left the family when Richard was approximately 9 years old. Lynn says that Richard, his siblings, and his mother were physically and emotionally abused by his father, who apparently was also alcoholic.

Lynn was the eldest child in a family where she remembers that her father was rarely at home and generally uninformed in family matters. Her mother is reported to have been alcoholic and was often intoxicated during Lynn's childhood years. Lynn apparently assumed many adult responsibilities at an early age. As a result, she may exhibit some of the characteristics of a "parental child" of an alcoholic family system.

There are noticeable family themes of alcoholism and possibly workaholism. Richard may have been physically and emotionally abused as a child. Both Lynn and Richard may tend to assume great amounts of personal responsibility.

Robert is a good student and a fine baseball player.

Prepared by _____
Susan Holder, MSW
Social Worker

From the perspective of: Lynn B. Chase
Date: January 13

change could occur. Eco-maps may be used for different purposes (Fieldhouse & Bunkowsky, 2002; Hodge, 2000, 2005c). They naturally complement genograms (Mattaini, 1990).

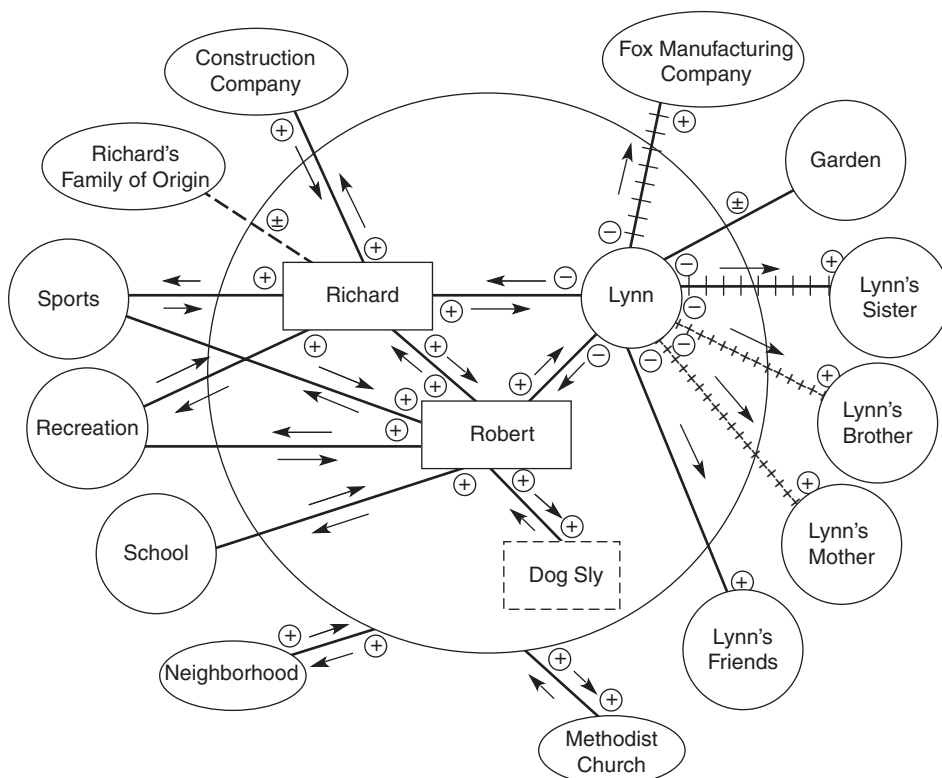
Squares or circles are used to represent members of the primary social system (for example, the household). We draw these in the middle of a sheet of paper and place them within a large circle. Other significant social systems with which the person, family, or household members interact are also identified and encircled. Lines characterize the interactions and relationships among the identified social systems. A solid line (————) reflects a strong (generally positive) relationship; a dotted line (- - - -) reflects a tenuous relationship; and a hatched line (+++++) reflects a stressful or conflicted relationship. Arrows (→) are used to indicate the direction of the flow of energy

or resources between systems. These relationship lines may characterize the exchange of energy among family members. Plus (+), minus (-), and plus-minus (\pm) signs may be placed adjacent to relationship lines as a supplement, indicating that the relationship is energy enhancing, energy depleting, or evenly balanced in terms of energy investment and return.

As an illustrative example, Figure 2.3 contains an eco-map of Lynn Chase's family. Using information provided by Mrs. Chase, the social worker depicted important social systems with which the Chase family members interact, illustrating and characterizing the relationships among the systems. When used in the context of providing social work services, the eco-map gives both the worker and client a great deal of information in graphic form. As you can easily observe, Mrs. Chase appears to expend much more energy than she receives from most interactions with other people and social systems.

FIGURE 2.3

Chase Family Eco-Map



Note: It appears that both Richard and Robert have reasonable equilibrium in terms of the amount of energy invested and returned. Lynn, however, appears to expend much more energy than she receives. She seems to have a large number of relationships in which she invests but relatively few from which she gains energy.

Prepared by _____
Susan Holder, MSW
Social Worker

From the perspective of: Lynn B. Chase

Timelines

Events and experiences in both the past and the present may affect human beings in profound and often unexpected ways. Expectations concerning the future also influence our current thoughts, feelings, and actions. One way to organize information in the temporal dimension is through timelines. A timeline is a simple table that reflects, in shorthand fashion, important events or experiences in chronological order during a designated period. At least two kinds of timelines may be especially useful. A “Critical Events Timeline” provides an opportunity to outline significant or meaningful experiences in a person’s life. An “Issue (or Problem) Timeline” provides a means to trace the origin and development of a particular issue or problem. Other timelines may be helpful as well. For example, a “Relationship Timeline” can provide a graphic temporal representation of key moments in a personal, family, or professional relationship. A “Successes Timeline” can facilitate the process of looking for strengths by recording dates of accomplishments, achievements, and other successful experiences. All sorts of timelines are conceivable. You can even extend timelines into the future by imagining or forecasting significant events, moments, or experiences that might occur and could have an impact later on in life.

Creating your own timelines tends to produce considerable self-understanding—because you must actively reflect on important lifetime events. Many clients also benefit from the experience of constructing their own timelines. At times, however, someone else may need to help. For example, a parent might generate a timeline for a child, or a social worker might create a timeline to record critical events in the life of a support group.

The guidelines for creating timelines are quite simple and highly flexible. Feel free to be creative. The basic components are (1) a fairly long, continuous, horizontal or vertical line representing a period of time, (2) several perpendicular, intersecting, or angled lines of shorter length to indicate the dates of selected events, and (3) short descriptions of the events or experiences adjacent to the shorter lines. You may use additional codes or symbols for other purposes as well. For example, events of a positive nature may be indicated with a plus sign (+), whereas those of a negative nature could be accompanied by a minus (–) sign. You could serve the same purpose by placing positive events above a horizontal timeline (or to the left of a vertical timeline) and those of a negative nature below (or to the right) the timeline.

Figure 2.4 contains Lynn Chase’s “Critical Events Timeline.” In this instance, the social worker prepared a preliminary timeline based on information provided by Mrs. Chase. Later, she gave the working draft to Mrs. Chase, who edited the timeline and returned a copy of the updated version.

As you notice, the Critical Events Timeline yields a temporal outline of important experiences in Mrs. Chase’s life. When used in the context of serving clients, timelines give both parties ready access to significant information. Both Mrs. Chase and her social worker could use the timeline for easy reference throughout the course of their work together.

Personality Assessment

Helping professionals frequently use the term *personality*. However, they may attribute quite diverse meanings to the concept. Indeed, one of the most challenging questions that behavioral scientists ask is, “What is personality?” In addressing that question, Magill (1998) suggests that “most theorists agree that people have an internal ‘essence’ that determines who they are and that guides their behavior, but the nature of that essence differs from theory to theory” (p. 453). Personality



FIGURE 2.4

Lynn Chase—Critical Events Timeline

35 years ago	Lynn Shaughnessy is born
Age 5–12	Unhappy childhood
	Father often away; mother drinks heavily
	Lynn is a good student
Age 12	Boy calls Lynn “fat”; very upsetting
Age 13	Maternal uncle makes sexual approach
Age 15	Feels intense shame during confession to priest
Age 18	First dates; first sexual experiences as high school senior
Age 19	Drinks heavily; parties often; has multiple sex partners
	Meets Richard
Age 20	Marries Richard; stops heavy drinking
Age 22	Robert is born
Age 26	Cyst is discovered and removed; Lynn unable to have more children
Age 34	In July Lynn goes to work at Fox manufacturing; begins to experience headaches, loses weight, frequently feels irritable, starts smoking again
Age 35	In January, Lynn makes her first visit to the agency

theorists vary in terms of the relative emphasis they place upon particular aspects of this personal essence. Some focus upon instinctual urges, others highlight motivational factors, and still others emphasize internal conflicts. Some reflect their strong interest in human developmental processes, others in internal or external expectations, and still others in enduring types, characteristics, or traits. These diverse theoretical approaches to personality may be categorized into (1) type, (2) trait, (3) psychodynamic/psychoanalytic, (4) behavioral, (5) social learning/social cognitive, and (6) humanistic theories (Roeckelein, 1998, pp. 374–375).

As you might imagine, various researchers have developed assessment instruments that correspond to these theoretical perspectives. Currently, one of the most popular trait approaches to personality assessment involves attention to the following “big five” personality factors: openness, conscientiousness, extraversion, agreeableness, and neuroticism (OCEAN) (Benet-Martinez & John, 1998; Digman, 1990; John, 2007–2009; John, Donahue, & Kentle, 1991; John, Naumann, & Soto, 2008; John & Srivastava, 1999; Srivastava, John, Gosling, & Potter, 2003).

EXERCISE 2-3: SELF-UNDERSTANDING AND SELF-CONTROL

1. As part of an effort to enhance your understanding of self, prepare a genogram of three generations of your family. You may draw the genogram on one or more letter-size pieces of paper or use a software program to create the graphic. Several word-processing packages allow for the creation of squares, circles, triangles, and lines to link them. You could also use one of the “family genogram” programs available commercially or as shareware.⁶ In creating the genogram, include your grandparents and parents, if possible, as well as your siblings and yourself. If you have children or grandchildren, you may include them as the fourth and fifth generations, respectively. For this exercise, rely on your own memory rather than seeking a lot of information from other family members. Try to include the approximate dates and categories of significant family events such as births, deaths, marriages, divorces, separations, graduations, military service, hospitalizations, relocations, injuries, and traumatic experiences. Include pleasant as well as unpleasant events. If you do not remember details, enter question marks instead of facts. Include the genogram in your Social Work Skills Learning Portfolio.
2. When you have completed the genogram, reflect on your childhood and family experiences by addressing the questions presented below. Use the space provided to prepare brief responses.

As a child, what role or roles (for example, family hero, scapegoat, peacemaker, rescuer, or parental child) did you play in your family? What role or roles do you currently tend to play in family or family-like relationships? When you were young, how did adults and children express affection in your family? How do you tend to express affection now? How did adults and children in your family express feelings such as anger, fear, and joy? At this point in your life, how do you express these feelings? How were people (especially children) educated, guided, and disciplined in your family? Who performed these socialization functions? Today, how do you attempt to educate,

⁶You may download a trial copy of GenoPro® at <http://www.genopro.com>.

influence, or correct others? How did your family reflect its ethnic and cultural identity and heritage? How do you? What is your conception of the ideal family? How does it compare with your actual family experience?

3. As a part of the ongoing effort to enhance your self-understanding, prepare an eco-map of your current social ecology. You may draw the eco-map on one or more letter-size pieces of paper or use a software program to create the graphic. Several word-processing packages allow for the creation of assorted graphic symbols and means to draw lines to link them. You could also use a specialized eco-map computer program.⁷ As you prepare the eco-map, identify sources of stress or conflict as well as sources of support and nurturance. Use arrows (→) to indicate the direction of energy or resource flow between yourself and other people and systems; use plus (+), minus (-), or plus-minus (±) signs to reflect energy use. When you have finished, include the eco-map in your Social Work Skills Learning Portfolio. Reflect upon the eco-map. Consider what it might suggest about your current social situation. Then use the space provided to address the following questions:

Which relationships in your current situation enhance your energy level? Which deplete energy? How does your social situation affect the physical, intellectual, and emotional energy you have available for use in critical thinking and lifelong learning activities, service to clients, and other aspects of your social work roles? What would you consider the ideal social situation? How does it compare with your current situation? Given the nature of your present social situation, what kinds of clients and what issues would be likely to elicit strong emotional reactions? What changes in your current social situation might enhance the psychological, emotional,

⁷You may view an eco-map created with the Ecotivity™ program at <http://www.interpersonaluniverse.net/ecomap.html>.

physical, cultural, spiritual, and social resources needed to provide high-quality social work services to clients?

4. As a part of the ongoing effort to enhance your self-understanding, prepare a personal critical events timeline. If possible, use a word-processing or drawing software program to create a simple linear table. Use the basic guidelines described earlier in the chapter to identify the approximate dates of events and experiences that you believe have significantly affected your life. When you have completed the timeline, think about its implications. Include the timeline in your Social work Skills Learning Portfolio. Use the space provided to respond to the following questions:

What events or experiences in your life were “turning points” or “tipping points” that led you to change directions or alter the course of your life path? Look ahead 10 or 15 years. Assume that you continue along in your current life path. What significant events or experiences do you anticipate? How might those affect you? Consider your critical events timeline in relation to the roles and responsibilities of social workers. What do you see as the implications for you and your career as a social worker?

5. Access the Internet, and use a search engine such as Google, Bing, or Yahoo to find an online copy of the Big Five Personality Test located on the “outofservice” personality-testing Web site (Potter, 1996–2009). The Big Five Personality Test is a free, online version of John and colleagues’ Big Five Inventory (John et al., 1991, 2008; Srivastava et al., 2003). Once there, click on the “Learn more about the Big Five” and the “Read our consent form” links to familiarize yourself with this approach to personality assessment, and learn about the conditions and your rights regarding use of this online instrument. If you understand and consent to the guidelines, complete the Big Five Personality Test and receive your results in the form of a summary report that includes percentile scores. Record your scores in Table 2.2 below.

TABLE 2.2
“Big Five” Inventory Scores Worksheet

	Your Percentile Score	Dimension
O		Openness to Experience
C		Conscientiousness
E		Extraversion
A		Agreeableness
N		Neuroticism

Although some of the “big five” dimensions are quite evident, the following brief descriptions may provide greater clarity:

Extraversion implies an energetic approach toward the social and material world and includes traits such as sociability, activity, assertiveness, and positive emotionality. *Agreeableness* contrasts a prosocial and communal orientation toward others with antagonism and includes traits such as altruism, tender-mindedness, trust, and modesty. *Conscientiousness* describes socially prescribed impulse control that facilitates task- and goal-directed behavior, such as thinking before acting, delaying gratification, following norms and rules, and planning, organizing, and prioritizing tasks. *Neuroticism* contrasts emotional stability and even-temperedness with negative emotionality such as feeling anxious, nervous, sad, and tense. Finally, *Openness to Experience* (vs. closed-mindedness) describes the breadth, depth, originality, and complexity of an individual’s mental and experiential life. (John & Srivastava, 1999, p. 30)

Use the space below to discuss the implications of the Big Five Personality Test report and your percentile scores. In particular, briefly outline what your scores might suggest about you as a potential social work professional.

6. Go to Appendix 5 to complete the Self-Control Schedule. The questionnaire is not an examination. You can neither “pass” nor “fail” in this exercise! Use the questions and your answers to assess your current level of self-control.

When you have completed and scored the Self-Control Schedule, reflect on its implications by addressing the questions presented below. Record your responses in the space provided.

In what life areas have you exhibited strong self-control? In what areas would you like to develop greater self-control? What social work practice situations will challenge you the most to maintain personal and professional self-control?

Social Support

Social work is not a solitary endeavor. Rather, it is social profession dedicated to the provision of social services. Grounded in a person-in-environment perspective and motivated by a mission to serve individuals, families, groups, organizations, communities, and societies, social workers are deeply involved with others. The nature of the work requires regular collaboration and cooperation, ongoing supervision or consultation, and a great deal of social support. In the absence of energy-enhancing and reality-testing social support, social workers would quickly deplete their personal resources and increase the likelihood of meeting some of their own psychosocial needs and wants through their relationships with clients. Solitary social workers who lack strong, positive personal and professional social networks are quite vulnerable to numerous temptations.

Genograms and eco-maps graphically represent family and social relationships. Timelines illustrate the temporal dimension. Scales regarding self-control and acceptance of others provide information about personal beliefs, behaviors, and attitudes. All these exercises promote self-understanding. They may also reveal something about the contexts within which social support is given and accepted or withheld and rejected.

Social support may be essential for human well-being (Lang, 2002; Lincoln, 2000; Sinha, Nayar, & Sinha, 2002; Turner & Marino, 1994; Whitfield & Wiggins, 2003) and may represent an especially relevant theme for social workers—personally as well as professionally. Social support includes those “formal and informal activities and relationships that provide for the needs of humans in their efforts to live in society. These needs include . . . a network of other individuals and groups who offer encouragement, access, empathy, role models, and social identity” (Barker, 2003, p. 407).

The genogram and eco-map you prepared should provide excellent graphic representations of the primary and secondary social systems with which you interact. Maps such as these help people identify key relationships and social systems. They may not, however, fully reflect the nature of the feelings and experiences of social support that occur within various systems and interactions. For this purpose, another kind of assessment may be needed.

Recognize that social support involves several dimensions. As a social worker, you and your clients sometimes identify sources of social support that are satisfying or energizing. Frequently, you and your clients take steps to increase the size or enhance the quality of their social networks and relationships. Often, you encourage a client’s family members and friends to join you and your client in meetings intended to further such goals. At other times, you and a client may determine that certain people or groups are unlikely to become sources of support. In such contexts, your client may decide to reconfigure or restructure certain social networks. Efforts such as these may help clients enhance their social functioning and improve the overall quality of their lives.

Of course, social relationships and social networks also influence social workers. Indeed, the nature and extent of your own social supports are likely to affect the quality of your professional work, as well as the satisfaction you experience in providing service. The interpersonal and emotional demands of professional social work practice can be substantial. Social workers who feel personally and professionally supported in their networks and personal relationships are simply better prepared to cope effectively with the inevitable stress that accompanies professional practice. What’s more, social workers who lack adequate social involvement and support may be tempted to use relationships with clients to meet some of their personal, social, and emotional needs. For example, suppose you were a social worker who did not feel supported in your relationships with family members and friends. Might you be tempted to seek such support from some of your clients? Might you be tempted to judge harshly a client who does not appear to be supportive of his own spouse or children?

Especially when faced with multiple demands of a highly stressful nature, social workers can be influenced by their own social circumstances. As a social worker steeped in the person-in-environment perspective, you recognize the importance of the social world for your clients' well-being. Do not underestimate its importance for your own.

EXERCISE 2-4: SOCIAL SUPPORT

As a supplement to the genogram and eco-map, complete the Social Support Appraisals Scale (SS-A). This questionnaire helps you to assess your personal experience of social support. It is not a test. You can neither pass nor fail.

When you have scored the scale, think about its implications by addressing the questions presented below. Record your brief responses in the space provided.

Where and from whom do you experience the greatest social support? Where and from whom do you experience the least? What kinds or forms of social support do you most like to give? What kinds or forms do you most like to receive? In what ways would you like to change your current social support systems? Why? What steps could you take to make those changes? What would indicate, demonstrate, or "prove" that you had successfully made those changes?

Summary

Social workers come from all sorts of backgrounds. We exhibit a wide range of personality profiles and social lifestyles. We are attracted to the profession for many different reasons. Our motivations for service vary. Some of us have a strong sense of altruism—a desire to give of ourselves to others. Others have a philosophical commitment to social justice or a better world. Some are motivated by religious conviction, and some of us are proponents of a particular cause that we hope to pursue through a career in social work. Others follow in the footsteps of a relative or other significant person who served as a social worker. Some see social work as a way to continue in a family role, such as caretaker, with which we are personally familiar, whereas others see social work as a way to become a counselor or psychotherapist.

Some of us choose educational programs in social work because we believe admissions requirements are lower, course work less challenging, and professors less rigorous than in certain other schools or departments. Still others have personal or social problems that we believe might be resolved through social work education and through service to others, or perhaps we have been clients ourselves and identified with the social workers who served us.

You may have thought about some of your own motives for choosing social work as you read this chapter and completed the exercises. You have considered several characteristics of professionalism. At this point, you should have a preliminary sense about your level of proficiency in the social work skills, a recognition of the significance of integrity, professional knowledge, and self-efficacy, and a developing awareness of several aspects of yourself and your social world. You should be able to prepare genograms, eco-maps, and timelines and appreciate the relevance of personality. You should recognize the importance of self-understanding, self-control, and social support as they pertain to professionalism in social work practice.

In effect, as you completed the exercises in this chapter, you adopted a person-in-environment perspective. You examined aspects of yourself as a person and considered dimensions of your environmental situation. We hope that you have gained some awareness of the relationships among your attributes as a person, your family and social environments, and the characteristics needed for effective service as a professional social worker in contemporary society.

CHAPTER 2 SUMMARY EXERCISE

Reflect on and integrate the results of this chapter's content and learning exercises through a brief discussion of the implications of integrity, knowledge and self-efficacy, self-understanding (of family, eco-systems, timelines, and personality), self-control, and social support as aspects of professionalism in social work practice. Prepare your discussion in the form of a two- to three-page word-processed report (500 to 750 words) titled "Implications of Selected Aspects of Professionalism for Social Work Practice." When you have finished, include the report in your Social Work Skills Learning Portfolio.

CHAPTER 2 SELF-APPRAISAL

As you finish this chapter, please reflect on your current level of professionalism in terms of integrity, knowledge and self-efficacy, self-understanding and self-control, and social support by completing the following self-appraisal exercise.

SELF-APPRAISAL: PROFESSIONALISM

Please respond to the following items to help you reflect upon professionalism as presented in this chapter. Read each statement carefully. Then use the following 4-point rating scale to indicate the degree to which you agree or disagree with each statement. Record your numerical response in the space provided:

4 = Strongly agree

3 = Agree

2 = Disagree

1 = Strongly disagree

4	3	2	1	Rating Statement
				<i>At this point in time, I can</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Describe the characteristics of professionalism.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Discuss the significance of professionalism for effective social work practice.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Discuss how integrity serves as an integral aspect of professionalism.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Discuss how professional knowledge and self-efficacy, self-understanding and self-control, and social support relate to effective social work practice.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Prepare a family genogram.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Prepare an eco-map.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Prepare a critical events timeline.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Discuss the implications of a personality assessment.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Complete a preliminary assessment of proficiency in the social work skills.
				Subtotal

Note: These items are identical to those contained in the Professionalism section of the Social Work Skills Self-Appraisal Questionnaire presented in Appendix 3. If you completed Exercise 2-2 earlier in this chapter, you have already responded to these items once before. You may now compare the responses you made on that occasion with those you made this time. Also, compare the two subtotals. If you believe that you have progressed in terms of your proficiency in, for example, the ethical decision-making skills, the more recent subtotal should be higher than the earlier one.

CHAPTER 3



CRITICAL THINKING, SCIENTIFIC INQUIRY, AND CAREER-LONG LEARNING

Social workers must possess an extraordinary breadth and depth of knowledge, and access and analyze a massive amount of emerging information to provide effective, up-to-date services to people facing difficult challenges. The intellectual challenges faced by social workers in contemporary practice are daunting. To meet such demands, we need highly developed skills for critical thinking, scientific inquiry, and lifelong learning. Indeed, the Council on Social Work Education (CSWE, 2008) expects graduates of both undergraduate and master's-level programs to “apply critical thinking to inform and communicate professional judgments” (p. 4), understand and apply the “principles of logic, scientific inquiry, and reasoned discernment” (p. 4), and “engage in career-long learning” (p. 3).

In this chapter, we explore additional aspects of professionalism to complement those addressed in Chapter 2. These include critical thinking, scientific inquiry, and career-long learning.



BOX 3.1

Chapter Purpose

The purpose of this chapter is to help learners understand and apply skills of critical thinking, scientific inquiry, and career-long learning within the context of contemporary social work practice.

Goals

Following completion of this chapter, learners should be able to:

- ◆ Discuss critical thinking, scientific inquiry, and career-long learning and their implications for social work practice.
- ◆ Use critical thinking skills to evaluate the credibility of a claim, conclusion, or argument.
- ◆ Use scientific inquiry skills to formulate a precise question and search for, discover, and analyze one or more research studies related to a practice or policy-relevant topic.
- ◆ Assess career-learning needs, establish learning goals, and prepare learning plans.
- ◆ Assess proficiency in the skills of critical thinking and scientific inquiry, and career-long learning.

Core Competencies

The skills addressed in this chapter support the following core EPAS competencies:

- ◆ Identify as a professional social worker and conduct oneself accordingly (EP2.1.1).
- ◆ Apply critical thinking to inform and communicate professional judgments (EP2.1.3).
- ◆ Engage in research-informed practice and practice-informed research (EP2.1.6).
- ◆ Respond to contexts that shape practice (EP2.1.9).

Critical Thinking and Scientific Inquiry

Critical thinking is “the propensity and skill to use reflective skepticism when engaged in some specific activity” (McPeck, 1990, p. 3). Involving “the careful examination and evaluation of beliefs and actions” (Gibbs & Gambrill, 1996, p. 3), critical thinking is “the art of thinking about your thinking while you are thinking in order to make your thinking better: more clear, more accurate, or more defensible” (Paul, 1993, p. 462). Scientific inquiry

involves making observations; posing questions; examining books and other sources of information to see what is already known; planning investigations; reviewing what is already known in light of experimental evidence; using tools to gather, analyze, and interpret data; proposing answers, explanations, and predictions; and communicating the results. Inquiry requires identification of assumptions, use of critical and logical thinking, and consideration of alternative explanations. (National Research Council, 1996, p. 23)

Obviously, scientific inquiry and critical thinking are inseparable—especially as applied in professional social work practice. Membership in a profession requires advanced, specialized “knowledge of some subject, field, or science . . . [gained through] . . . prolonged training and a formal qualification” (*Oxford English Dictionary [OED]* [Online], 2009). In its definition of social work, the International Federation of Social Workers (2000) states that “social work bases its methodology on a systematic body of evidence-based knowledge derived from research and practice evaluation, including local and indigenous knowledge specific to its context” (Theory section, para. 1).

The National Science Teachers Association (NSTA) recognizes the importance of science and scientific inquiry in the complex and ever-changing world of the 21st century. The NSTA board of directors (2004) suggests that students should understand:

- ◆ That science involves asking questions about the world and then developing scientific investigations to answer their questions.
- ◆ That there is no fixed sequence of steps that all scientific investigations follow. Different kinds of questions suggest different kinds of scientific investigations.
- ◆ That scientific inquiry is central to the learning of science and reflects how science is done.
- ◆ The importance of gathering empirical data using appropriate tools and instruments.
- ◆ That the evidence they collect can change their perceptions about the world and increase their scientific knowledge.
- ◆ The importance of being skeptical when they assess their own work and the work of others.
- ◆ That the scientific community, in the end, seeks explanations that are empirically based and logically consistent. (pp. 2–3)

The NSTA board further indicates that students should:

- ◆ Learn how to identify and ask appropriate questions that can be answered through scientific investigations.
- ◆ Design and conduct investigations to collect the evidence needed to answer a variety of questions.
- ◆ Use appropriate equipment and tools to interpret and analyze data.
- ◆ Learn how to draw conclusions and think critically and logically to create explanations based on their evidence.
- ◆ Communicate and defend their results to their peers and others. (p. 2)

Genuinely professional social workers engage in scientific inquiry and critical thought about all aspects of their work—including the selection and application of theories and research findings that inform their knowledge base and guide their decisions and actions. Furthermore, in our collaborative work with clients, we regularly monitor, assess, and evaluate progress toward goal achievement and use those findings to make adjustments in plans and actions steps.

As helping professionals, we have, in effect, agreed to a “social contract” with society and the people we serve. Our knowledge and expertise must be based on much more than good intentions or on the opinions of colleagues, supervisors, professors, or textbook authors. As professionals, we have to be scientifically minded in our pursuit, discovery, analysis, and application of knowledge for use in service to others. The evidence we select cannot be based upon personal or ideological bias and prejudice. Rather, our evidence base is derived and supported by findings from research

studies, sophisticated logical analysis, traditional intellectual standards (Paul & Elder, 1996), and empirical results from our work with clients. We must be scientifically minded and critically thinking because the validity and relevance of our knowledge base, the quality of our analyses, and the nature of our judgments profoundly affect people's lives.

The Council on Social Work Education (2008) recognizes that knowledge alone does not necessarily lead to good decisions. Even extremely knowledgeable social workers must ask questions about the validity, reliability, and relevance of all information that might inform the nature and quality of our service. We realize that our ideas, beliefs, or judgments are subject to error. Therefore, we conscientiously remain open to evidence that calls them into question. We carefully consider factors such as risk of harm, efficiency, probability of success, and sometimes cost-effectiveness. We also consider legal and ethical dimensions and consciously reflect upon the cultural implications of the words we might use and the actions we could take.

In considering the value of information, critical thinkers tend to be adept at these skills:

- ◆ Distinguishing between verifiable facts and value statements.
- ◆ Distinguishing relevant from irrelevant observations or reasons.
- ◆ Determining the factual accuracy of a statement.
- ◆ Determining the credibility of a source.
- ◆ Identifying ambiguous statements.
- ◆ Identifying unstated assumptions.
- ◆ Detecting bias.
- ◆ Identifying logical fallacies.
- ◆ Recognizing logical inconsistencies in a line of reasoning.
- ◆ Determining the overall strength of an argument or conclusion (Beyer, 1988, p. 57; as cited by Duplass & Ziedler, 2002, p. 116).

Thoughtful reflection and analysis are necessary throughout all phases, aspects, and forms of professional social work. Particularly because social workers commonly address unstructured issues that do not have easy “right” or “wrong,” “true” or “false,” or “multiple-choice” solutions, we must be adept at several critical thinking and scientific inquiry skills (Berlin, 1990). In particular, social workers require the abilities to:

- ◆ Identify and frame the nature of issues accurately.
- ◆ Formulate useful, relevant, and appropriate questions to guide data collection.
- ◆ Collect relevant, valid, reliable, and useful information.
- ◆ Select or formulate relevant, valid, reliable, and useful thinking processes by which to reach decisions or make judgments based on relevant, valid, reliable, and useful information.
- ◆ Use relevant, valid, reliable, and useful thinking processes to reach and support professional decisions and judgments.
- ◆ Base actions on sound professional decisions and judgments.
- ◆ Evaluate the effects of decisions, judgments, and actions.
- ◆ Reconsider and revise judgments and actions based on relevant, valid, reliable, and useful information.

Proficiency in these abilities requires considerable intellectual prowess. Social workers must think clearly, logically, and creatively to adapt effectively to the wide range of people, issues, and contexts we face. In other words, the stakes are extremely high. Social work practice is complex, multidimensional, multisystemic, and certainly challenging. There are few simple issues and fewer simple solutions. We can confidently assert that social workers proficient in critical thinking skills

are better able to address complex issues and more likely to help than to harm others. Those of us who do not think critically represent a genuine risk to our clients, our colleagues, and ourselves.

Especially when we feel frustrated, overwhelmed, and ineffective in the face of obstacles, we may be tempted to just “try something.” We may feel an impulse to respond to a client in a certain way because of our own strongly held personal beliefs or our own intense feelings. We might experience an “intuition” or “hunch.” Occasionally, we might be tempted to react to a client as we might to one of our own family members—perhaps as a parent might react to a child or sometimes as a child to a parent. Critical thinking skills provide balance, rationality, and sometimes restraint in such contexts.

Similarly, we may find ourselves attracted to information presented on television, in popular magazines, or on the Internet. We might think, “I could try this with my clients.” Be very careful. Think critically and inquire scientifically before taking action based on such information. Although some may be accurate, pertinent, and useful, much of the information published and distributed widely may be untested, unexamined, or even false. Critical thinking skills are essential to determine the relative validity, reliability, and relevance of information for professional social work service.

Although all human beings engage in various “thinking” activities, it appears that relatively few of us are highly skilled in critical thinking. Elder and Paul (1996; Paul & Elder, 2002, p. 47) describe six stages of critical thinking development:

- Stage 1: *The Unreflective Thinker* (remains unaware of significant problems in her or his thinking)
- Stage 2: *The Challenged Thinker* (becomes aware of problems in thinking)
- Stage 3: *The Beginning Thinker* (tries to improve quality of thinking, but does so without regular practice)
- Stage 4: *The Practicing Thinker* (recognizes the necessity of and engages in regular practice to improve thinking proficiency)
- Stage 5: *The Advanced Thinker* (improves quality of thinking in accordance with nature and extent of practice)
- Stage 6: *The Master Thinker* (skilled and insightful thinking becomes second nature)

Paul and Elder’s stages of the development of critical thinking reflect some similarities to Perry’s model of intellectual development. Perry (1970) suggests that during their educational experience, college students tend to adopt positions within four categories of intellectual development: (1) dualism, (2) multiplicity, (3) contextual relativism, and (4) committed relativism (Battaglini & Schenkat, 1987; Belenky, Clinchy, Goldberger & Tarule, 1986; Moore, 2003; Perry, 1970, 1981).

College students often begin their education as dualistic thinkers, whose thinking occurs in simplistic and dichotomous fashion. Things are either “good or bad,” “correct or incorrect,” “right or wrong,” or “true or false.” *Dualistic thinkers* assume that absolute truth exists; there is a valid source (for example, a supernatural being or force, a sacred or authoritative text, or a superior authority) for that knowledge; and someone (for example, a professor, parent, employer, or a political or religious leader) has legitimate access to the source. Dualistic thinkers often make assertions or claims without providing evidence or arguments to substantiate them, or by referring to an authority and an authoritative source as if they were infallible.

Life does not present in a simplistic true–false, right–wrong, or good–bad fashion. Many issues and situations are complex and dynamic. When we approach life’s challenges in simplistic, dualistic fashion, we usually overlook potentially useful perspectives and fail to consider innovative solutions. Furthermore, such a lens seriously interferes with our ability to appreciate, understand, and empathize with others.

During their college experience, students often begin to realize that there are, indeed, many different points of view and frames of reference. Dualistic thinking may give way to an open appreciation of multiple perspectives because “anything could be true” or “your opinion is just as good as anybody else’s.” *Multiplistic thinkers* often make assertions or claims based upon an assumption that perspectives cannot, and perhaps should not, be judged by others or by external standards. Furthermore, “everyone has a right to his or her point of view.” When making claims, multiplistic thinkers may provide support in the form of statements such as, “That’s my view. I have a right to my opinion—just as you have a right to yours.”

A major problem with multiplistic thinking is that opinions, positions, and claims are not all equally valid, reasonable, or relevant. Some claims have such a low probability of validity that we professionals can dismiss them as erroneous, irrational, unreasonable, unlikely, or invalid. Indeed, some views (for example, notions of racial, religious, or national superiority) routinely contribute to much human suffering. Absent a means and a willingness to assess the validity and reasonability of ideas and beliefs and the actions associated with them, multiplistic thinkers could easily tolerate ludicrous, dangerous, or even genocidal positions.

Whereas dualistic thinkers believe they know absolutely what is right and wrong and can readily take action based upon such certainty, multiplistic thinkers may be unable to assess various positions from a rational or scientific perspective and, as a result, may become indecisive and passive. Dualistic thinking (for example, national, racial, or religious bigotry) can lead to attempts to eliminate undesired peoples from existence (for example, the Holocaust and the genocides in Armenia, Cambodia, Darfur, East Timor, Rwanda and Burundi, Kosovo, Macedonia, and Sierra Leone). Multiplistic thinking can lead to passivity and indecision in the face of complex and competing viewpoints. As Edmund Burke reputedly said, “All that is necessary for the triumph of evil is that good people do nothing.” Inaction may contribute to rather than ameliorate danger when human beings are at risk.

In contrast to multiplistic thinkers, *contextually relativistic thinkers* realize that different points of view or frames of reference vary in terms of their value or utility vis-à-vis the situation or circumstance. The situation or context influences the relativistic thinker’s perspective and judgment. As social workers, we often engage in this kind of thinking when we attempt to understand clients from a person-in-environment perspective. Seeking to understand and empathize, we often find value in the experiences and viewpoints of people from various cultures and circumstances. The combination of attention to context and empathic understanding without judgment often contributes greatly to our ability to develop strong working relationships and alliances with people who find themselves in challenging contexts or who differ from ourselves. Contextual considerations are crucial to genuine respect and understanding. However, if we remain exclusively focused on the particular people and the immediate situation, we may fail to consider transcendent factors (for example, human rights, social justice, the safety of children, the rights of minorities, the ecological welfare of planet earth) and the long-term consequences of our actions.

As you might infer, one problem with situational or contextually relativistic thinking is its inconsistent and amorphous quality. If we consider ideas and phenomena in only personal and situational terms, others find it difficult to trust us. Indeed, interactions with a situational thinker often lead to a sense of uncertainty about that person’s identity. The person seems to change in accord with changing circumstances. In the extreme, there is a chameleon-like quality. We cannot know whether the situational thinker will keep a promise or maintain a position in the face of challenge or during times of change. He or she might readily neglect a commitment, alter a position, or reverse a decision because of changing circumstances. The situational thinker often lacks a general sense of continuity and congruence in the form of a personal or professional identity and a philosophy with which to address the inevitable tensions associated with multiple perspectives, various and dynamic circumstances, and changing demands. Situational thinkers often find it

extremely difficult and sometimes quite frightening to make final decisions and firm commitments or to take strong intellectual positions. After all, circumstances might change.

In contrast to situational thinkers, *committed relativistic thinkers* develop a general philosophy with a set of values or guiding principles through which to approach life and consider various points of view. Committed thinkers reflect a coherent identity and a tangible sense of “self.” Well-conceived values and principles complement multiplistic and situational thinking and enable the committed thinker to take positions on complex issues. By applying transcendent values and principles to ideas, positions, proposals, and intellectual dilemmas, committed thinkers can prioritize, reach conclusions, make decisions, and take action. In committed thinking, coherent value-based principles, the particulars of the situation, and various perspectives are all considered. When conflicts among these aspects arise, committed thinkers apply their philosophically based values and guiding principles along with their understanding of the facts of the situation to reach a resolution. Rather than simply accumulating evidence to support preconceived positions, the committed relativist engages in a sophisticated thinking process that takes into account multiple perspectives, situational differences, and relevant values. This complex, principled thinking process leads to intellectually defensible positions.

On occasion, committed thinkers reconsider their own philosophical frames of reference and may revise certain principles in light of emerging knowledge, experience, evidence, and analysis. When such adaptations occur, it is usually because a higher-level principle supersedes one of lower value. For example, a committed thinker might assign greater value to the principles of honor, integrity, human rights, and social justice over those of personal security and safety. As a result, she might publicly advocate for the release of a woman imprisoned because she left an abusive husband. She might protest against the use of the death penalty by the state. She might advocate on behalf of hate crimes legislation. Or, she might “tell the truth” about a colleague’s fraudulent behavior despite threats that she “will lose her job” if she does so.

As you might imagine, when pressured, stressed, or challenged, humans often experience a diminished capacity for complex thinking. Under pressure, dualistic thinkers tend to become more fervent in their right–wrong views and multiplistic thinkers become more ambivalent and indecisive. When distressed, situational thinkers often lose their ability to process complex ideas, diverse perspectives, and changing circumstances in a rational manner. Committed thinkers, on the other hand, may be more capable of considering various points of view and situational factors, as well as their philosophically based values and principles in reaching rational decisions—despite the feelings of distress associated with challenge, disagreement, and conflict. A coherent sense of identity and a willingness to reconsider positions based upon emerging evidence may enhance their ability to cope with unexpected demands in a thoughtful manner.

Development of critical thinking and scientific inquiry skills requires familiarity with concepts such as claim, argument, assertion, premise, assumption, and conclusion. Whether a friendly neighbor shares a story during a backyard conversation or a scientist publishes an article in a professional journal, humans commonly express information in the form of an argument. In this context, the term *argument* does not mean a disagreement between two or more people. Rather, “to argue is to produce considerations designed to support a conclusion. An argument is either the process of doing this . . . or the product, i.e. the set of propositions adduced (the premises), the pattern of inference and the conclusion reached” (Blackburn, 1996, Argument section, para. 1).

In philosophical usage, an argument is one or more statements (called “premises”; singular “premise” or “premiss”) advanced in order to support another statement (the conclusion). . . . Premises actually support a conclusion only when there is the appropriate sort of logical connection between the premises and the conclusion. In deductive arguments,

the conclusion must be true given the truth of the premises; in an inductive argument, the truth of the premises makes the conclusion more probable. Any deductive argument in which the premises really do have the appropriate logical connection with the conclusion is called a “valid” argument; in invalid arguments, this connection is lacking. A valid argument may, however, fail to support its conclusion because one or more of its premises is false—for example:

- ◆ All pigs fly.
- ◆ All flying things are lighter than air.
- ◆ Therefore, all pigs are lighter than air.

This argument is valid, but it fails to convince because both of its premises are false. Most of us realize that few, if any, pigs can fly and most things that can and do fly are substantially heavier than air. An argument with at least one false premise is called “unsound”; a sound argument is a valid argument all of whose premises are true. (Martin, 1994, pp. 24–25)

In effect, an argument represents an attempt to establish the truth or validity of an idea through a series of statements. Arguments contain two major parts. One part, the claim or conclusion, is the proposed idea or position. Other terms for claims and conclusions are *propositions*, *thesis statements*, *assertions*, or *central arguments*. In research studies, claims and conclusions are often called hypotheses and conclusions, respectively.

The second part of an argument is the premise or premises. Premises are the grounds or foundations that support claims and conclusions. Alternate terms for premises are *data*, *support*, *findings*, or *evidence*. Solid data (for example, facts, results from scientific studies, empirical findings) represent strong evidence to support a claim or conclusion. If the data are weak, they may, in effect, merely represent another claim rather than serve as genuine support for the original claim. An unsubstantiated claim supported by another unsubstantiated claim is not much of an argument.

Recognizing Logical Fallacies

Social workers’ abilities to examine an argument, evaluate the credibility of evidence, and assess the legitimacy and relevance of claims and conclusions are becoming increasingly significant because we are in the midst of an extraordinary and continuously expanding information explosion. Information of all kinds and quality is widely disseminated through the popular media, and especially the Internet. Much of this information is of dubious quality. Most of us realize that opinions are not facts, beliefs are not truths, and information is not knowledge. Many statements—even those expressed by professionals, professors, and other authorities—reflect flawed logic or faulty reasoning and contain readily identifiable logical fallacies. B. N. Moore and Parker (1995) suggest that a logical fallacy is a “bad argument, one in which the reasons advanced for a claim fail to warrant its acceptance” (p. 125). Pine (1996) states that a

logical fallacy is an argument that is usually psychologically persuasive but logically weak. By this definition we mean that fallacious arguments work in getting many people to accept conclusions, that they make bad arguments appear good even though a little commonsense reflection will reveal that people ought not to accept the conclusions of these arguments as strongly supported. . . . [W]e can think of these fallacies as “informal” because they are most often found in the everyday exchanges of ideas, such as newspaper editorials, letters to the editor, political speeches, advertisements, disagreements between people, and so on. (pp. 113–114)

If you are alert for them, you can find logical fallacies in journal articles, textbooks, formal talks, papers, and presentations. We can certainly recognize them in our own thoughts and in the words we speak or write. Indeed, logical fallacies appear in every facet of life and from every imaginable source. Although advertisers, politicians, and sales representatives are widely recognized as purveyors of false information through persuasive but logically fallacious arguments, many advocates routinely engage in such practices—sometimes intentionally and often unwittingly. Indeed, we might hypothesize that a majority of human beings do not recognize logical fallacies in their own or others' arguments. Humans seem to be quite susceptible to quackery (Barrett & Jarvis, 1993) of all kinds, and we commonly accept as “true” all sorts of superstitious beliefs. Shermer (1997) uses the term *pseudoscience* to reflect aspects of these phenomena. Social work professors and students are certainly not exempt.

Scholars in the field of logic and communication have identified hundreds of informal fallacies. Below, I provide a summary of several common logical fallacies and associate them with brief two-letter “codes” that students and professors may use to annotate fallacies that appear in various written and oral statements. By regularly using the codes, you may enhance your ability to assess the credibility of your own and others' claims, assertions, and arguments. A few of the more common logical fallacies include the following (Cournoyer, 2004):

Ad Hominem (AH): Someone claims that the evidence or information should not be considered because the person or organization presenting it is somehow flawed or unworthy. For example, a social work student might claim that information presented by a professor should be rejected because “the professor is a feminist.” Obviously, “she’s a feminist” is an unsupported assertion. If it is accurate, we do not understand how that would be a flaw or how it would mean that all information provided by someone who espouses feminist views would necessarily be inaccurate or invalid.

Anecdotal Evidence (AE): As “grounds” to support a claim, someone describes a single or a few circumstances where the claim applies. For example, a social work professor might claim that college students today cheat more than students did a decade earlier. To support the claim, the professor might say, “Just last semester, one student copied five pages of materials straight from the Internet and thought I wouldn’t catch it.” Citing one or a few examples does not mean a claim is true or, for that matter, false. It is simply poor evidence. Most of us could identify some examples to support almost any claim. Those examples, however, may not be representative of the group or phenomenon in question.

Appeal to Pity (AP): Someone attempts to support a claim by suggesting that failure to accept it would lead one or more people to experience loss or hardship. For example, a client might argue, “If my spouse leaves me, I’ll have no reason to live.” Pity for the client might lead the spouse to remain in the relationship or the social worker to encourage the client’s spouse to do so. In logical terms, however, the client has not provided grounds to support the claim that his reason for living is, has been, will be, or should be in any way related to his spouse’s presence. As may be the case in this example, appeals to pity often reflect an element of “emotional blackmail.”

Begging the Question (BQ): Someone attempts to support a claim by repeating the original or a similar claim. In effect, the claim remains unsubstantiated by data or evidence. For example, a social worker might assert that “my client is angry and uncooperative” and support the claim by saying, “She’s really hostile.”

Biased Sample (BS): Someone makes a claim about a group, population, or phenomenon and uses data drawn from an unrepresentative sample as grounds. This logical fallacy is similar to anecdotal evidence in that both reflect an invalid attempt at generalization.

Burden of Proof (BP): Someone makes a claim and places the burden of supporting or proving it upon others. This is a common trick in sales, as when the sales representative asks a potential customer to provide reasons why he or she should not want a particular product or service.

False Dilemma (FD): Someone makes a claim and suggests that only two options apply. For example, an advocate for a certain political position might frame the issue in “either/or” fashion such as, “Do you prefer the patriotic or unpatriotic approach?” Dichotomization can overly simplify complex phenomena or issues and lead people to overlook data and perspectives that are not included among the limited positions presented.

Personal Experience (PE): Someone asserts that all opinions, conclusions, and approaches to a phenomenon or issue are ultimately based on personal beliefs and experience. Therefore, all are equally legitimate and none should be considered superior. Relativistic thinking of this kind would be consistent with Perry’s “multiplicity” stage. Of course, some claimants intentionally use this fallacious argument in an attempt to persuade or dissuade others. Some social workers are susceptible to PE reasoning in their effort to be empathic and respectful of others. You may notice this in your classes when a fellow student or the professor makes unsupported, unreasonable, or irrelevant comments that go unchallenged.

Popular Belief (PB) and *Popular Practice* (PP): Someone attempts to support a claim because “others believe it’s true” or “everybody does it.” For example, a claimant might argue that a large proportion of the general population believe in psychic phenomena (see, for example, Shermer, 1997). Therefore, “we should believe in them too.” Or a student who plagiarized might claim that she should not receive a failing grade because survey findings indicate that a large percentage of students do so as well (Scanlon & Neumann, 2002). Obviously, because something is widely believed does not make it true, nor does something become right or effective simply because it is widely practiced.

Red Herring (RH), *Smokescreen*, or *Diversion*: Someone presents irrelevant information as part of a claim or argument. A common debating trick, the red herring distracts others from the original claim—which may well go unexamined as the participants explore the unrelated topic instead. You may well be familiar with “bait and switch” tactics in sales, where one item is advertised but another is presented when customers visit the store.

Same Cause (SC): Someone argues that because two or more events or phenomena occur simultaneously, one must “cause” the other or they must result from the same cause. Sometimes intentional, the SC fallacy often results from a basic misunderstanding about correlational or associational data. Although high correlations may lead us to formulate useful hypotheses about causal factors, they cannot establish causation. Suppose, for example, a social worker serves a family where a child experiences symptoms of anxiety and the child’s mother frequently expresses herself in a loud manner. We cannot reasonably infer that the child’s anxiety and the mother’s loud expression result from the same cause, nor can we firmly establish either that the mother’s manner of expression causes the child’s anxiety or that the child’s anxiety causes the mother’s loud expression.

Slippery Slope (SS): Someone asserts that one event will inevitably lead to other, more serious events. Typically, the SS argument does not include data to establish a strong relationship between the one and the others. Advocates of various kinds, perhaps especially politicians, commonly use the “slippery slope” argument to justify severe legal, social, and military actions on grounds that “failure to do so will lead to something far worse.” Like the AP argument, use of the SS tactic often triggers an emotional reaction. Rather than pity, however, others tend to experience fear as they conclude that dire consequences are virtually inevitable. Thus engaged, many fail to examine carefully the evidence regarding the relative probability that catastrophic events will indeed follow the event in question.

Straw Man (SM): Someone “substitutes an inaccurate, incomplete, or distorted characterization of another person’s position and then proceeds to challenge the validity of the substitution (or straw man)” (Counoyer, 2004, p. 145). Like that of the red herring, the straw man strategy may divert others so that the original argument remains unexamined.

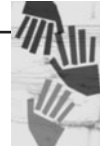
Unsubstantiated Assertion (UA): This is a claim or assertion that lacks supporting grounds, data, or evidence. For example, a social worker might claim, “My boss is sexist.” However, because the social worker fails to provide criteria for sexism or evidence to support the claim that the boss meets those criteria, it remains an incomplete argument that cannot be validated.

Wishful Thinking (WT): Someone asserts that something is true because he or she wishes it were true and it would feel uncomfortable to conclude that it is false. For example, a social worker might assert that his close friend and colleague Joe could not possibly have embezzled money from the agency because “Joe would never do such a thing.” Of course, good friends sometimes do bad things—despite our favorable view of them.

There are dozens, perhaps hundreds, of logical fallacies and thousands of variations. As social workers, we must think critically about all aspects of our professional work—including the sources used and the thinking processes adopted to guide our judgments, decisions, and actions. Logical fallacies represent genuine threats to the quality and validity of our conclusions. If we recognize fallacious thinking, then we may take steps to control, manage, or counteract it in order to improve the quality of our decisions and behavior. In this regard, social work professionals are similar to scientists in that every research project involves numerous threats to validity. Scientists must, therefore, be alert both to flaws in their own logic and reasoning and also to the risks and threats associated with all phases and processes of their research endeavors. Researchers recognize the various threats to the validity of their studies and seek to control or manage those threats to increase the likelihood of valid results. In so doing, however, scientifically minded researchers recognize that even the very best studies seldom yield definitive findings. Rather, they think in terms of probabilities. That is, they recognize that their findings—even when threats to validity are controlled—reflect a certain probability of being true or false. Indeed, when researchers publish the results of their studies, they commonly indicate the statistical probability that their findings might be due to unknown factors or “chance.” Researchers understand that determining that a claim or hypothesis reflects a high probability of validity (or a low probability of error) is usually the best result possible. Absolute certainty is rare.

Scientific Inquiry

In pursuit of valid conclusions, scientific researchers attempt to control for or manage the numerous threats to internal and external validity and reduce the likelihood of false positives and false negatives while increasing the likelihood of true positives and true negatives. As Box 3.2 shows, when someone holds a belief, asserts a claim, or proposes a hypothesis that something is true, and it actually is true or valid, we call that a *true positive*. When someone believes, claims, or hypothesizes that something is false or invalid, and it actually is false or invalid, we call that a *true negative*. A *false positive* occurs when someone asserts that something is true or valid, but it actually is false or invalid. A *false negative* results when someone suggests that something is false or invalid, but it actually is true or valid.



BOX 3.2

True and False Positives and Negatives

	The Claim, Conclusion, Assessment, or Hypothesis Is Actually True	The Claim, Conclusion, Assessment, or Hypothesis Is Actually False
Belief That the Claim, Conclusion, Assessment, or Hypothesis Is True	<i>True Positive (Valid)</i>	<i>False Positive (Invalid)</i>
Belief That the Claim, Conclusion, Assessment, or Hypothesis Is False	<i>False Negative (Invalid)</i>	<i>True Negative (Valid)</i>

We often use these terms in reference to medical laboratory tests. When we provide some blood or urine for testing, laboratory personnel analyze the sample, and submit a report containing the results. We might learn, for instance, that a test shows signs of elevated cholesterol levels in our blood. If accurate, the results would represent a true positive. That is, the test indicates that we have high cholesterol and we actually do. If the test shows that we do not have high levels of blood cholesterol when we truly do not, then the results would represent a true negative.

Occasionally, the results of medical lab tests are inaccurate. That is, a test might indicate we have high cholesterol when we actually do not. This would be a false positive. A false negative would occur when a test fails to show we have high cholesterol when we actually do.

These same processes occur in social work. For example, suppose a social worker, her supervisor, and a parent all believe that Susie, a 14-year-old, is using marijuana and amphetamines. They base their beliefs (that is, their claims or conclusions) on changes in Susie's behavior, her performance in school, and her social network. However, Susie says that she is not using those or any other drugs. After several random blood and urine samples are taken and tested by a reliable laboratory, the results confirm that she is telling the truth. The adults' beliefs represent a false positive. They believed that their conclusions were accurate when they were actually false. Susie's statement represents a true negative. She denied that she was taking drugs and indeed she really was not using them.

Another example of a false positive includes a child-protection worker's conclusion that a child's parents are abusive and neglectful when they are actually engaged, caring, and protective. Of course, such invalid claims and conclusions can have devastating effects. Parents wrongfully accused of child abuse—especially sexual abuse—can experience a lifetime of pain and suffering because of the after effects of false allegations.

Like false positives, false negatives can also have disastrous and sometimes life-ending consequences. Suppose, for example, a social worker concludes that her depressed client Jesse is not suicidal when he actually plans to end his life within a few days. When Jesse does commit suicide, the social worker realizes that her conclusion was mistaken. Had the social worker reached a different conclusion, she might have taken assertive action to protect Jesse from his own suicidal motives and plans.

Other examples of false negatives include claims or conclusions that a person is not homicidal when he actually is, that a parent is not abusive of her child when she is, that a man did not rape a woman when he did, that a spouse was not violent toward her partner when she was, that a social service program is ineffective in helping its clients when it is effective, that human activity does not contribute to global climate change when it truly does, that human slavery no longer exists when it does, or that the genocide of approximately 6 million Jewish people and another 5 million Gypsies, homosexual people, and other minorities during the Holocaust did not occur when it actually did.

In our efforts to increase the likelihood of true positives and true negatives and reduce the likelihood of false positives and false negatives, we must think scientifically about our hypotheses, judgments, and actions. Failure to do so may have serious consequences for our clients and ourselves.

Indeed, social workers engage in scientific inquiry to: (1) reduce the likelihood of harm to clients and others affected by our ideas and actions; (2) increase the probability of positive outcomes for people—especially those affected by our services; (3) improve the ongoing quality of policies, programs, and practices in general; and (4) increase the effectiveness of programs and practices that affect our own current clients.

The Council on Social Work Education (2008) expects graduates of accredited programs to “comprehend quantitative and qualitative research and understand scientific and ethical approaches to building knowledge . . . [and] . . . employ evidence-based interventions, evaluate their own practice, and use research findings to improve practice, policy, and social service delivery” (p. 5). Just a few decades ago, many science textbooks presented an outline of an approach to scientific inquiry as if it were the one and only approach. Referred to as “the scientific method,” it was typically described as a several-stage process. A common format, for example, included the following steps:

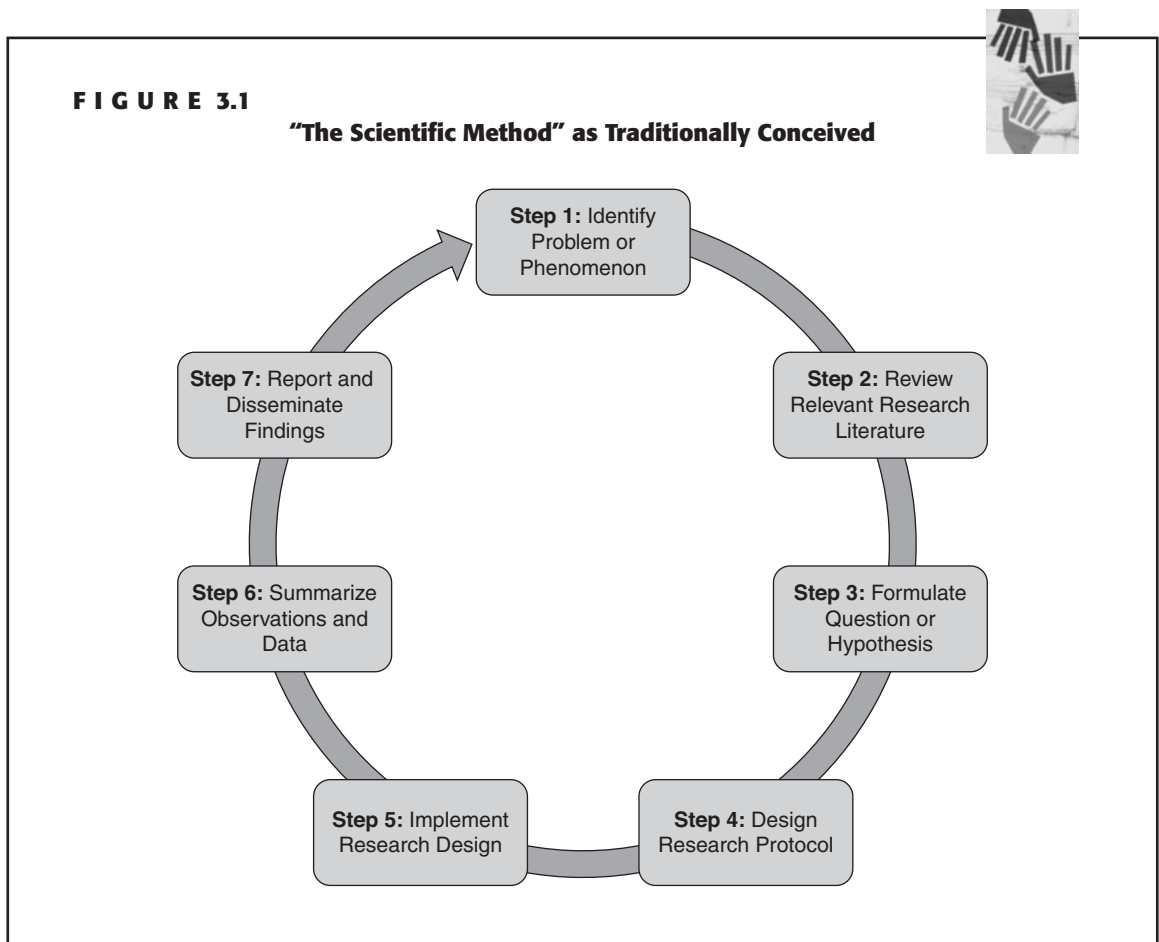
1. Recognize a problem or phenomenon for investigation.
2. Review the relevant research literature to learn what others have discovered and to determine if someone else has already investigated the phenomenon or solved the problem.
3. Formulate a specific question or hypothesis that captures what you hope to test or investigate. Typically, the question is phrased in an “if A, will B” or an “if C, then D” or fashion. For example, as social workers we hope to resolve social problems such as hunger, poverty, unemployment, oppression, discrimination, or exploitation. We might, therefore, formulate a question such as, “If a government implements a proposed social policy intended to reduce the incidence of a particular social problem, will the incidence among the population actually decrease?” Or, we might prepare a hypothesis such as, “If we provide people affected by the social problem a particular kind of social work service, then they will experience a reduction in the frequency, intensity or severity, extent, or duration of that social problem.” At one time, hypotheses were typically phrased in a “null” manner. That is, researchers would hypothesize that they would find “no difference” in average outcome among members of a group that received the service or experienced the phenomenon and a group that experienced something else. For example, we might prepare a null hypothesis such as, “There will be no (statistically significant) difference between the average severity and duration of the social problem among members of a group who receive professional social work services and the average severity and duration of the social problem among group members who receive peer support.”
4. Design a research protocol to answer the question or test the hypothesis. Identify relevant independent variables and determine the dependent variable or variables that will be used to measure the incidence, frequency, severity, or duration of the problem or phenomenon. Control for or manage threats to internal and external validity.

5. Implement the research design, make and record observations, take measurements, and collect data.
6. Summarize the observations, measurements, and data. Conduct statistical or other analyses.
7. Disseminate findings and conclusions in the form of a report or research paper. Provide descriptive information about the problem, the population or sample, the variables, and the research design so that other researchers may replicate the investigation.

Contemporary scientists and researchers fully recognize that there is and never has been a single “scientific method.” Rather, there are many scientific methods. Indeed, the National Science Teachers Association board of directors (2000) has endorsed a position statement about the nature of science. A portion of that statement reads as follows:

Although no single universal step-by-step scientific method captures the complexity of doing science, a number of shared values and perspectives characterize a scientific approach to understanding nature. Among these are a demand for naturalistic explanations supported by empirical evidence that are, at least in principle, testable against the natural world. Other shared elements include observations, rational argument, inference, skepticism, peer review and replicability of work. (para. 3)

Although some social workers conduct large-scale scientific research studies on a full-time basis, most of us regularly use skills of scientific inquiry for two main purposes: (1) to search for and locate practice-related research studies, analyze them for their quality and relevance, and translate



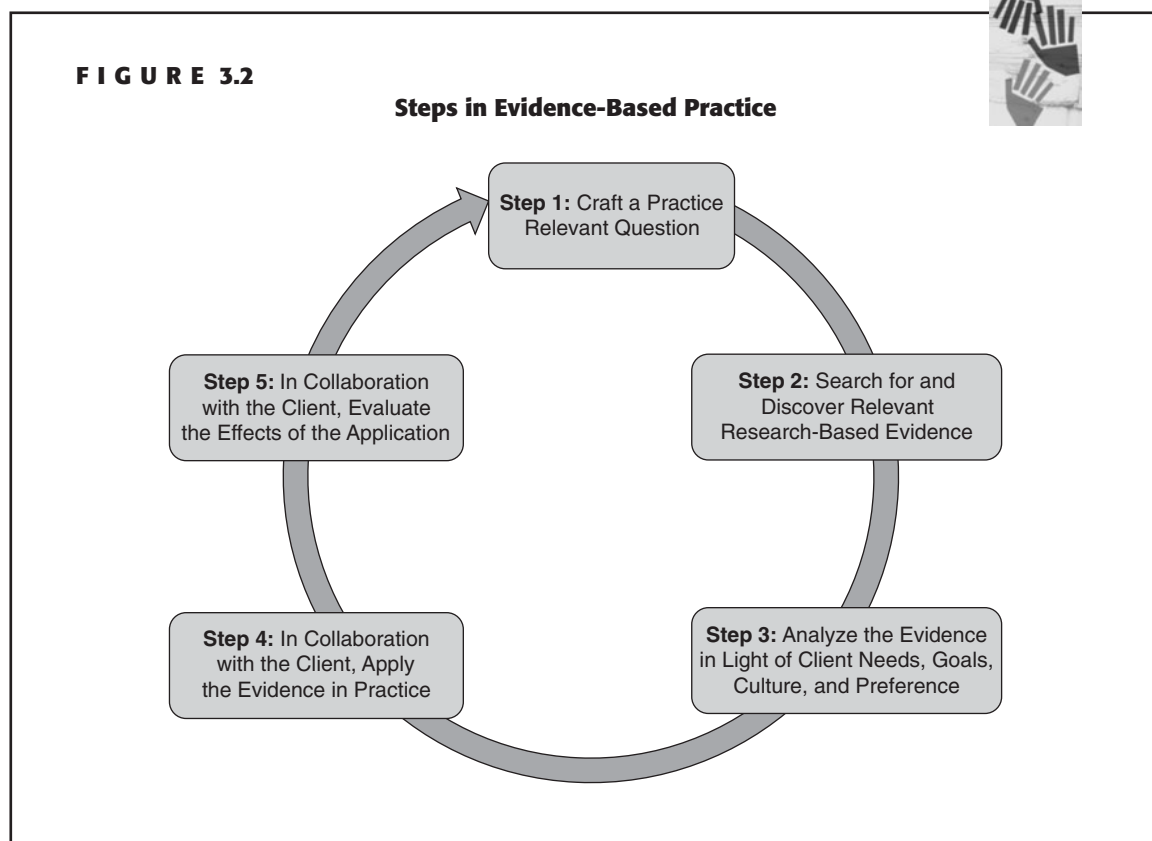
credible findings for use in our professional activities; and (2) to evaluate the effectiveness of our service to clients. We may refer to these two forms of scientific inquiry as nomothetic and ideographic research, respectively (Cournoyer, 2004; Cournoyer & Powers, 2002). When combined and integrated, they constitute the essential elements of evidence-based social work.

Evidence-based social work involves the mindful and systematic identification, analysis, and synthesis of nomothetic and ideographic evidence of practice effectiveness as a primary part of an integrative and collaborative process concerning the selection, application, and evaluation of service to members of target client groups. The evidence-based decision-making process includes consideration of professional ethics and experience as well as the cultural values and personal judgments of consumers. (Cournoyer, 2004, p. 4)

Evidence-based practice involves several steps¹ (see Figure 3.2):

The *practice-relevant question* should be formulated in a precise manner so that it includes (1) a social problem; (2) a client or other target population; (3) at least one practice or policy approach or intervention, or an assessment tool or instrument; and (4) an effect or outcome.

The *search* involves (1) identification of keywords and their synonyms derived from the question; (2) preparation of a specific, keyword-based plan about where and how to conduct the search; (3) formulation of guidelines for analyzing and criteria for including and excluding materials located through the search; (4) implementation of the search plan; and (5) discovery and storage of located resources.



¹For a more comprehensive examination and review of these processes, see Cournoyer (2004).

The *analysis* involves (1) a careful review of the located resources to determine their relative credibility; (2) exclusion of resources that fail to meet the guidelines and inclusion criteria, and selection of those that do; (3) organization, synthesis, and translation of the selected resources into meaningful practice or policy principles and guidelines; and (4) consultation with prospective clients or others potentially affected by the implementation of policy or plan.

The *application*² involves (1) collaborative decision making with clients or affected others about the goodness-of-fit between the evidence-based practice or policy and their personal and cultural values, traditions, capacities, and preferences; (2) adaptations based upon the professional's practice experience and the unique characteristics of the individual, family, group, organization, or community; and (3) implementation of the agreed-upon plan.

The *evaluation*³ involves (1) collaborative measurement or assessment of the outcomes and effects of the practice or policy (for example, progress toward problem resolution or goal achievement as well as client satisfaction); (2) incorporation of findings to adapt, revise, or change the practice or policy to improve the quality of the process and the effectiveness of the outcomes; and (3) application of the new or revised plan and continue to evaluate outcomes and effects (Counoyer, 2004).

As social workers search for research-based evidence of policy, program, or practice effectiveness, we typically use keywords derived from the well-crafted, practice-relevant question to guide our investigation. We also identify sources likely to contain descriptive reports of relevant research studies. In contemporary practice, many social workers can readily access online bibliographic databases of journal articles, books, reports, and dissertations. Of course, colleges and universities, and many health and social agencies purchase access to fee-based, commercial databases where the full-text of research articles and even entire books may be viewed. Many local libraries now include such access for their subscribers.

Some organizations conduct systematic reviews of the research literature that pertains to particular topics. For example, the Cochrane Collaboration conducts rigorous analyses of the research literature in health and medicine, including some psychosocial and psychiatric topics. The Campbell Collaboration conducts systematic reviews of the pertinent research literature in the areas of education, social welfare, and criminal justice. Others include the Centre for Reviews and Dissemination at the University of York in the United Kingdom, the Turning Research into Practice (TRIP) database, or the University of Texas Health Science Center's SUMSearch database. Such organizations carefully "filter" those research studies that meet or exceed certain selection criteria, and synthesize their findings for use by helping professionals.

In our efforts to appraise relevant research studies, we first consider the question of their likely credibility or validity. There are several kinds of validity. For example, *construct validity* involves the strength of the relationship between the way the phenomenon under investigation is conceptualized and measured and the actual phenomenon itself. *Conclusion validity* refers to the strength of a relationship of some kind—causal or not—between the activity under investigation and the outcome.

Two other types of validity are especially relevant for social work. These are *internal* and *external validity*. We use the term *internal validity* to refer to the nature of a research design's capacity to determine that an independent variable causes change in a dependent variable. For example, in the helping professions, researchers and practitioners are interested in whether or not a particular program, intervention strategy, or policy actually works—that is, accomplishes the goal of helping the people it is designed to help. *External validity* refers to the research design's capacity

²See the contracting and the working and evaluating skills in later chapters.

³See the working and evaluating skills in a later chapter.

to permit findings to be generalized, or externalized, to a larger population. In other words, can we reasonably extend the findings beyond the usually relatively small sample of participants to the population from which they were drawn (Roth & Fonagy, 1996)?

A research study seeking to determine the effectiveness of a teenage violence prevention program in Indianapolis, Indiana, would reflect internal validity if it could accurately determine whether or not (and, ideally, to what degree) the program caused a reduction in teenage violence in that city. The study would reflect external validity if the findings could be generalized to violence among teenagers in other cities and towns in the United States or throughout the world.

Researchers generally attempt to avoid or minimize threats to validity. Just as critical thinkers seek to avoid logical fallacies, scientific researchers try to control or manage threats to internal and external validity.

Recognizing Threats to Internal and External Validity

Earlier, we reviewed an abbreviated list of several logical fallacies. We now do the same for the various threats to internal and external validity in the conduct of scientific research (D. T. Campbell & Stanley, 1966; T. D. Cook & Campbell, 1979; Grinnell, 1997; Isaac & Michael, 1971; Roysse, 1995; Rubin & Babbie, 2001; Yegidis, Weinbach, & Morrison-Rodriguez, 1999). Some of the threats to internal validity in research studies include:

Selection and Assignment: Participants in research studies understandably vary from one another in certain respects. Some may be taller, heavier, darker, or older than others. Some may have less education or less income; some may be introverted whereas others may be extraverted in social relations. These variations could potentially affect the outcomes of the study. For this reason, experimental (for example, intervention or treatment) groups are usually paired with control or comparison groups. When the selection and assignment to the experimental and control groups are random, there is a good chance that the average characteristics of each group will be about the same. When randomization is not feasible, sometimes pertinent characteristics of participants are “matched” so that each group reflects a similar composition. However, when the average characteristics of the groups differ significantly from one another, the researchers cannot determine if the intervention actually caused the effects. The differing characteristics of the groups, rather than the intervention, could have led to the results.

History: Even during research studies, “things happen.” When a significant event (for example, a natural disaster, a political or social upheaval, a military engagement, a terrorist attack) occurs sometime between the onset and the conclusion of the study (for example, between pretest and posttest), researchers cannot determine that the intervention actually caused the effects. Indeed, the effects may result from participants’ reaction to the unexpected, external event.

Maturation: In addition to “things happening” during the course of a research study, participants also change for other, more expected reasons as well. For example, as children age, they develop more complex cognitive abilities and social skills. During adolescence, young people change in numerous ways: physiologically, hormonally, emotionally, and socially. Indeed, their brains continue to develop throughout the teen years. During old age, people also change in many ways—some for the better, some for the worse. In general, however, we can expect that human beings of all ages will mature and change in some ways over time. Participants in research studies are no exception. Especially in long-term studies, scientifically minded researchers anticipate that time and aging will affect participants—which can influence outcomes and make it difficult to determine if the intervention or the maturation of the participants caused the effects.

Attrition: During the course of a research study, some participants may discontinue. They may drop out for various reasons—some within and some outside their personal control. Participants sometimes die or become ill or move to a new location because of a change in employment or life circumstances. Some participants choose to leave the study because they have benefited in some way or perhaps because they lose interest in the experience.

Attrition threatens the validity of the study because the people who drop out may differ from those who remain. As a result, the groups (for example, intervention and control or comparison) may become dissimilar and nonequivalent or “mismatched.” Furthermore, the resulting “sample” may become unrepresentative of the population from which it is drawn.

Repeated Testing Effects: When participants complete a test or measure two or more times, they may be affected by the testing experience in some way. Participants may improve their scores on a posttest because they remember some of the items or otherwise retain relevant knowledge from the pretest. Or, participants may become more or less relaxed, complacent, or motivated during repeated testings.

Instrumentation Effects: In addition to testing effects, the tests or measures themselves may be invalid, unreliable, or lose interest to the participants. They may be presented or administered in an improper manner, and errors may be made in scoring. Obviously, if an instrument does not accurately measure what the researchers hope to test, or if it does so unreliably, the validity of the study becomes questionable indeed.

Statistical Regression Toward the Mean: Researchers understand that participants’ test scores tend to moderate in second, third, and subsequent administrations. That is, participants who score unusually high or unusually low in a first test tend to move toward the group average during subsequent tests. This general statistical tendency may account for some of the change in participants’ pretest and posttest scores. As with other threats, such regression toward the mean may make it difficult for researchers to determine how much of the effect was due to the intervention and how much was the result of this powerful statistical tendency.

Reactivity: Usually, participants in research studies are fully aware that they are indeed being studied. Awareness of participation may trigger reactions of various kinds. Some participants may become motivated to “try harder” or perhaps distort their responses to tests and measures (for example, through “Hawthorne” and “placebo effects”). Similarly, participants from an experimental group might interact with those from a comparison group and affect participants’ responses (for example, comparison group members learn about the treatment or intervention from members of the experimental group). Researchers also sometimes react to the research experience. Occasionally, they inadvertently compensate for the lack of treatment for members of control or comparison groups by providing special or unusual care, sympathy, or interest. These various reactive effects can complicate determination of the actual causes of intervention outcomes.

Causal Ambiguity: Sometimes researchers cannot determine whether the independent variable (for example, a treatment or intervention) caused changes in the dependent variable (for example, scores on measures) or vice versa. For example, suppose a researcher discovers that early dropouts from a substance abuse treatment program are more likely to misuse drugs or alcohol than those participants who complete the entire program. Researchers might infer that program completion results in decreased substance abuse (that is, the independent variable affected the dependent variable). However, as Rubin and Babbie (2001, pp. 299–300) discuss, these findings could also be interpreted to suggest that decreased substance misuse leads to program completion (that is, the dependent variable affected the independent variable).

In addition to numerous threats to internal validity, research studies are also subject to threats to external validity as well (D. T. Campbell & Stanley, 1966; Grinnell, 1997; Royse, 1995; Rubin & Babbie, 2001; Yegidis et al., 1999). Some threats to external validity include:

Pretest Intervention Interaction: Earlier we discussed the effects of repeated testing as a threat to internal validity. In addition, the pretest may influence participants' reaction to and behavior vis-à-vis the intervention. If the participants change as a result of the pretest, they may become a nonrepresentative sample of the population. If they are no longer representative of the larger population, then the findings of the research study cannot reasonably be generalized beyond the experimental sample. To do so would raise questions about the study's external validity.

Selection Intervention Interaction: Earlier we discussed the effects of selection and assignment as a threat to internal validity. Selection can also affect external validity as well. Unless randomized selection or carefully matched assignment occurs, we cannot be certain that the sample is truly representative of the population from which it is drawn. Sometimes research studies may involve such a narrowly defined and specific group of participants that the findings cannot reasonably be generalized to many, if any, other people.

Reactivity: The research experience may trigger various reactions among participants. Such reactive effects may threaten external as well as internal validity as participants change in such a way that they no longer can be considered a truly representative sample of the larger population. As a result, the findings cannot validly be generalized beyond the study's participants themselves.

Researcher and Confirmation Bias: Most human beings are subject to confirmation bias. That is, we tend to see what we hope or expect to see. Researchers are not exempt from this general human tendency. Researchers also tend to find what they expect to find and, usually inadvertently and unconsciously, they may subtly encourage or reward participants in the intervention group to change in the expected direction and, thereby, confirm their hypotheses. This threat to internal validity may become an external threat if researchers know which participants are in an intervention group and which are in a comparison group. Researchers' actions to confirm their bias may cause changes among participants such that they lose their status as a representative sample of the larger population.

Understanding Research Designs

Awareness and understanding of the threats to internal and external validity aid us in our review and analysis of research studies. Knowledge of various research designs and their comparative strengths and weaknesses helps as well. For example, many excellent studies are qualitative or nonexperimental in nature. They often contribute extraordinarily useful information about particular problems and specific population groups, and especially how people are affected by various circumstances. They are, however, usually less useful for determining cause-and-effect relationships (for example, establishing that a practice intervention contributes to achievement of clients' goals). Experimental, quasi-experimental, and single-system research designs are usually better for that purpose.

In our search for evidence of policy, program, or practice effectiveness, social workers generally prefer to use findings from research studies that manage threats to internal and external validity, and can reasonably establish a causal relationship between intervention and outcome. Indeed, some proponents of evidence-based practice have established a preferred hierarchy of research designs. Nathan and Gorman (2007), for example, organize research studies into six general types:

Type 1 Studies: These are the most rigorous and involve a randomized, prospective clinical trial. Such studies also must involve comparison groups with random assignment, blinded assessments, clear presentation of exclusion and inclusion criteria, state-of-the-art diagnostic methods, adequate sample size to offer statistical power, and clearly described statistical methods.

Type 2 Studies: These are clinical trials in which an intervention is made, but some aspect of the Type 1 study requirement is missing—for example, a trial in which a double blind cannot be maintained, a trial in which two treatments are compared but the assignment is not randomized, and a trial in which there is a clear but not fatal flaw such as a period of observation that is felt to be too short to make full judgments on treatment efficacy. Such studies clearly do not merit the same consideration as Type 1 studies, but often make important contributions and generally should not be ignored.

Type 3 Studies: These are clearly methodologically limited. Generally, Type 3 studies are open-treatment studies aiming at obtaining pilot data. They are highly subject to observer bias and can usually do little more than indicate if a treatment is worth pursuing in a more rigorous design. Also included in this category are case control studies in which patients are identified and then information about treatment is obtained from them retrospectively. Such studies can, of course, provide a great deal of naturalistic information but are prone to all of the problems of uncontrolled data collection and retrospective recall error.

Type 4 Studies: Reviews with secondary data analysis can be useful, especially if the data analytic techniques are sophisticated. Modern methods of meta-analysis attempt to account for the fact that, for example, negative studies tend to be reported at a substantially lower rate than positive outcome studies.

Type 5 Studies: Reviews without secondary data analysis are helpful to give an impression of the literature but are clearly subject to the writer's opinion and sometimes are highly biased.

Type 6 Studies: This encompasses a variety of reports that have marginal value, such as case studies, essays, and opinion papers. (pp. xii–xiii)

In recognition of the increasingly sophisticated nature of contemporary systematic reviews and meta-analyses of the research literature, and their special value in regard to evaluating practice effectiveness, Guyatt, Sackett, and Sinclair (1995) propose a somewhat different classification approach:

- ◆ Level 1: High Quality Systematic Reviews and Meta-Analyses
- ◆ Level 2: Randomized Controlled Studies with Clear Results
- ◆ Level 3: Randomized Controlled Studies with Unclear Results
- ◆ Level 4: Cohort Studies
- ◆ Level 5: Case Controlled Studies
- ◆ Level 6: Cross-Sectional Surveys
- ◆ Level 7: Case Reports (Greenhalgh, 1997a)

Contemporary social workers must be proficient in accessing and assessing current research related to the clients and the services they provide. Typically, this means that we must locate and carefully read and reflect upon recent research studies in our field of practice. Technological advances over the course of the last few decades now enable researchers to conduct sophisticated “systematic reviews” (Akobeng, 2005; D. J. Cook, Greengold, Ellrodt, & Weingarten, 1997; Greenhalgh, 1997a, 1997b; Grimshaw et al., 2001; Helmer, Savoie, Green, & Kazanjian, 2001; D. L. Hunt & McKibbin, 1997; Jones & Evans, 2000; Pai et al., 2004) and “meta-analyses” (Akobeng, 2005; T. D. Cook et al., 1992; Glass, 1976; M. Hunt, 1997; Rudner, Glass, Evartt, & Emery, 2000; Sutton, Abrams, Jones, Sheldon, & Song, 2000; Videka-Sherman, 1988, 1995; Wierzbicki & Pekarik, 1993) of relevant research studies. Especially popular as a tool for determining evidence-based and

“best” practices in medicine, systematic reviews and meta-analyses are becoming more common among other helping professions and disciplines as well (Cournoyer, 2004; Cournoyer & Powers, 2002; M. Hunt, 1997).

Unlike modern systematic reviews and meta-analyses, traditional literature reviews can easily be influenced by researchers’ intentional or unintentional confirmation bias and may not be truly systematic, truly objective or comprehensive, or genuinely rigorous. Influenced by their preconceived beliefs and predictions, the reviewers expect to find and do indeed find studies and sources that support their own ideas. Resources that challenge, contradict, or refute their ideas somehow remain undiscovered, ignored, or dismissed. As a “study of studies,” truly systematic reviews and meta-analyses of the research literature better manage such threats to validity and, because the methodology is clearly described, others researchers may replicate the review and meta-analysis to determine if equivalent findings result.

One limitation in both the Nathan and Gorman (2007) and the Guyatt et al. (1995) schemas is the relatively low-level placement of single-system design research. The external-validity limitations of single-system research are obvious. Social workers recognize that we cannot generalize the results of our single-system evaluations of our work with individuals, families, groups, organizations, and communities to larger populations. Random selection from a larger population and random assignment to an experimental or a control group are generally impossible in the context of day-to-day social work practice. Nonetheless, single-system evaluation is enormously meaningful to service recipients and others affected by the work we do. Perhaps more importantly, single-system evaluation can readily be incorporated as a regular, routine aspect of all of our professional activities, and its use can directly enhance the quality and effectiveness of our services. When combined with systematic examination of the research-based practice literature, professional experience, collaboration with clients, and critical thinking, single-system evaluation completes the notion of evidence-based social work. See Chapter 12 for specific information about single-system evaluation.

Adopting Universal Intellectual Standards

In our examination of practice-relevant research, social workers attempt to maintain a truly professional and scientific perspective. We recognize threats to validity, identify logical fallacies in our own and others’ claims and conclusions, engage in sophisticated analysis, and adopt rigorous standards of intellect and scholarship. Elder and Paul (1996; Paul & Elder, 1996, 1997) propose an array of universal intellectual standards and valuable intellectual traits that social workers and other scholarly people can consider as we engage in critical thinking, scientific inquiry, and career-long learning. We have slightly adapted their universal standards⁴ to include the following:

- ◆ Humility
- ◆ Empathy
- ◆ Fairness
- ◆ Courage
- ◆ Honesty and Integrity
- ◆ Clarity, Precision, and Accuracy
- ◆ Relevance
- ◆ Intellectual Sophistication
- ◆ Logic

⁴For a more specific application of these standards to social work situations, see Cournoyer & Stanley (2002).

The intellectual standards apply to the way we think and learn about practice, policy, and professional issues and, perhaps most importantly, topics that relate to and affect the people we serve. If we consider that the essential common element of both critical thinking and scientific inquiry is *learning*, then these principles apply to formal learning (for example, academic courses, seminars, workshops, conferences, training institutes) as well as informal learning (for example, self-directed reading of research studies and systematic reviews of the literature; consultation and conversations with colleagues and community members; and work and evaluation with our individual, family, group, organization, and community clients). If we apply both the code of ethics and these intellectual standards to our professional activities and especially to our career-long learning, our clients and colleagues and the members of our community will almost certainly benefit.

Humility: We reflect humility in our professional activities and career-long learning experiences when we recognize and publicly acknowledge our own knowledge and skill deficits. Intellectual humility is consistent with the Code of Ethics of the National Association of Social Workers (2008), which states: “Social workers should provide services and represent themselves as competent only within the boundaries of their education, training, license, certification, consultation received, supervised experience, or other relevant professional experience” (1.04[a] Competence).

Empathy: We reflect empathy in our professional activities and career-long learning experiences when we respect the views and experience of others, and genuinely consider the potential implications of ideas and actions on those likely to be affected by them. If we limit ourselves to our own views and our own experience, we are likely to learn much less than if we include others—especially those who differ from ourselves.

Fairness: We reflect fairness in our professional activities and career-long learning experiences when we exercise intellectual self-discipline and control our tendencies toward bias of various kinds. Humans are often prejudiced, egocentric, ethnocentric, and superstitious as we approach learning. We commonly accept information that confirms and supports our beliefs, opinions, and expectations and ignore that which contradicts or refutes them. Intellectual fairness requires that we genuinely seek out and seriously consider all relevant credible information that pertains to our learning focus.

Courage: We reflect intellectual courage in our professional activities and career-long learning experiences when we change our preconceived beliefs and opinions on the basis of more credible evidence or more complete and sophisticated analyses. Courage is most apparent when our revised, evidence-based views are unpopular with others—perhaps especially people or groups in positions of power and authority. We manifest courage when we publicly argue on behalf of ideas that are thoughtfully constructed and supported by valid research findings, and argue against ideas that lack an evidence base and are associated with biased ideology, superstition, suspect assumptions, and false conclusions.

Honesty and Integrity: We reflect honesty and integrity in our professional activities and career-long learning experiences when we adopt rigorous standards of thought and behavior; sincerely search for, discover, and share genuinely credible information; publicly distinguish facts from opinions as well as our personal views from our professional judgments; revise our thinking on the basis of better evidence or more sophisticated reasoning; acknowledge and credit the contributions of others and our sources of information; and readily admit to and accept responsibility for our own mistakes.

Clarity, Precision, and Accuracy: We reflect intellectual clarity, precision, and accuracy when we express ourselves so that others can comprehend the true meaning of our words. We keep

our audience in mind as we communicate in a sincere effort to increase understanding and avoid misunderstanding. In our oral and written communication, we express ourselves in simple and direct language, and avoid professional jargon that can confuse or diminish others. Frequently, we provide examples, discuss and provide supporting evidence, display graphic illustrations, and sometimes use metaphors or analogies to convey our message clearly, precisely, and accurately so that others can truly understand.

Relevance: We reflect relevance when we engage in activities that pertain directly to our professional goals and objectives and those of our clients. We keep our focus on what we seek to discover and resist our human tendency to attend to familiar or to distracting and irrelevant material.

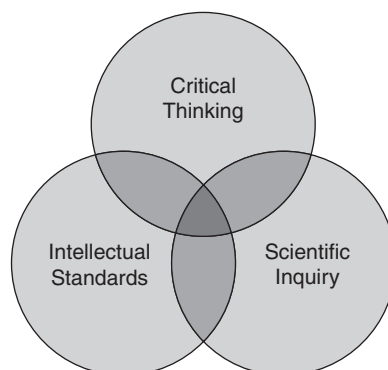
Intellectual Sophistication: We reflect intellectual sophistication when we approach professional topics and issues in a manner that adequately addresses their relative complexity. We resist both the tendency to approach complicated matters in an overly simplistic way as well as the tendency to make straightforward topics excessively complex.

Logic: We reflect logic in our professional activities and career-long learning experiences when we think and express ourselves in the form of complete arguments that contain evidence or credible rationales for our claims or conclusions. We resist the human tendency to engage in fallacious, superstitious, incomplete, and biased thinking. We avoid logical fallacies so that our ideas and statements are both well reasoned and reasonable.

As you consider these universal intellectual standards in conjunction with the logical fallacies and the threats to internal and external validity, you probably recognize the numerous similarities and areas of commonality (see Figure 3.3). Absent scientific evidence, logic alone can lead us to reasonable—but false—conclusions based on invalid premises. Absent critical thought, scientific evidence alone can lead to unwarranted implications and generalizations, and inappropriate applications. Absent intellectual standards, we can easily lose perspective and, perhaps most important of all, neglect the primacy of the people we serve.

FIGURE 3.3

Critical Thinking, Scientific Inquiry, and Intellectual Standards



3. Go to Appendix 7 and complete the Critical Thinking Questionnaire. This instrument will help you assess selected aspects of critical thinking. It is not a graded test. You cannot pass or fail. Furthermore, the instrument is still under development. I have not yet established its validity and reliability. Please consider the instrument and your results as a catalyst for you to consider how you think about and approach critical thinking and lifelong learning.

When you have completed the questionnaire and calculated your scores, consider the implications of your responses by addressing the following questions. Use the spaces provided to prepare brief responses to the following questions: (a) What do your responses to the items suggest about you as a critical thinker? (b) Why might critical thinking be especially important for social workers during the 21st century? (c) What steps might you take to become a more proficient, critical thinker?

4. Access the Internet and use a search engine to locate the “How Science Works” (University of California Museum of Paleontology, 2009a) and “The *Real* Process of Science” (University of California Museum of Paleontology, 2009b) documents at the Berkeley Understanding Science website. Read and reflect upon the contents of both documents. Then, use the space below to reflect upon the distinctions between the steps of the traditional scientific method and the more contemporary conception of scientific processes.

5. Access the Internet and use a search engine to locate the Quackwatch website. Scroll down until you find the link to an article titled “Distinguishing Science and Pseudoscience” (Coker, 2001). Read and reflect upon the article. Then, return to a search engine to go to locate Michael Shermer’s videotaped discussion of 10 science-minded questions to consider in evaluating the credibility of claims. Use the keywords “Shermer baloney detection” to locate the video (Shermer, 2009). The 10 questions are based, in part, on Carl Sagan’s famous “baloney detection kit” as contained in *The Demon Haunted World* (Sagan, 1995). Use the space below to outline how you might use the ideas and principles suggested in these resources as you engage in scientific inquiry to enhance the quality of your social work service to others.

Career-Long Learning

Knowledge is expanding and changing at a speed never before known in human history. Some of what we considered true 10 years ago we now know to be false. Other “accepted truths” rapidly become obsolete as researchers continue their studies and advance the professional knowledge base. Given the pace of growth in research-based knowledge, you will find it difficult indeed to stay abreast of the most recent studies. At the same time, you will probably yearn for additional knowledge to help you better help others. In your efforts to serve, you will soon become aware that you personally, and social workers collectively, always need to know a great deal more than we currently do—despite the ever-expanding knowledge explosion.

Much of the world and most of North American society are well into the “third wave” (Toffler, 1983), when knowledge and learning attain extraordinary value. As a form of wealth, access to good-quality, relevant knowledge is distributed unevenly among societies and populations. In a sense, “haves” can be distinguished from “have nots” by the ease and extent to which they can access current, relevant, and accurate knowledge, and the facility with which they can adapt and improve based on it. As Toffler suggests, “The illiterate of the 21st century will not be those who cannot read and write, but those who cannot learn, unlearn, and relearn.”

Stan Davis and Jim Botkin (1994) suggest that the total knowledge in the world, on average, doubles about every 7 years. In some subject areas, the doubling of knowledge occurs even more rapidly. As many social workers realize from the rapid obsolescence of their personal computers and cell phones, the rate of change in the technological sciences is simply astonishing. However, the knowledge explosion is hardly limited to high technology. It affects the helping professions as well. As a social worker, you might wonder how much of what you now believe to be true is actually false. You might ask how much of what you learned 1 or 2 years ago is now obsolete. We may reasonably anticipate that more and more of what you now “know” will become less and less relevant, valid, and applicable with each passing year.

Unless you as a social worker continuously and aggressively pursue additional learning and think critically about information you access, you will inexorably fall further and further behind the knowledge curve. If you do not continue to learn throughout your social work career, clients could suffer because of your ignorance. You simply must find a way to keep current during this never-ending, always expanding knowledge explosion. If you are to serve your clients effectively, up-to-date, valid, and reliable knowledge is vital. Try to become a “critically thinking, learning person” within the context of “learning organizations” (Cantle, 2000), “learning communities,” and “learning societies.” Prepare a lifelong-learning portfolio to continue learning well after graduation and throughout your professional career (Cournoyer & Stanley, 2002). As Hoffer (1973) suggests, “In a time of drastic change, it is the learners who inherit the future. The learned usually find themselves equipped to live in a world that no longer exists” (p. 22).

In addition to the many personal benefits that result from lifelong learning, social workers are ethically obligated to improve their knowledge and skills throughout their careers. Indeed, the Code of Ethics of the National Association of Social Workers (2008) includes several pertinent ethical principles that reference this responsibility. Consider these excerpts:

- ◆ Social workers should provide services and represent themselves as competent only within the boundaries of their education, training, license, certification, consultation received, supervised experience, or other relevant professional experience. (Section 1.04.a)
- ◆ Social workers should provide services in substantive areas or use intervention techniques or approaches that are new to them only after engaging in appropriate study, training, consultation, and supervision from people who are competent in those interventions or techniques. (Section 1.04.b)
- ◆ When generally recognized standards do not exist with respect to an emerging area of practice, social workers should exercise careful judgment and take responsible steps (including appropriate education, research, training, consultation, and supervision) to ensure the competence of their work and to protect clients from harm. (Section 1.04.c)
- ◆ Social workers should accept responsibility or employment only on the basis of existing competence or the intention to acquire the necessary competence. (Section 4.01.a)
- ◆ Social workers should strive to become and remain proficient in professional practice and the performance of professional functions. Social workers should critically examine and keep current with emerging knowledge relevant to social work. Social workers should routinely review the professional literature and participate in continuing education relevant to social work practice and social work ethics. (Section 4.01.b)
- ◆ Social workers should base practice on recognized knowledge, including empirically based knowledge, relevant to social work and social work ethics. (Section 4.01.c)

The ongoing knowledge explosion and the related changes in information and technology are dramatically affecting social workers and our clients. Combined with scientific inquiry and critical thinking, career-long learning helps us respond effectively and serve clients competently

throughout our professional careers. The most effective social workers engage in an ongoing search for valid and relevant knowledge to inform and guide our helping efforts. In effect, we dedicate ourselves to continuous, career-long learning in formal and informal, professional and nonprofessional, and planned and unplanned contexts.

Preparing and Implementing Learning Goals and Plans: Following graduation and licensure, social workers routinely participate in continuing professional development and related educational activities. Indeed, our social work ethics obligate us to engage in ongoing professional development to maintain or enhance our knowledge and skills. In locales where social workers are licensed, regular continuing professional education is legally required.

Much career-long learning can occur through professional workshops, conferences, institutes, and seminars. Some social workers take relevant college or university courses to enhance their professional development and, of course, many engage in active, independent learning based on their own goals and plans.

Specifying your own learning goals represents a first step in the process of developing and then implementing a learning plan. We identify learning goals based upon an assessment of our learning wants and needs. A common impetus involves the professional roles and functions we fulfill, or aspire to fulfill, in our service as social workers. For example, a social worker might be assigned to supervise four or five other professionals. Inexperienced in supervision, she might establish a goal to learn about contemporary supervision theories and practices. Another typical motivation involves our practice experiences. For example, based upon measures of both outcome and client satisfaction, a social worker might recognize that he is quite ineffective in his efforts to help a certain category of clients (for example, members of a particular age, racial, or ethnic group or those affected by a particular problem). Wanting to better help clients, he decides to learn about evidence-based, best practices for service to that particular group of clients.

Careful preparation of learning goals according to certain educational standards tends to improve the quality of learning plans as well as increase the likelihood of goal accomplishment. When we write learning goals that are descriptive and contain within them a clear action verb and a tangible outcome indicator, we increase the probability of both pursuing and achieving those goals. Furthermore, we become better able to demonstrate or “prove” that we have indeed accomplished them—as documented by our outcome indicators.

For instance, suppose I say, “I want to learn about refugees and immigrants from war-torn Darfur” and establish that as my learning goal. A very timely and important topic indeed. As a result of identifying the topic, I might well search for some materials and do some reading. However, I might do so in a casual or perhaps haphazard way that raises questions about the credibility of the resources chosen. I might not produce tangible evidence of my learning, and it’s possible I might lose interest in my learning goal.

On the other hand, suppose I establish this as my learning goal: *Within 30 days from today’s date, I will search the professional journals for credible research articles about the characteristics, needs, problems, and issues faced by refugees and immigrants from war-torn areas of Africa, especially those from Darfur; review, analyze, and synthesize the high-quality, relevant research literature; and prepare and distribute a 10-page summary report of my learning.*

This version of an individualized learning goal is more specific and descriptive, and contains precise action verbs such as *search, review, analyze, synthesize, prepare, and distribute*. It also contains both a time frame and a tangible outcome indicator in the form of the 10-page report. The report documents the nature, extent, and quality of the learning. We can refer to the document in the future to refresh our memories or, importantly, to serve as a basis for additional learning. For instance, based upon accomplishment of this initial learning goal, I might want to learn how best to provide culturally competent and effective social work or counseling services to refugees and immigrants from the Darfur area of Sudan.

Careful preparation of learning objectives that contain precise, descriptive action verbs tend to promote learning and advance its evaluation. In academic settings, Bloom’s Taxonomy of Cognitive Learning Objectives (see Table 3.1) is widely used as a guide for the formulation of learning objectives (Bloom & Krathwohl, 1956). For example, if you examine the learning objectives contained in the required course syllabi of an accredited BSW or MSW curriculum, you would probably observe a progression toward higher levels of Bloom’s Taxonomy as students proceed in

TABLE 3.1
Brief Descriptions of Bloom’s Taxonomy of Cognitive Learning Objectives

1. <i>Recollection.</i> The ability to recall is the basic level of learning and refers simply to the ability to remember material such as facts and basic theoretical terms and concepts.
2. <i>Comprehension.</i> The ability to comprehend refers to an understanding of the material. This is often demonstrated by providing an explanation, summary, or interpretation of the material. Comprehension implies recognition or recollection. Therefore, when we pursue comprehension-level learning, we presume that recollection-level learning either is a part of that process or has previously occurred.
3. <i>Application.</i> The ability to apply knowledge refers to use of the material in a particular situation. In social work, this might be demonstrated through the use of rules, methods, and principles in applying a skill in service to or for a client. Application implies comprehension (and recollection). Therefore, when we pursue application-level learning, we presume that comprehension-level learning either is a part of the process or has previously occurred. In other words, we cannot apply something that we cannot recollect and do not understand.
4. <i>Analysis.</i> The ability to analyze involves the careful identification and examination of the various elements of the material. Relationships among and between components are carefully considered in terms of organizational structure and internal coherence. Although we might argue that application sometimes involves deep thought, analysis represents the first substantive critical thinking dimension contained within Bloom’s taxonomy. Like application, analysis cannot occur without recollection and understanding. That is, we cannot analyze something that we do not remember and do not understand. In addition, analysis often requires understanding of how knowledge has been applied. For example, we might analyze how a policy, program, service, or practice has been implemented with an individual, family, group, organization, or community.
5. <i>Synthesis.</i> The ability to synthesize includes pulling together elements in a new way to form an innovative structure. The creation of a new conceptual model could be a form of synthesis. Synthesis represents the second critical thinking dimension contained within Bloom’s taxonomy. Synthesis typically involves analysis. In the cognitive sense, synthesis could proceed until or unless an analysis was complete. Therefore, when we aspire to synthesis-level learning, we presume that analysis-level learning is part of the process or has previously occurred. For example, we could not reasonably propose changes (a form of synthesis) to a current policy, program, service, or practice without a careful, systematic analysis.
6. <i>Evaluation.</i> The ability to evaluate involves the determination of the relative value of knowledge for a defined purpose. Typically, this would include the creation, adoption, or adaptation of evaluative criteria as an application tool followed by its use in measuring or evaluating phenomena. Evaluation represents the third critical thinking dimension contained within Bloom’s taxonomy. Evaluation, then, involves analysis and often synthesis. In the cognitive sense, evaluation could not proceed until or unless an analysis was complete. A new or adapted evaluation tool could not be created without synthesis. Therefore, when we pursue evaluation-level learning, we presume that analysis and synthesis have or will occur. It is difficult to imagine a situation where a valid, reliable, and relevant evaluation process could proceed before or without careful analysis and synthesis.

their studies. Early courses (for example, first semester or year) often place greater emphasis on *recollection*, *comprehension*, and some *application* whereas later courses tend to emphasize *application* and the critical thinking dimensions of *analysis*, *synthesis*, and *evaluation*.

In addition, the test items contained in the nationally standardized social work licensing exams sponsored by the Association of Social Work Boards (ASWB) are organized according to Bloom's taxonomy. We might expect that many or most of the items correspond to the application, analysis, evaluation, or synthesis levels of cognitive learning.

Although commonly used for academic or test-development purposes, we can also use Bloom's taxonomy to help us formulate our own, individualized personal and professional learning goals. You might phrase your learning goals to include a clear action verb that corresponds to a desired level of Bloom's taxonomy, a time frame, and a product that documents your learning. Table 3.2⁵ contains a list of several action verbs that you might consider.

By formulating learning goals in a precise manner that includes an action verb, a time frame, and a tangible product, planning for goal achievement becomes quite straightforward. An early step involves identifying and scheduling tasks associated with acquiring information needed to learn what you seek to learn and produce what you have specified as your outcome indicator. Once you have all the needed information in hand, you then proceed to read, review, analyze, and synthesize the information so that you fully understand and apply it to your goal. Incidentally, by analyzing and synthesizing what you read and review, and writing about it in your own words, you substantially increase the likelihood that you will retain that information in long-term memory. If your learning goal involves application—that is, the development of skill or competence in a practice relevant behavior—then you should probably schedule regular practice sessions. In both learning about and learning to do, incorporate self-evaluation and, if possible, evaluative feedback from others. For example, after you have written a draft version of a document related to your goal, ask a credible colleague to review it and provide feedback about its quality vis-à-vis the universal intellectual standards. Ask them to identify any logical fallacies and areas that are difficult to understand. Also, be sure to ask them to highlight the strengths of the paper and provide you with social support for seeking to learn. If you are learning a skill or refining a practice behavior, ask a colleague to observe you demonstrating it. When possible videotape your practice sessions to make it easier for you to self-evaluate and for others to provide constructive feedback. Request that your reviewers identify areas of strength as well as weakness, and ask them for positive social support for your efforts.

Consider the feedback and, if it seems reasonably accurate and useful, make changes in your written product or in the way you are practicing the skill or practice behavior. After making the revisions, conduct another self-evaluation before completing the final version of the document or implementing the skill or practice behavior in your professional work.

Documenting Learning

When you have implemented your plans and, ideally, reached your learning goals, store relevant materials and especially your final outcome indicator in a Lifelong Learning Portfolio. If possible, create an electronic portfolio to maintain folders associated with each of your career-long learning projects. If you have used a word-processing program to create a written product as evidence of learning, you simply deposit it in an appropriately named folder within your electronic portfolio. If you have prepared a digitized video-recording demonstration of your application of a skill or practice behavior, you may store that electronically as well.

⁵Adapted from Cournoyer & Stanley (2002).

TABLE 3.2
Selected Action Verbs Corresponding to Bloom's Taxonomy

Recollection	Comprehension	Application	Analysis	Synthesis	Evaluation
Duplicate	Classify	Adapt	<u>Analyze</u>	Arrange	Appraise
Highlight	<u>Comprehend</u>	Adopt	Appraise	Assemble	Arbitrate
Indicate	Construe	<u>Apply</u>	Audit	Build	Argue
Identify	Define	Choose	Break down	Collect	Assay
Label	Describe	Conduct	Calculate	Combine	Assess
List	Discuss	Demonstrate	Categorize	Compile	Criticize
Locate	Explain	Dramatize	Chart	Compose	Defend
Match	Express	Employ	Compare	Constitute	Determine
Memorize	Interpret	Exercise	Contrast	Construct	Estimate
Name	Report	Exploit	Criticize	Create	<u>Evaluate</u>
Order	Restate	Illustrate	Diagram	Design	Grade
Point out	State	Implement	Differentiate	Develop	Judge
Recall	Translate	Operate	Discriminate	Formulate	Rank
Recognize		Practice	Dissect	Generate	Rate
<u>Recollect</u>		Schedule	Distinguish	Hypothesize	Support
Remember		Select	Examine	Organize	Value
Repeat		Sketch	Experiment	Originate	
Reproduce		Solve	Inventory	Plan	
Underline		Use	Question	Predict	
			Study	Prepare	
			Test	Propose	
				<u>Synthesize</u>	

When electronic versions of your outcome indicators are not available, simply store them in folders or boxes in a file cabinet. They will serve many purposes. For example, you may (1) review them to refresh your memory about something you have learned before, (2) use them as a foundation for more advanced learning in the same or a similar area, (3) distribute them to colleagues to advance their learning, or (4) share selected items for presentation in interviews for employment. Indeed, some employers have begun to request samples of professional writing as a part of the application

process. And, a few ask applicants to provide a video or to demonstrate how they, for example, would conduct an interview with an incoming client.

In our career-long learning, we seek to remain scientifically minded, logical in our critical thinking, and faithful to our code of ethics and the universal intellectual standards. When we reflect these principles in our own efforts to learn, we increase the likelihood that individuals, families, groups, organizations, and communities affected by our knowledge and expertise will receive high-quality, effective service. Indeed, ongoing career-long learning has become an essential aspect of contemporary professionalism. Failure to keep abreast of findings from relevant research studies and failure to engage our clients in ongoing evaluation processes could represent ethical violations and perhaps even malpractice. As important as avoiding unethical behavior and allegations of malpractice, however, are the substantial benefits that accrue to us personally and professionally when we routinely think critically, engage in scientific inquiry, and continuously learn about matters of significance to the work we do and especially to the people we serve.

EXERCISE 3-2: CAREER-LONG LEARNING

1. Please go to Appendix 8 to complete the Lifelong Learning Questionnaire. This instrument will help you assess selected aspects of lifelong learning. It is not a graded test. You cannot pass or fail. Furthermore, the instrument is still under development. I have not yet established its validity and reliability. Please consider the instrument and your results as a catalyst for you to consider how you think about and approach career- or lifelong learning.

When you have completed the questionnaire and calculated your score, consider the implications of your responses by addressing the following questions. Use the space provided to prepare brief responses: (a) What do your responses to the items suggest about you as a lifelong learner? (b) Why might continuous, career-long learning be especially important for social workers during the 21st century? (c) What steps might you take to become a more proficient career-long learner?

2. Assume that you have completed your formal social work education and now serve as a licensed professional social worker in some part of the world. You have recently taken a new position that requires you to work with a racial or ethnic population group with which you have limited knowledge and experience. Use the space below to write a specific learning goal that relates to a population group about which you truly do possess limited knowledge and outline a plan to pursue that goal. Be sure to identify some tangible means to document progress toward or achievement of your specific learning goal.

Summary

Critical thinking, scientific inquiry, and career-long learning have become especially important for social workers during the 21st century. The popular media and the ever-advancing Internet regularly and increasingly disseminate misleading, superstitious, pseudoscientific, and false information. We may anticipate that many people are susceptible to unsubstantiated claims and statements of all kinds. In the United States alone, millions of dollars are spent each year on ineffective diet pills and plans, longevity potions and supposed cancer cures, male and female sexual enhancement products, and a host of other “quick cures” promoted by “doctors” and “experts” of one kind or another. Many cite pseudoscientific research studies and anecdotal endorsements, and virtually all contain obvious logical fallacies in their advertisements and marketing materials.

Although the general public may easily be duped by incredible claims, anecdotal stories, and pseudoscientific articles that appear in the popular media and on the web, as professionals we must remain scientifically minded, critically thoughtful, logical, and alert to unsubstantiated and poorly supported claims. We need to rely upon findings from credible research studies—rather than the ever-growing popular media and the Internet. In addition, where and when appropriate, we should help our clients and members of our communities become more sophisticated critical thinkers and active lifelong learners in their own right. Otherwise, they will remain susceptible to the powerful misleading, pseudoscientific, and manipulative messages that are increasing exponentially throughout the world.

CHAPTER 3 SUMMARY EXERCISES

Following completion of this chapter, use the spaces provided to outline brief responses to these exercises:

1. Reflect thoughtfully about the content and implications of this chapter and then discuss your reactions to the expectations and challenges associated with critical thinking, scientific inquiry, and career-long learning as key aspects of professionalism.
2. Reflect upon Perry's model of intellectual development and identify the stage that best reflects your most common, current pattern of thinking. Discuss how such a pattern could affect (a) how you make decisions about your own personal values and philosophy of life, (b) what value or import you place on scientific research studies, (c) how you pursue learning in formal (for example, college or university) and informal (for example, self-directed) settings, and (d) how you might approach clients in your role as a professional social worker.
3. Access the Internet and use a search engine to locate an article titled "Systematic Reviews and Meta-Analyses: An Illustrated, Step-by-Step Guide" (Pai et al., 2004) available at the Berkeley Systematic Reviews website. Review and reflect upon the article and, in the space below, briefly discuss the major differences between a traditional narrative review and a systematic review of the literature.

4. Access the Internet and log on to the Google Scholar website. Conduct a search to locate an online copy of the article titled “Attitudes of Heterosexual Students Toward Their Gay Male and Lesbian Peers” by Catherine McHugh Engstrom and William Sedlacek (1997) as published in the *Journal of College Student Development*. Carefully read the article. Then, critically and scientifically appraise the research design, the analysis of the data, and the findings and conclusions. Use the following space to prepare a brief analysis of the study in light of common logical fallacies, threats to internal and external validity, and the universal intellectual standards.
5. Access the Internet and use a search engine to locate the website of the Council on Social Work Education. Once there, search for and find an online copy of the 2008 Educational Policy and Accreditation Standards. Review Section 2: Explicit Curriculum and pay special attention to the 10 core competencies and the descriptions of the practice behaviors associated with each competency. In the space below, make note of those competencies and practice behaviors that specifically relate to critical thinking, scientific inquiry, and career-long learning.

6. Access the Internet and use a search engine to locate the website of the National Association of Social Workers. Once there, search for and find the NASW Code of Ethics (2008). After that, find the website of the International Federation of Social Workers and locate the IFSW Code of Ethics. Use the space below to make note of those parts of the ethical codes that relate in some way to critical thinking, scientific inquiry, and career-long learning (for example, continuing professional education, lifelong learning).

7. Access the Internet and use a search engine to locate the website of the Association of Social Work Boards. Search for, find, and read the “Continuing Education” page (Association of Social Work Boards, 2006–2008). Make note of important aspects that pertain to the practice of social work generally and, if applicable, to the locale where you expect to serve clients.

8. Identify one social problem about which you would like to learn more. Prepare a clearly stated practice-relevant research question to guide your search for knowledge about the chosen topic and ways to reduce its incidence or impact. For example, if you choose a topic such as “domestic violence,” you might formulate a question such as, “What does the research evidence suggest about the effectiveness of family-oriented social services in reducing or eliminating domestic violence among intimate adult partners?” Follow the example provided in Table 3.3: Sample Table of Synonyms and Keywords⁶ to create subject terms, phrases, or keywords that capture the central components of your research question. Use a word-processing program to create a similar table in which to record your question and the relevant synonyms and keywords. When complete, include the table in your Social Work Skills Learning Portfolio.

TABLE 3.3				
Sample Table of Synonyms and Keywords				
“What does the research evidence suggest about the effectiveness of family oriented social services in reducing or eliminating domestic violence among intimate adult partners?”				
	Population	Social Problem	Social Service	Research-Based Evidence of Effectiveness
1	Adult(s)	Batter; Battering	Approach	Best Practice
2	Couple	Domestic violence	Counseling	Consensus Statement
3	Domestic partner	Intimate Partner Violence	Family	Effects, Effective, Effectiveness
4	Intimate partner(s)	Partner Violence	Guideline	Efficacy
5	Marriage; Marital	Relationship conflict	Intervention	Empirical
6	Partner(s)	Spouse abuse	Manual	Evaluation
7	Spouse, Spousal		Model	Evidence
8			Policy	Meta-Analysis
9			Program	Outcome
10			Protocol	Promising
11			Psychotherapy	Research
12			Social work	Standard
13			Strategy	Study
14			Technique	Trial
15			Therapy	
16			Treatment	

⁶Adapted from Table 2.2 of Cournoyer (2004), p. 34.

CHAPTER 3 SELF-APPRAISAL

As you conclude this chapter, please reflect on your current level of understanding by completing the following self-appraisal exercise.

SELF-APPRAISAL: CRITICAL THINKING, SCIENTIFIC INQUIRY, AND CAREER-LONG LEARNING SKILLS

Please respond to the following items. Your answers should help you assess your proficiency in the critical thinking skills. Read each statement carefully. Then, use the following 4-point rating scale to indicate the degree to which you agree or disagree with each statement. Record your numerical response in the space provided.

4 = Strongly agree 2 = Disagree
3 = Agree 1 = Strongly disagree

4	3	2	1	Rating Statement
<i>At this point, I can</i>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Discuss critical thinking, scientific inquiry, and career-long learning and their implications for social work practice.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Use critical thinking skills to evaluate the credibility of a claim, conclusion, or argument.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Use scientific inquiry skills to formulate a precise question and search for, discover, and analyze one or more research studies related to a practice or policy-relevant topic.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Assess career-learning needs, establish learning goals, and prepare learning plans.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Assess proficiency in the skills of critical thinking and scientific inquiry, and career-long learning.
Subtotal				

Note: These items are identical to those contained in the Critical Thinking, Scientific Inquiry, and Career-Long Learning section of the Social Work Skills Self-Appraisal Questionnaire presented in Appendix 3. If you completed Exercise 2-2 in Chapter 2, you have already responded to these items. You may now compare the responses you made on that occasion with those you made this time. Also, compare the two subtotals. If you conclude that you have progressed in terms of your proficiency with these skills, the more recent subtotal should be higher than the earlier one.

CHAPTER 4



VALUING DIVERSITY, ADVANCING HUMAN RIGHTS AND SOCIAL JUSTICE, AND PROMOTING SOCIAL WELL-BEING THROUGH POLICY PRACTICE

As social workers, we encounter and serve an incredibly wide and varied array of individuals, families, groups, organizations, and communities. We constantly engage diversity and difference and often recognize extraordinary acts of courage, determination, resilience, generosity, sacrifice, and heroism. Unfortunately, we also frequently observe profound assaults on human dignity, violations of fundamental human rights, and affronts to social justice. Indeed, as social workers, we routinely act to secure and protect human rights, advance social justice, and promote social well-being. Our capacities to engage, respect, and accept diverse others and to advocate for and with people who differ from ourselves are fundamental to effective practice.

Continuing the processes begun in Chapters 2 and 3, in this chapter (see Box 4.1) we explore the following additional dimensions of professionalism: (1) valuing diversity and difference, (2) advancing human rights and social justice, and (3) promoting social well-being through policy practice.



BOX 4.1

Chapter Purpose

The purpose of this chapter is to help learners acquire the knowledge and skills needed to value diversity and difference, advance human rights and social justice, and promote social well-being through policy practice.

Goals

Following completion of this chapter, learners should be able to:

- ◆ Value diversity and difference in service to others.
- ◆ Advance human rights and social justice.
- ◆ Engage in policy practice to promote social well-being.
- ◆ Assess proficiency in the knowledge and skills associated with valuing diversity and difference, advancing human rights and social justice, and engaging in policy practice to promote social well-being.

Core Competencies

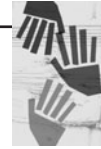
The skills addressed in this chapter support the following core EPAS competencies:

- ◆ Engage diversity and difference in practice (EP2.1.4).
- ◆ Advance human rights and social and economic justice (EP2.1.5).
- ◆ Engage in policy practice to advance social and economic well-being and to deliver effective social work services (EP2.1.8).
- ◆ Respond to contexts that shape practice (EP2.1.9).

The Council on Social Work Education (CSWE, 2008) requires social work graduates to “engage diversity and difference in practice” (p. 4), “advance human rights and social justice” (p. 5), and “engage in policy practice to advance social and economic well-being” (p. 6). However, the concepts of “diversity,” “human rights,” “social justice,” and “social and economic well-being” are ambiguous, complex, and often quite controversial. Nonetheless, they represent major target domains for social work practice in general and for advocacy and policy practice in particular (see Box 4.2).

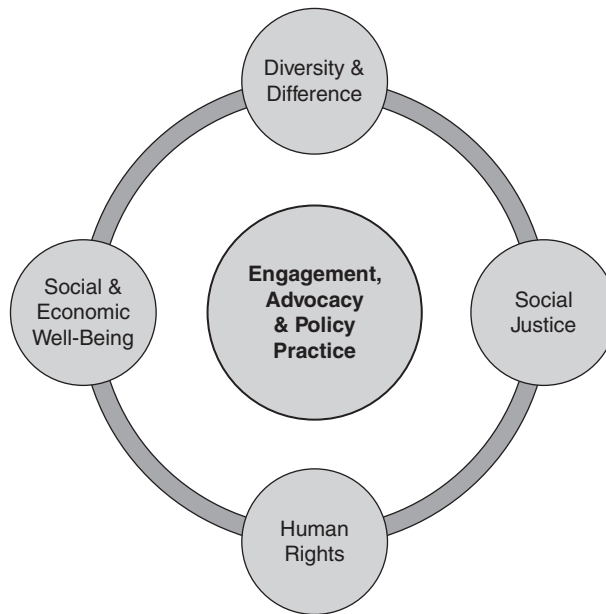
Valuing Diversity and Difference

The term *diversity* is commonly understood as “a point of unlikeness; a difference, distinction; a different kind, a variety” (*Oxford English Dictionary [OED]* [Online], 2009). In *The Social Work Dictionary*, *diversity* is defined as, “variety, or the opposite of homogeneity. In social organizations the terms usually refers to the range of personnel who more accurately represent minority populations and people from varied backgrounds, cultures, ethnicities, and viewpoints” (Barker, 2003, p. 126). The Council on Social Work Education (2008) indicates that the “dimensions of diversity are understood as the intersectionality of multiple factors including age, class, color, culture, disability, ethnicity, gender, gender identity and expression, immigration status, political ideology, race, religion, sex, and sexual orientation” (p. 5).



BOX 4.2

Selected Target Domains for Engagement, Advocacy, and Policy Practice



This notion of intersectionality adds sophistication to the topic of diversity. Rather than approaching diversity as a unidimensional phenomenon (for example, age or race or sex), the intersectionality perspective views diversity in terms of multiple, interacting factors (for example, age-and-race-and-sex). If we consider only the 15 dimensions included in the EPAS (and, of course, there are many more), the complexity becomes apparent (see Table 4.1). An individual person could reflect diversity on these 15 dimensions and do so in various ways. For example, Mr. Hussein Ali is a 50-year-old individual who has unambiguous male physical characteristics. He views himself as masculine, male, and heterosexual. Originally from the country of Uganda, he legally immigrated more than 25 years ago and is now a naturalized citizen. He has dark brown skin color and believes in Allah, the God of the prophet Mohammed. He speaks five languages. Although some people consider him disabled, Hussein does not—despite the fact that at age 8, his left leg was amputated after he stepped on a landmine. He wears a state-of-the-art artificial leg that enables him to walk, run, ride bicycles, and snow ski. He regularly plays tennis and golf. He is a graduate of Harvard University with a PhD in economics. He works as an investment banker and earns an annual income of approximately \$575,000. His net worth is more than \$12 million. He is a father, husband, and grandfather. In political terms, he views himself as socially progressive and fiscally conservative. And, that represents only a few of the hundreds of ways Dr. Ali is “unique,” “different” or “diverse.” Imagine the extent of diversity when people gather in groups and live and work in communities.

When a number of individuals are grouped in some way (for example, a community, an organization, a household, an interest group), they often differ according to multiple intersectional

TABLE 4.1
Intersectionality: 15 Diversity Dimensions

	Age	Class	Color	Culture	Disability	Ethnicity	Gender	Gender Identity	Gender Expression	Immigration Status	Political Ideology	Race	Religion	Sex	Sexual Orientation
Age	■														
Class		■													
Color			■												
Culture				■											
Disability					■										
Ethnicity						■									
Gender							■								
Gender Identity								■							
Gender Expression									■						
Immigration Status										■					
Political Ideology											■				
Race												■			
Religion													■		
Sex														■	
Sexual Orientation															■

dimensions of diversity (for example, skin color, height, weight, age, gender, political views, religious affiliation, language, physical or mental ability, status of some kind, appearance or attractiveness). When their individual characteristics reflect heterogeneity, we may call that group “diverse.” The wider the range and type of differences among the members of the group, the greater is the degree or extent of diversity. Substantial diversity is highly valued in some contexts and strongly devalued in others.

Bankers such as Dr. Ali, stockbrokers, and other financial experts recognize the value of diversity in investments. Indeed, the term a *diversified stock portfolio* is commonly used to suggest that someone has invested in a wide range of different kinds of companies or industries so that if one suffers a downturn, others are there to compensate. Diversified investments provide much greater financial security than, say, investment in a single business or even several companies in the same industry (for example, General Motors, Ford, and Chrysler).

Mayors of cities and towns prefer to have a diversified base of businesses, industries, and other employment opportunities for their constituents. Similarly, employers prefer to have access to a diversified population who can meet the staffing and production needs of their companies and organizations. A diversified workforce and a wide range of employment opportunities tend to maintain social and economic stability—even when circumstances are uncertain and challenging. Contrast that with a “one-company town” where most people work for a single employer. If that company fails or leaves for a different location, the consequences for the community and its people can be disastrous.

The scientific disciplines of biology and ecology also view diversity as a hallmark of health. In general, ecosystems that contain a large and wide variety of plant and animal life tend to be healthier and better, able to withstand challenges and threats than those who reflect fewer varieties. Recognition of the importance of biodiversity for the planet earth and, indeed, for the future of humans, led to a United Nations–sponsored international treaty at the Rio de Janeiro Earth Summit in June 1992. Titled The Convention on Biological Diversity, the treaty has three main goals: (1) to conserve biological diversity, (2) to use biological diversity in a sustainable fashion, and (3) to share the benefits of biological diversity fairly and equitably (1993).

Although these goals relate to the general topic of biodiversity, we can readily apply them to human social diversity as well. Diverse and heterogeneous human social systems are probably considerably more healthy, vibrant, and resilient than comparable homogeneous human social systems.

Recognizing that diversity generally tends to benefit humankind, many social workers celebrate individual and cultural diversity as a form of valuable social capital (Coleman, 1988; Lin, 2001). Even when diversity is highly regarded, however, engaging those who differ from ourselves demands considerable sensitivity, expertise, and especially acceptance. In subsequent chapters, we explore skills associated with culturally sensitive communication for engaging diversity and difference. At this point, we focus on acceptance of others as a vital element of both valuing and engaging diversity and difference in social work practice.

Accepting Others and Respecting Autonomy

Acceptance of others involves processes of self-awareness, cross-cultural understanding, and valuing and joining with people regardless of their degree of similarity or difference. As social workers providing needed services to often highly vulnerable people and to widely diverse communities, we hope to transcend those powerful psychological and social forces that maintain patterns of prejudice, privilege, ethnocentrism, xenophobia, rankism (Fuller, 2002), and discrimination. Social workers require a capacity to accept people who differ from as well as those who resemble us in appearance, background, attitudes, abilities, and behavior. All people, families, groups,

communities, and societies deserve genuine acceptance from social workers. Genuine acceptance involves respect for the autonomy and self-determination of those we encounter—a form of respect that is probably easier to apply to “people of similarity” than it is to “people of difference.” Humans often seem quite ready to view those most like ourselves as fully equal, capable, and entitled to make their own decisions. We also find it remarkably easy to see those who differ from ourselves as less equal, less able, and less entitled to such autonomy and self-determination.

In the context of diversity and acceptance of others, the term *reverence* seems especially meaningful (Woodruff, 2001). Reverence involves an attitude of deep respect or awe and humility in the presence of another. Although reflecting a religious or spiritual connotation, the concept of reverence aptly captures the special attitude social workers manifest as we progress toward cultural competence and acceptance of others.

In highly competitive and pluralistic societies, it is exceedingly difficult to develop genuine reverence for others. Nonetheless, for the practice of social work, such acceptance is crucial (Berlin, 2005). However, prejudice and privilege sometime affect our capacity for reverence. Prejudice is “an opinion about an individual, group, or phenomenon that is developed without proof or systematic evidence. This prejudgment may be favorable but is more often unfavorable and may become institutionalized in the form of a society’s laws or customs” (Barker, 2003, p. 336). Privilege is a

right, advantage, or immunity granted to or enjoyed by an individual, corporation of individuals, etc., beyond the usual rights or advantages of others; *spec.* (a) an exemption from a normal duty, liability, etc.; (b) enjoyment of some benefit (as wealth, education, standard of living, etc.) above the average or that deemed usual or necessary for a particular group . . . the existence of economic and social privileges associated with rank or status; the fact of there being such privileges within a society. (*Oxford English Dictionary [OED]* [Online], 2009)

Obviously, prejudice and privilege are closely related to overt discrimination. Discrimination involves the “treatment of people based on identifiable characteristics such as race, gender, religion, or ethnicity” (Barker, 2003, p. 123). Like prejudice, discrimination may be positive or negative (for example, favoring or disfavoring members of a particular group). Predictably, people in historical or contemporary positions of power and privilege may be especially susceptible to both forms of discrimination. Indeed, privileged peoples may lack conscious awareness of and fail to recognize the discriminatory nature of their own words and actions. As social workers, however, we must learn to transcend the powerful psychological and social forces that maintain privileged and prejudicial attitudes and discriminatory behaviors. We must recognize the value of diversity and genuinely accept those who differ from us in appearance, background, beliefs, abilities, and behavior, and to accept others on their own terms. Such a profound level of acceptance involves recognition and respect for others’ power and autonomy—something that can be difficult when helping professionals intentionally or unintentionally dominate the helping relationship with our status and expertise. Berlin (2005) recognizes this dimension in her proposal for a contemporary, working definition by suggesting that “acceptance of another combines a recognition and endorsement of the other’s autonomy (his or her own separate views, goals, feelings, experiences, and capacity to act) with a feeling of affiliation with or connection to him or her” (p. 484).

Acceptance and respect for autonomy do not come easily in a heterogeneous society in which people vary widely in power, status, economic resources, race and ethnicity, religion, culture, education, and opportunity. If you are similar to most North Americans who aspire to become professional social workers, you have observed prejudicial attitudes and both covert and overt forms of discrimination. In all likelihood, you have experienced prejudicial thoughts and have personally discriminated for or against others. You have also probably experienced some of the effects of others’ prejudicial attitudes and discriminatory behaviors for or against you. Finally, you have prob-

ably had experiences where others have attempted to limit or deny your right to make your own decisions and determine your own life course. You have probably also done the same to others—perhaps out of a sense of kindness, concern, and a desire to protect them from risk and danger. Indeed, as policy makers, program leaders, and social workers in practice quickly come to realize, attempts to care for people can easily lead to manipulation, unwelcome protection, and control over others such that their autonomy is lost or diminished. Indeed, when considering diversity and difference, social workers recognize that clients receiving services differ from helping professionals providing services. Because of such difference, we can, even with the best of intentions, unwittingly neglect to respect and accept clients' autonomous right to their own decisions.

Occasionally, some members of “out” groups, especially those who have experienced prolonged oppression, develop negative prejudices about themselves and judge themselves critically on the basis of a perceived majority standard. Indeed, they may even place unwarranted limits on their own autonomy and freedom. In contrast, some members of “in” groups reflect attitudes of privilege. They may consider themselves deserving or entitled simply because of their group's traditional status and power, and often cannot conceive of limits to their freedom and autonomy. This “tendency to consider one's own group, usually national or ethnic, superior to other groups using one's own group or groups as the frame of reference against which other groups are judged” (Wolman, 1973, p. 129) is called ethnocentrism. Of course, such prejudices can also occur in reverse. For example, some majority-group members hold negatively prejudiced attitudes about themselves, and some minority-group members view themselves as specially entitled or privileged. The forms and manifestations of prejudice and discrimination are myriad and insidious. As a member of North American society, you have probably adopted some prejudicial attitudes and discriminatory behaviors in your own life. As social workers, we must transcend these patterns to respect, value, and embrace other human beings—especially those who differ from ourselves.

EXERCISE 4-1: VALUING DIVERSITY AND DIFFERENCE

Using what you learned from the preparation of your family genogram, eco-map, critical events timeline, and the Big Five Personality Test, reflect on your personal background and socialization experiences as they pertain to the acceptance of others and appreciation of diversity and difference, and to the phenomenon of privilege. Explore the psychological and social factors associated with the development of your attitudes and behaviors. Consider how you personally manifest aspects of racism, sexism, ageism, rankism, xenophobia, homophobia, ableism (prejudice or discrimination based on physical or mental ability), lookism (prejudice or discrimination based on appearance or attractiveness), and classism (prejudice or discrimination based on socioeconomic status). Also, consider the phenomenon of ideological chauvinism—prejudice based on a difference in beliefs—as it might occur in your relations with others.

When you have seriously thought about these issues, use the space below to respond to the following:

1. Make note of the thoughts or beliefs (for example, the words you said to yourself or the judgments you made) during an occasion when you personally adopted a prejudicial attitude or engaged in discriminatory behavior toward someone: (a) who appears male, female, or of an uncertain sex; (b) of another racial or ethnic group; (c) who speaks a different language; (d) much older or much younger; (e) of a homosexual, heterosexual, or bisexual orientation; (f) from a much “higher” or much “lower” economic group; (g) who is much better or much more poorly educated; (h) who looks much different from you (for example, height, weight, skin color, facial characteristics, or attractiveness); (i) much

more or much less physically able-bodied than you; (j) you think is much more or much less intelligent than you; or (k) who is agnostic or atheistic, or holds different religious beliefs (for example, Christian, Jewish, Muslim, Hindu, Buddhist).

2. Go to Appendix 9 and complete the Acceptance of Others Scale. When you have completed the questionnaire and calculated your score, consider the implications of your responses. Use the space below to address the following questions: (a) How would you know when someone truly accepts another human being? How would the form of acceptance vary if he or she differed in some identifiable way (for example, race, gender, religion, or ethnicity) from the accepted person? (b) Have you ever been truly and completely accepted by someone who differed from you (for example, race, gender, religion, or ethnicity)? If so, what did it feel like, and how did this acceptance affect your beliefs, attitudes, and behavior? (c) Have you ever truly and completely accepted someone who differed from you? If so, what did it feel like, and how did the experience affect your beliefs, attitudes, and behaviors? (d) How do you think people might transcend those powerful internal and external forces that perpetuate prejudice, intolerance, and discrimination to strengthen their capacity to value diversity and genuinely accept those who differ from themselves?

Advancing Human Rights and Social Justice

The concepts of human rights and social justice are at least as complex as the topics of diversity and difference. Our perspective, position, status, roles, and responsibilities powerfully influence our views of human rights and justice. For example, a mother whose daughter was raped and murdered might be less concerned with the human rights of the perpetrator than with ensuring that he is caught and punished. Similarly, military and security officials might be more concerned with protecting the country from another terrorist attack than with the human rights of potential attackers. Soldiers in battle would understandably be less concerned with the human rights of enemy combatants firing bullets and missiles at them than they would be with eliminating the immediate threat to their own survival. A parent and home owner confronted by an armed burglar would probably be more concerned with the protection of her family and home than with the human rights of the trespasser.

On the other hand, the mother of someone accused of a major crime might be highly concerned with the human rights of the accused; as would the parent of a starving child, the mother of a teenage girl stoned by a group of men because she kissed a boy, or the parent of a political prisoner. A civil rights lawyer might well consider human rights in the case of an abused and tortured prisoner, an enslaved girl of 14 forced into prostitution, a mentally retarded adolescent convicted of murder and sentenced to death by execution, or families denied an opportunity to rent apartments because they “are” homosexual, racially mixed, Middle Eastern, old, disabled, or atheist.

Social workers are, understandably, also concerned with human rights of various kinds: the rights of children to adequate food, nutrition, and safety; the rights of women to equal protection under the law and to opportunities in society; and the rights of disabled people to equal access to education and other public services. We are also concerned about human rights in regard to the protection of children, women, disabled people, elderly people, and members of minority groups from abuse, exploitation, and oppression. However, our clients include people considered “perpetrators” as well as people considered “victims.” Furthermore, we emphasize the rights and well-being of both individuals and the communities and societies in which people live. In a sense, then, social workers may adopt different perspectives at different times in different circumstances with different clients. As a consequence, the rights of individuals sometime conflict with those of the larger community. Indeed, the tension between private interest and public good, inevitable in many contexts, seems especially pertinent as we consider human rights. And, this tension becomes more pronounced when we consider that some cultures place greater value on one (for example, private interest or public good) or the other. Furthermore, some cultures place considerable value on respect for and obedience to authority whereas others value individual, independent thought and action. For example, many Western cultures—including the United States—highly regard individual rights and responsibilities and view established authority with considerable suspicion. Many Eastern cultures strongly value the well-being of the group, the community, and society and generally view authority with considerable deference and respect. Finally, people in some regions of the world engage in a continuous struggle to survive because of inadequate food supplies, drought, or war. Under such conditions, consideration of human rights may seem less urgent than finding a source of clean water, a loaf of bread, or a refuge from gunfire, grenades, and landmines. Yes, the topic of human rights is quite confusing and extremely complex indeed!

Human Rights

“Human rights recognize *extraordinarily* special, basic interests, and this sets them apart from rights, even moral rights, generally” (W. A. Edmundson, 2004, p. 191). Although we can trace aspects of the concept of human rights from the Babylonian Code of Hammurabi to Thomas Spence’s *The Real Rights of Man* (1775) and Thomas Paine’s *The Rights of Man* (1791), a flourish

of activity occurred following World War II. The combination of the widespread dissemination of information about the Holocaust and the formation of the United Nations led the newly created General Assembly of the United Nations to approve the Universal Declaration of Human Rights (UDHR) in 1948.

The UDHR contains an array of 30 universal human rights (General Assembly of the United Nations, 1948). Some of the 30 require governments to restrain their power vis-à-vis individuals' human rights. For example, the UDHR states that governments may not infringe upon individuals' rights to freedom of opinion, expression, and movement; freedom of thought, conscience, and religion; freedom from torture; freedom from slavery; and the right to a fair trial. Others require governments to take positive action to provide individuals with access to particular opportunities and resources. Under the UDHR, for example, individuals have rights to education, to work and equitable compensation, to rest and leisure from work, and to an adequate standard of living, including food, clothing, housing, and medical care. In addition to the rights of individual humans, the UDHR also refers to the rights of families, groups, and communities of people. For example, families are entitled to protection from unnecessary state intrusion and their rights to privacy. Furthermore, people, collectively as well as individually, may engage in cultural activities and share in knowledge gained from scientific enterprise.

The rights described in the UDHR are “intended to be universal and indivisible—that is, all humans have the right to them regardless of culture, political system, ethnicity, or any other characteristic (universal), and a country cannot select which rights it should grant; all humans should have all rights (indivisible)” (Mapp, 2008, p. 17). Since 1948, other human rights–related documents have been endorsed by much of the international community. Together with the UDHR, the International Covenant on Civil and Political Rights (General Assembly of the United Nations, 1966a) and the International Covenant on Economic, Social, and Cultural Rights (General Assembly of the United Nations, 1966b) along with their optional protocols are considered the “International Bill of Human Rights” (United Nations Office of the High Commissioner for Human Rights, 1996). We might add to these central documents, the Convention on the Elimination of All Forms of Discrimination against Women (United Nations, 1979), the Convention on the Rights of the Child (United Nations, 1989), and the Convention on the Rights of Persons with Disabilities (United Nations, 2006, December 13). Collectively, they help us comprehend the nature and meaning of “human rights.” As Amnesty International (1997) states:

Human rights can be defined as those basic standards without which people cannot live in dignity as human beings. Human rights are the foundation of freedom, justice and peace. Their respect allows the individual and the community to fully develop.

The development of human rights has its roots in the struggle for freedom and equality everywhere in the world. The basis of human rights—such as respect for human life and human dignity—can be found in most religions and philosophies.

They are proclaimed in the Universal Declaration of Human Rights. Also, documents such as the International Covenants on Human Rights set out what governments must do and also what they must not do to respect the rights of their citizens.

Characteristics of human rights

- ◆ Human rights do not have to be bought, earned or inherited, they belong to people simply because they are human—**human rights are “inherent”** to each individual.
- ◆ Human rights are the same for all human beings regardless of race, sex, religion, political or other opinion, national or social origin. We are all born free and equal in dignity and rights—**human rights are “universal”**.

- ◆ Human rights cannot be taken away; no one has the right to deprive another person of them for any reason. People still have human rights even when the laws of their countries do not recognize them, or when they violate them—for example, when slavery is practiced, slaves still have rights even though these rights are being violated—**human rights are “inalienable”**.
- ◆ People live in dignity, all human rights are entitled to freedom, security and decent standards of living concurrently—**human rights are “indivisible”**. (“What Are Human Rights?,” paras. 1–4)

The Bill of International Human Rights covers a wide range of both rights and responsibilities. The rights fall into three categories:

1. Civil and political rights (also called “first generation” rights). These are “liberty-orientated” and include the rights to: life, liberty and security of the individual; freedom from torture and slavery; political participation; freedom of opinion, expression, thought, conscience and religion; freedom of association and assembly.
2. Economic and social rights (also called second generation rights). These are “security-orientated” rights, for example the rights to: work; education; a reasonable standard of living; food; shelter and health care.
3. Environmental, cultural and developmental rights (also called third generation rights). These include the rights to live in an environment that is clean and protected from destruction, and rights to cultural, political and economic development.

When we say that each person has human rights, we are also saying that each person has responsibilities to respect the human rights of others. (Amnesty International, 1997, Categories of Rights, paras. 1–4)

Although many social workers readily concur with the principles contained in the International Bill of Human Rights, several nations have signed but not ratified all of the covenants and conventions. Nonetheless, social workers benefit from familiarity with these internationally supported human rights because they represent a vital dimension of social justice.

Social Justice

Like human rights, social justice¹ involves many forms and dimensions. As Van Soest and Garcia (2003) observe, “The term ‘social justice’ is widely used in social work without a clearly articulated and shared definition or understanding of it” (p. 44). They encourage us to ask these questions: “What is justice? What is fairness? Is life fair or just? What kind of justice can be expected?” (p. 44).

As a starting point, we can view social justice as a condition in which human rights are cherished as inviolate and indivisible. They are respected by individuals and social systems wherever humans exist. Of course, there are different kinds or aspects of social justice. For instance, *distributive justice* involves the allocation or distribution of opportunities, costs, and benefits within social systems. Distributive justice is commonly associated with economic justice—how resources and wealth are distributed within and among groups, communities, and societies—and with society’s responsibility for and accountability to the individual person for ensuring fundamental human rights. *Procedural* or *processual justice* refers to the ways and means of interaction and decision

¹Within the context of this section, we view “legal justice” and “economic justice” as elements of “social justice.”

making between individuals or within a group, organization, community, or society. Procedural justice involves the fairness of processes involved in, for instance, negotiations of agreements or contracts, selection of authorities (for example, governing officials, judges), and the development and implementation of policies and programs. *Retributive justice* refers to punishment, rehabilitation, compensation, or restitution for harm done by or to one or more members of the social group. *Restorative justice* involves attempts to repair damage done to those negatively affected by offenses. Whereas retribution tends to be associated with revenge upon and punishment of the offender, restoration is associated with efforts, as far as humanly possible, to repair damage or recompense those negatively affected by the damaging offense. Sometimes, efforts by offenders to recompense victims result in transformative experiences for the offenders, the victims, or both. *Intergenerational justice* involves the opportunities, resources, and burdens one or more generations of humans leaves to other generations. When previous generations, for example, capture, transport, and enslave millions of human beings, amass an enormous public debt, or produce toxic global ecology, questions of intergenerational justice arise. Subsequent generations are affected by the actions and inactions of earlier generations. *Environmental justice* refers to the distribution of risks and benefits associated with environmental conditions. When, for instance, one group of people is routinely exposed to toxins in the earth, water, or air whereas another group has ready and plentiful access to fresh water, clean air, and pure soil, we may reasonably raise questions about environmental justice.

Over the centuries, many philosophers and social scientists have explored the topic of social justice. During the mid- to late 20th and the early 21st centuries, John Rawls has been an influential figure in the intellectual exploration of the topic of social justice. Author of *A Theory of Justice* (1971, 1999) and *Justice as Fairness* (1958; Rawls & Kelly, 2001), Rawls' ideas are sometimes controversial. Nonetheless, they serve as an excellent introduction to the topic of social justice. Rawls' approach to social justice involves several key concepts and principles.

The idea of the *original position* (Rawls, 1971) involves the assumption of a hypothetical “veil of ignorance.” In other words, participants to a negotiation or discussion operate as if they are unaware of their own and others' sex, age, class, race, and status or place in the social structure. Through this hypothetical veil of ignorance, participants transcend narrow, individual self-interest to devise and agree upon contracts that benefit themselves as well as other participants and nonparticipants alike. Based upon reason, decisions reached via participants' adoption of the original position likely lead to fair and reasonable distribution of the costs, risks, and benefits associated with an endeavor.

Once we adopt the original position, we can more easily understand concepts of justice and fairness, and envision the consequences of laws and principles that discriminate against certain people in terms of opportunity or outcome. Absent the original position, self-interest tends to win out. For instance, if I am male and own property (for example, land, a slave) and consider my wife and children as forms of quasi-property, then I might well propose a process of decision making (for example, voting) that permits participation only by male property owners like myself. I would also probably exclude slaves, women, and children from participation. However, if I adopt the original position, I might well ask questions such as, “What might be the implications of such a decision-making process on me—if I were ignorant about my status now or in the future? I might or might not own property, I might or might not be a slave, a woman, or a child? What would I consider fair and just if I did not know in advance how a policy or procedure would affect me?”

In some ways, Rawls' original position represents a form of “golden-rule” thinking through which we anticipate the effects of our actions on others—as if we could be anybody and everybody affected by those actions. In essence, the “golden rule” suggests, that we “do to others what we would have them do to us.” In Confucian philosophy, the concept of *Jen* involves virtues of goodness and benevolence (for example, interest, concern, and care for others—regardless of their station or circumstances). Confucius captured the essence of *Jen* through the passage “Do not do

to others what you would not like them to do to you.” This is sometimes referred to as the “silver rule,” which naturally serves to complement and complete the “golden rule.”

By adopting Rawls’ original position, we become more able to consider the implications of actions—whether our own or others’—on diverse others and to be more fair in our words and deeds. Indeed, we may become less egocentric, less ethnocentric, less xenophobic, and perhaps even less anthropocentric in our thoughts and actions. Rawls suggests that when we adopt the original position we become more likely to propose reasonable ideas and to think carefully about the ideas of others. If we were to do so, we would engage in discussions until everyone—each adopting the original position—reached a decision that everyone considers fair.

Compare such a perspective and approach with those common in today’s financial, political, and industrial circles. In contemporary life, status, privilege, wealth, and power or access to power tend to dominate both processes of decision making and their outcomes. Unless organized into groups, less powerful people, members of minority communities, immigrants, refugees, unemployed individuals and families, less educated or less able people, and homeless people rarely have input into decision-making processes—even though they are often significantly impacted by the results.

Rawls suggests that, in essence, justice is fairness. If people were, somehow, able to adopt the original position in their consensual pursuit of fairness and social justice, they would likely agree on two fundamental principles. The first principle holds that each person has an absolute, inviolate right to certain fundamental liberties—including the right to free speech and participation in decision-making processes that affect ourselves, others, and the community or society as a whole. The second principle suggests that we, collectively, as a community or society of equals—each of us possessing these fundamental liberties—might agree that in certain areas, under certain circumstances, and at certain times, some degree of inequality in terms of distribution of wealth, power, or opportunity serves to benefit the community or society as a whole, substantially more than does equal distribution of wealth, power, or opportunity under the same conditions. However, we might also decide that the collective benefits of such defined and limited unequal distribution must clearly outweigh its negative effects. Finally, in order to ensure justice as fairness, we would likely recognize that whatever inequality we accept must benefit the least powerful and least advantaged among us. This is called the difference principle. For most of us, forms of inequality that benefit the powerful and advantaged at the expense of the powerless and disadvantaged are simply unfair.

For example, when certain groups of people are disproportionately incarcerated in jails and prisons, we may appropriately raise questions about the fairness of the *retributive justice* system. As reported in the International Centre for Prison Studies’ World Prison Population List (Walmsley, 2009), Table 4.2 contains the number of individuals imprisoned per 100,000 people in 20 nations. The United States reflects the highest ratio of all nations submitting information. In 2007–2008, approximately 756 of every 100,000 people in the United States were in prison. China (not included in the International Centre for Prison Studies’ figures), Russia, and Rwanda have the next-highest prison populations. In contrast, France imprisons about 96, Canada about 116, Turkey about 142, and Japan about 63 per 100,000 people.

The U.S. Justice Department produces reports regarding the number and composition of the prison and jail populations throughout the country. As Table 4.3 (U.S. Department of Justice Bureau of Justice Statistics, 2008, June 30) illustrates, the total number of imprisoned African American (black) males exceeds that of white males. As of mid-2008 in the United States, approximately 13.51 percent and 15.35 percent of the U.S. population were of African and Hispanic origin, respectively. Some 65.68 percent were of non-Hispanic white origin. As Table 4.4 reveals, in 2008 the proportion of males and females of African origin and males of Hispanic origin incarcerated in U.S. prisons and jails exceeded their percentage of the general population. Conversely, white males and females were substantially underrepresented among the incarcerated population.

TABLE 4.2
Number of Incarcerated People per 100,000 Population: 10 Lowest and 10 Highest Nations

Prisoners per 100,000 Population (2006-08)	Nation	Prisoners per 100,000 Population (2006-08)	Nation
22	Congo(Brazzaville)	329	Botswana
23	Burkina Faso	330	Puerto Rico
24	Nepal	335	South Africa
26	Mauritania	378	Kazakhstan
28	Nigeria	415	Georgia
29	Liberia	468	Belarus
29	Central African Republic	531	Cuba
30	Afghanistan	604	Rwanda
32	Gambia	629	Russian Federation
33	India	756	USA

Note: Limited to nations with a population of 1 million or more. Extracted from the International Centre for Prison Studies' World Prison Population List (Walmsley, 2009). Although lacking sufficient data for inclusion, China probably has one of the highest incarceration rates.

TABLE 4.3
Estimated Number of Inmates in State or Federal Prison, or in Local Jails in the United States by Gender, Race, and Hispanic Origin

	White	Black	Hispanic	Totals
Males	712,500	846,000	427,000	2,103,500
Females	94,500	67,800	33,400	207,700

Note: Total males and females includes American Indians, Alaska Natives, Asians, Native Hawaiians, and other Pacific Islanders, and people identifying two or more races as well as people under age 18. Data extracted from U.S. Department of Justice Bureau of Justice Statistics (2008, June 30).

Similarly, when there are major differences in the amount and extent of poverty in different areas or populations within a country, or differences among nations, we may ask questions about the fairness of the *distributive justice* system. For example, the United Nations publishes poverty indices for both developing and developed countries. Titled the Human Poverty Indices (HPI-1 for developing nations and HPI-2 for developed countries), they are based upon an understanding that “lack of income (alone) is . . . too narrow to serve as a holistic poverty indicator” (United Nations Development Programme, 2009, para. 4). Therefore, the HPI-1 and HPI-2 incorporate several dimensions to capture poverty. For example, in addition to income, the HPI includes health,

TABLE 4.4**Estimated Percentage of Inmates in State or Federal Prison, or in Local Jails in the United States by Gender, Race, and Hispanic Origin**

	Other	White	Black	Hispanic	Totals
Males	5.61%	33.87%	40.22%	20.30%	100.00%
Females	5.46%	45.65%	32.75%	16.14%	100.00%

Note: Other includes American Indians, Alaska Natives, Asians, Native Hawaiians, and other Pacific Islanders, and people identifying two or more races. Data extracted from U.S. Department of Justice Bureau of Justice Statistics (2008, June 30).

longevity, and access to clean water; education and literacy; and social inclusion and employment. The HPI-1 rankings include only developing nations whereas the HPI-2 includes only developed countries. Notice that many of the higher ranked developing nations (see Table 4.5) are located in South and Latin America, the Caribbean, and Southeast Asia, whereas the lower ranked nations (the most “poor”) are located in Africa.

Although the HPI ranking are based, in part, on average annual incomes, additional information helps us appreciate the meaning and implications of these ranks. A common way to estimate average per capita income is to take the annual gross national product (GNP) of a country in U.S. dollars and divide it by the country’s population. However, this fails to account for variations in purchasing power. That is, the cost of living is greater or lesser in different parts of the world. Therefore, a more realistic way to estimate annual income is to calculate it on the basis of purchasing power parity (PPP). Table 4.6 contains the 10 highest and 10 lowest ranked nations in terms of average annual per capita income in PPP terms (World Bank, October 2009).

Despite its high position in average annual per capita income, the United States ranks 17th of 19 developed nations on the HPI-2 (see Table 4.7). This suggests that poverty, as indicated by

TABLE 4.5**Human Poverty Index (HPI-1): Eight Highest and Eight Lowest Ranked Developing Nations**

HPI-1 Rank	Country	HPI-1 Rank	Country
1	Barbados	101	Mozambique
2	Uruguay	102	Sierra Leone
3	Chile	103	Guinea
4	Argentina	104	Niger
5	Costa Rica	105	Ethiopia
6	Cuba	106	Burkina Faso
7	Singapore	107	Mali
8	Saint Lucia	108	Chad

**Note:* Extracted from UNDP Human Development Report 2007/2008 Data. A lower HPI-1 index yields a higher HPI-1 rank. Lower ranked nations are poorer than higher ranked. Developed nations are not including in HPI-1 rankings; some developing nations do not possess or have not reported sufficient data for analysis or inclusion.

TABLE 4.6**Average Annual Per Capita Income (PPP): 10 Highest and 10 Lowest Nations**

Rank	Country	Average Annual Per Capita Income (PPP) in International \$	Rank	Country	Average Annual Per Capita Income (PPP) in International \$
1	Luxembourg	64,320	166	Togo	820
2	Norway	58,500	167	Mozambique	770
3	Kuwait	52,610	168	Sierra Leone	750
4	Macao China	52,260	169	Central African Republic	730
5	Brunei Darussalam	50,200	170	Niger	680
6	Singapore	47,940	171	Eritrea	630
7	United States	46,970	172	Guinea-Bissau	530
8	Switzerland	46,460	173	Burundi	380
9	Hong Kong China	43,960	174	Liberia	300
10	Netherlands	41,670	175	Congo	290

Note: Data extracted from World Bank estimates (2009, October).

TABLE 4.7**Human Poverty Index (HPI-2): Developed Nations**

HPI-2 Rank	Country	HPI-2 Rank	Country
1	Sweden	11	France
2	Norway	12	Japan
3	Netherlands	13	Australia
4	Finland	14	Belgium
5	Denmark	15	Spain
6	Germany	16	United Kingdom
7	Switzerland	17	United States
8	Canada	18	Ireland
9	Luxembourg	19	Italy
10	Austria		

**Note:* Extracted from UNDP Human Development Report 2007/2008 Data. A lower HPI-2 index yields a higher HPI-2 rank. Lower ranked nations are poorer than higher ranked. Developing nations are not including in HPI-2 rankings.

HPI-2 rankings, is more pronounced and problematic in the United States than in most other developed nations. Indeed, approximately 37.3 million or 12.5 percent of the U.S. population lived in poverty in 2007. In addition, some states reflected substantially higher poverty rates than the national average. At 22.6 percent and 18 percent respectively, Mississippi and the District of Columbia experienced much higher than average poverty rates, and substantially more so than, for example, New Hampshire at less than 6 percent or Alaska or Hawaii at less than 8 percent (U.S. Census Bureau Current Population Survey, 2008). Furthermore, in 2007 poverty level and income varied considerably by race and sex. For example, the poverty rate for non-Hispanic whites was 8.2 percent, blacks 24.5 percent, Asians 10.2 percent, and Hispanics 21.5 percent. In addition, full-time, year-round working women earned, on average, \$35,102 per year whereas full-time, year-round working men earned, on average, \$45,113. In other words, in 2007 the average full-time female employee earned about 78 percent of what the average full-time male employee earned (DeNavas-Walt, Proctor, Smith, & U.S. Census Bureau Current Population Survey, 2008). These data raise significant questions about distributive justice.

The issue of distributive justice may also arise when allocations of costs, opportunities, and resources vary according to one or more aspects of diversity and difference. Consider, for example, the aspect of gender. The UNDP calculates two gender-related indices: (1) the Gender Related Development Index (GDI) and (2) the Gender Empowerment Measure (GEM). The first of these represents an indication of human development as adjusted for gender inequality. The second “is a composite indicator that captures gender inequality in three key areas: the extent of women’s political participation and decision-making, economic participation and decision making-power and the power exerted by women over economic resources” (United Nations Development Programme, 2009, para. 6). Table 4.8 contains arrays of the 10 highest and 10 lowest GEM ranked nations as of 2007/2008. The highest ranked nations include the Scandinavian countries

TABLE 4.8
Gender Empowerment: 10 Highest and 10 Lowest Ranked Nations

Rank	Country	GEM Score	Rank	Country	GEM Score
1	Sweden	0.925	99	Qatar	0.380
2	Norway	0.915	100	Sri Lanka	0.371
3	Finland	0.892	101	Turkey	0.371
4	Denmark	0.887	102	Tonga	0.362
5	Iceland	0.881	103	Iran	0.345
6	Netherlands	0.872	104	Morocco	0.316
7	Australia	0.866	105	Algeria	0.312
8	Germany	0.852	106	Saudi Arabia	0.297
9	Belgium	0.841	107	Egypt	0.283
10	Switzerland	0.829	108	Yemen	0.136

Note: Extracted from United Nations Development Programme (2008). Several nations lack GEM rankings because of unavailable, insufficient, or unreported data.

of Sweden, Norway, and Finland, along with Denmark and Iceland whereas the lowest ranked include Yemen, Egypt, Saudi Arabia, Algeria, Morocco, and Iran. At that time, the United States ranked 15th among the 93 ranked nations whereas neighbors Canada and Mexico ranked 11th and 47th respectively (United Nations Development Programme, 2008).

Environmental conditions also have significant distributive justice, as well as human rights, implications. Clean air, access to pure and plentiful water supplies, and the status of the climate represent resources that profoundly affect the quality and duration of human life. Calculated on the basis of some 25 indicators, “the 2008 Environmental Performance Index (EPI) ranks 149 countries on 25 indicators tracked across six established policy categories: Environmental Health, Air Pollution, Water Resources, Biodiversity and Habitat, Productive Natural Resources, and Climate Change” (Yale Center for Environmental Law and Policy & Center for International Earth Science Information Network, 2008, para. 1). Table 4.9 presents the 10 highest and 10 lowest EPI-ranked nations as of 2008.

At that time, the United States reflected an EPI score of 81.0 and ranked 39th of the 149 included nations. Neighbors Canada and Mexico reflected EPI scores of 86.6 and 79.8 and ranks of 12 and 47, respectively.

TABLE 4.9					
2008 Environmental Performance Index: 10 Highest and 10 Lowest Ranked Nations					
Rank	Country	Score	Rank	Country	Score
1	Switzerland	95.5	140	Guinea-Bissau	49.7
2	Sweden	93.1	141	Yemen	49.7
3	Norway	93.1	142	Dem. Rep. Congo	47.3
4	Finland	91.4	143	Chad	45.9
5	Costa Rica	90.5	144	Burkina Faso	44.3
6	Austria	89.4	145	Mali	44.3
7	New Zealand	88.9	146	Mauritania	44.2
8	Latvia	88.8	147	Sierra Leone	40
9	Colombia	88.3	148	Angola	39.5
10	France	87.8	149	Niger	39.1

Note: Data extracted from the 2008 Environmental Performance Index (EPI) of the Yale Center for Environmental Law and Policy & Center for International Earth Science Information Network.

3. Refer to Table 4.7 2007/2008 Gender Empowerment Measure. Use the space below to generate hypotheses regarding possible factors that might contribute to the large differences in gender empowerment among the 10 highest and 10 lowest ranked nations.

Policy Practice to Promote Social Well-Being

Valuing diversity and difference, and accepting others are basic to undertaking professional action to advance human rights and social justice. In our everyday work with individuals, families, groups, organizations, and communities, social workers routinely advocate for the rights of clients, collaboratively pursue social justice for and with them, and seek to promote their social well-being. The social work skills associated with these activities appear in subsequent chapters. However, social workers also recognize that the personal problems, issues, and challenges that clients face frequently relate to social policies, programs, and practices extant in organizations, communities, and societies. Almost all social workers sometimes engage in the analysis, development, and promotion of policies, programs, and practices to help clients address problems and pursue goals. Indeed, Iatridis (2008) states that all social workers “should understand and analyze the effects of social policy decisions on clients. Consequently, they should participate in the formulation and modification of social policy, being active at multiple social policy levels, including the personal, the organizational, the community, and the legislative” (para. 2). We refer to this aspect of social work as policy practice. Social workers typically engage in policy practice to promote the social well-being of individuals, families, groups, organizations, communities, and societies.

Social Well-Being

The concept of social well-being reflects an emphasis on human development—including the development of potential, quality of life, life satisfaction, and the happiness or contentment of individuals, families, groups, communities, and societies. Diversity, human rights, and social justice

relate to and overlap with social well-being. Indeed, we cannot envision how social well-being could emerge unless diversity and difference are valued, human rights respected, and social justice reflected in and among social systems. However, quality of life and happiness do not necessarily result from these factors alone. They certainly do not occur as an inevitable consequence of the acquisition of wealth or power. Indeed, the United Nations Development Programme (UNDP) recognizes that social well-being is only partly a result of economic security.

To assess some of these factors, the UNDP incorporates several related indicators in their Human Development Index (HDI). The HDI is a composite indicator of three measures of human development: (1) “A long and healthy life (as measured by life expectancy at birth)”; (2) “Access to knowledge (today measured by two indicators: the adult literacy rate and the combined gross enrolment ratio [GER] in primary, secondary and tertiary education)”; and (3) “A decent standard of living (as measured by the GDP per capita expressed in purchasing power parity [PPP] US dollars)” (United Nations Development Programme, 2008, p. 3).

Table 4.10 contains selected HDI rankings from the 2008 UNDP statistical updates (United Nations Development Programme, 2008). In 2007/2008, the United States was ranked 15th, neighboring Canada 3rd, and Mexico 51st. All of the 10 lowest ranked nations are located in Africa.

In addition to health and longevity, knowledge and education, and decent living standards, social well-being also includes other, less tangible dimensions. For example, quality of life, life satisfaction, subjective well-being, and happiness involve genetic, physiological, psychological, and social aspects. Interest in these interrelated topics has grown enormously—especially within the field of economics—over the past half century. Several scholars and organizations engage in ongoing research related to these factors. At this point, there seems to be emerging consensus around several points. First, genetics and biology play a powerful role in individual and family happiness. Both serotonin and dopamine levels in the brain are associated with experience of subjective well-being (Canli et al., 2005; Ebstein, Novick, Umansky, Priel, & Osher, 1996; Fox, Ridgewell, & Ashwin, 2009). Studies of twins raised together and apart suggest that a great deal of individual happiness is genetically

TABLE 4.10
Human Development Index: 10 Highest and 10 Lowest Ranked Nations

HDI Rank	Country	HDI Rank	Country
1	Iceland	170	Chad
2	Norway	171	Guinea-Bissau
3	Canada	172	Burundi
4	Australia	173	Burkina Faso
5	Ireland	174	Niger
6	Netherlands	175	Mozambique
7	Sweden	176	Liberia
8	Japan	177	Democratic Republic of the Congo.
9	Luxembourg	178	Central African Republic
10	Switzerland	179	Sierra Leone

Note: Rankings extracted from United Nations Development Programme (2008).

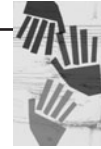
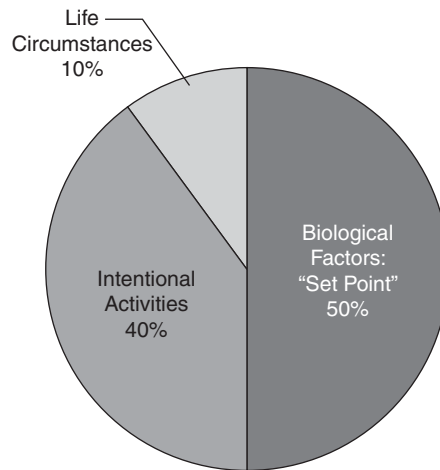


FIGURE 4.1

Lyubomirsky's Happiness Chart



transmitted from one generation to the next (Lykken & Tellegen, 1996; Lyubomirsky, Sheldon, & Schkade, 2005)—perhaps in the form of temperamental characteristics or traits. Indeed, recognition that individual happiness tends to remain quite stable over time leads to the hypothesis that each person has a kind of a “happiness set-point.” Based on their studies (Lyubomirsky, 2006; Lyubomirsky et al., 2005), Lyubomirsky et al. propose a pie chart similar to Figure 4.1 above.

Lyubomirsky (2006) suggests that about one half of the “differences among people’s happiness levels are explained by their immutable genetically-determined set points . . . like genes for intelligence or cholesterol, the set point that a person inherits has a substantial influence on how happy he or she will be” (p. 54). That is, although some changes in overall happiness do occur over time, in general, we tend to hover around and return to our own set point.

According to Lyubomirsky (2006; see also Lyubomirsky et al., 2005), life circumstances play about a 10 percent role (for example, health, wealth, marriage, death of loved ones, injury and disability, natural and human-made disasters, war, civil conflict). However, she suggests that most people show remarkable resilience and, in time, return to or close to their previous happiness levels. This phenomenon is commonly referred to as the “adaptation theory of well-being” (Brickman & Campbell, 1971). That is, through habituation, people tend to adapt to their circumstances and regain a sense of equilibrium. In addition, people tend to adjust their aspirations to current conditions. For example, following a winnings windfall in a lottery, within a few years most winners, at least those who do not spend everything, adapt to their newfound lifestyle and adjust their aspirations upward—so that the “gap” between what is and what they aspire to (that is, their happiness) remains about the same. Brickman and Campbell refer to this as a “hedonic treadmill.”

The remaining portion of Lyubomirsky’s happiness pie involves our intentional activities—that is, how people choose to think and act. For better or worse, about 40 percent of our happiness—almost as much as the biological factors—results from our cognitions and behavior. This suggests that, like many other facets of life, we can take action to become much happier than the concepts of “happiness set-point” and “hedonic treadmill” would suggest. Indeed, Diener, Lucas, and Scollon (2006) demonstrate that people can and do influence their own happiness and sense of well-being.

TABLE 4.11
Subjective Well-Being: Highest 10 and Lowest 10 Ranked Nations

Rank	Nation	Well-Being Score	Rank	Nation	Well-Being Score
1	<i>Puerto Rico</i>	4.67	73	<u>Bulgaria</u>	-0.87
2	<i>Mexico</i>	4.32	74	<u>Belarus</u>	-0.92
3	Denmark	4.24	75	<u>Georgia</u>	-1.11
4	Ireland	4.16	76	<u>Romania</u>	-1.3
5	Iceland	4.15	77	<u>Moldova</u>	-1.63
6	Switzerland	4	78	<u>Russia</u>	-1.75
7	N. Ireland	3.97	79	<u>Armenia</u>	-1.8
8	<i>Colombia</i>	3.94	80	<u>Ukraine</u>	-1.81
9	Netherlands	3.86	81	<i>Zimbabwe</i>	-1.88
10	Canada	3.76	82	<i>Indonesia</i>	-2.4

Note: Extracted from World Values Surveys data as presented by Inglehart (2004). Subjective well-being scores reflect a combination of happiness ratings and life satisfaction ratings. High-income nations are presented in bold type; Latin American countries appear in *italics*; and former communist or Soviet nations are underlined. Some nations are not included because of absent or insufficient data.

Furthermore, it appears that skills associated with optimism and resilience can be taught and learned (American Psychological Association, 2009).

Despite the relatively large size of the biological and intentional activities portions of Lyubomirsky's happiness pie chart, logic and empirical data suggest that life circumstances—including social and political freedom and economic security—do, after all, play a significant role in happiness. Overall, people in economically richer nations tend to be happier than those in poorer nations; and those in socially and politically open nations tend to be happier than those in authoritarian settings.

These trends become apparent when we consider findings from the World Values Surveys (Inglehart, 2004) of 82 societies. As Table 4.11 depicts, in terms of subjective well-being 7 of the 10 highest ranked nations in subjective well-being also ranked high in per capita income. The United States, with a subjective well-being score of 3.47, was ranked 15th. Neighboring Mexico and Canada were ranked 2nd and 10th, respectively. Eight of the 10 lowest ranked are former Soviet countries. These nations confront significant economic and political challenges, and lack a cultural history in which freedom of self-expression is valued. Interestingly, the African nation of Zimbabwe and the Southeast Asian nation of Indonesia ranked at the bottom of the 82 nations included in Inglehart's review of subjective well-being. However, both are far from the world's poorest nations. In 2007/2008, of the 177 countries with data, Zimbabwe ranked 151 and Indonesia ranked 107 on the Human Development Index (United Nations Development Programme, 2008).

Although the World Values Surveys assess dozens of aspects of human experience (for example, politics, tolerance, religion, economics, health, trust), Inglehart and Welzel (2005) suggest that "two dimensions dominate the picture: (1) Traditional/Secular-rational and (2) Survival/Self-expression values. These two dimensions explain more than 70 percent of the cross-national

variance in a factor analysis of ten indicators and each of these dimensions is strongly correlated with scores of other important orientations” (Inglehart, 2006, para. 2).

Societies that hold strongly to traditional values tend to embrace religion and “emphasize the importance of parent-child ties and deference to authority, along with absolute standards and traditional family values, and reject divorce, abortion, euthanasia, and suicide. These societies have high levels of national pride, and a nationalistic outlook” (Inglehart, 2006, para. 3). Societies that hold secular-rational values tend to be less religious and less nationalistic, show less deference to authority, question the validity of absolute standards, and are open to alternate lifestyles.

Societies that reflect strong survival values typically do so because they have to. That is, they lack sufficient economic wealth to entertain ideas and actions associated with self-expression. However, when societies begin to develop economically, the tensions between survival and self-expression values tends to emerge. When a large “share of the population has grown up taking survival for granted . . . [priorities shift] . . . from an overwhelming emphasis on economic and physical security toward an increasing emphasis on subjective well-being, self-expression and quality of life” (Inglehart, 2006, para. 4). “When a society has completed industrialization and starts becoming a knowledge society, it moves in a new direction, from Survival values toward increasing emphasis on Self-expression values” (Inglehart, 2006, para. 4).

Frequently, as societies transition from survival to self-expression, they also make a corresponding shift from materialistic to postmaterialistic views. When a few generations have grown up without immediate concern about their basic physiologic and safety needs and those of their friends and families, then the pursuit and accumulation of wealth and possessions often diminishes in value. In its place, self-expression of various kinds—sometimes accompanied by a trend toward the secular-rational—becomes increasingly important.

Self-expression values give high priority to environmental protection, tolerance of diversity and rising demands for participation in decision making in economic and political life. These values also reflect mass polarization over tolerance of outgroups, including foreigners, gays and lesbians and gender equality. The shift from survival values to self-expression values also includes a shift in child-rearing values, from emphasis on hard work toward emphasis on imagination and tolerance as important values to teach a child. And it goes with a rising sense of subjective well-being that is conducive to an atmosphere of tolerance, trust and political moderation. Finally, societies that rank high on self-expression values also tend to rank high on interpersonal trust.

This produces a culture of trust and tolerance, in which people place a relatively high value on individual freedom and self-expression, and have activist political orientations. These are precisely the attributes that the political culture literature defines as crucial to democracy. (Inglehart, 2006, paras. 5–6)

Consider each dimension as an axis as shown in Figure 4.2. Societies reflecting strong *traditional* values appear on the left side of the Traditional/Secular-Rational horizontal axis, whereas those reflecting the strong *secular-rational* values appear on the right side. Puerto Rico, Mexico, Columbia, and Zimbabwe reflect strong traditional values whereas Denmark, Switzerland, Netherlands, Bulgaria, and Belarus reflect strong secular-rational values.

Similarly, societies reflecting strong *survival* values appear on the lower side of the Survival/Self-Expression vertical axis whereas those reflecting strong *self-expression* values appear on the upper side. As depicted in Figure 4.2, Romania, Russia, and Zimbabwe reflect strong survival values whereas Switzerland, Denmark, and Canada reflect strong self-expression values. Also observe that the 10 societies ranked highest in subjective well-being (see Table 4.11) appear as boxes

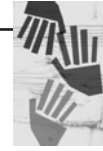
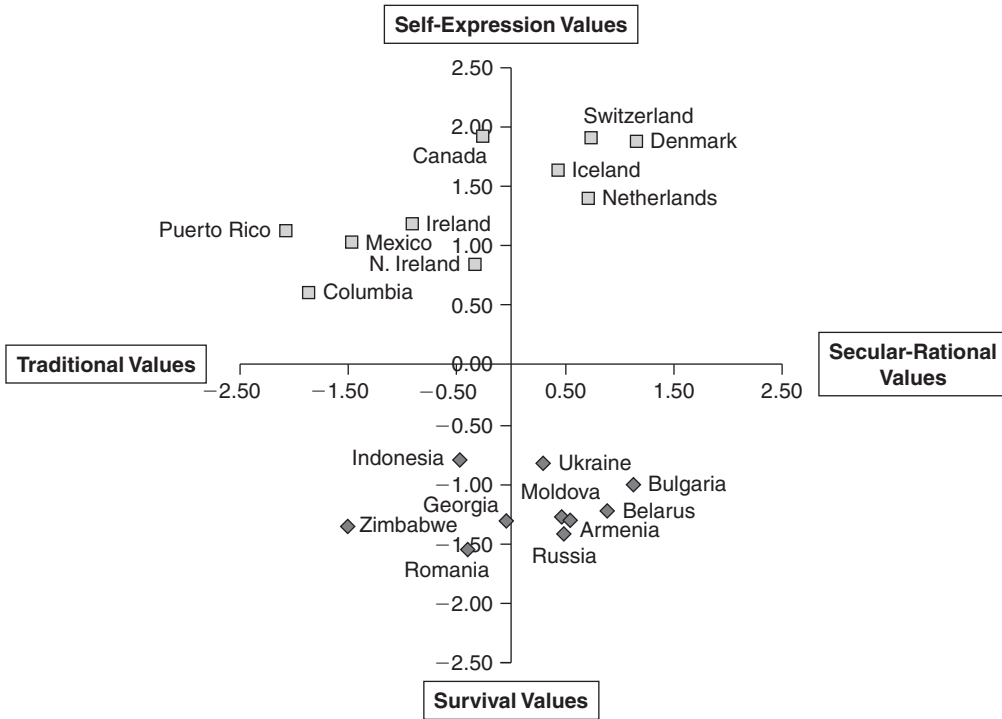


FIGURE 4.2
Subjective Well-Being: 10 Highest and Lowest-Ranked Nations by Two Value Dimensions



Note: Data for Figure 4.2 extracted from Inglehart (2004).

in Figure 4.2 whereas the 10 societies ranked lowest appear as diamonds. All 10 of the societies most highly ranked in terms of social well-being reflect strong cultural values of self-expression—whether or not they simultaneously hold traditional values (for example, Puerto Rico, Mexico, Columbia, Ireland) or secular-rational values (for example, Denmark, Switzerland, Netherlands). All 10 of the societies ranked lowest in subjective well-being reflect strong survival values although they vary in terms of their preference for traditional or secular-rational values.

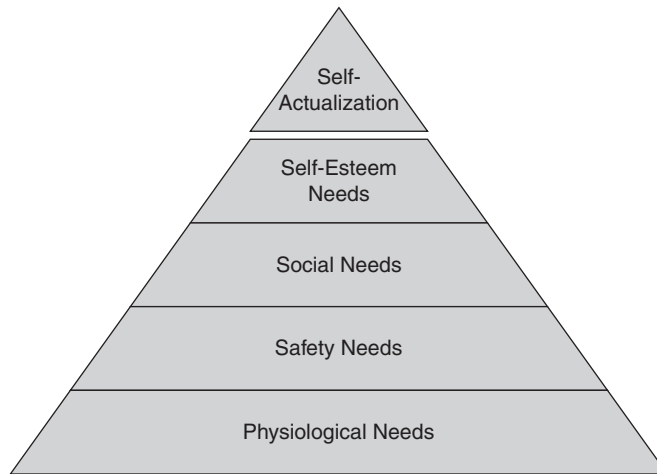
Inglehart and Welzel's (2005) two-dimensional framework may help social workers serve individuals, families, groups, organizations, and communities both within our own societies and in others as well. It seems reasonable to hypothesize, as Abraham Maslow (1943, 1968) did through his "hierarchy of needs," that satisfaction of basic survival needs (that is, physiological, safety, social) generally takes precedence over higher order needs such as self-esteem and self-actualization (see Figure 4.3) or, to use Inglehart and Welzel's terms, self-expression.

If, as the Inglehart data (Figure 4.2) suggest, this general thesis of the primacy of survival needs is reasonable, then we can expect higher average levels of subjective well-being among peoples who are economically, politically, and socially secure than among those who lack security in these areas. The evidence generally supports such a thesis. However, among the developed or "rich" nations, there is considerable variation in levels of well-being. Furthermore, in Inglehart's analysis of the subjective well-being of 82 societies (see Table 4.11) as of 2004, the two most highly ranked nations were Puerto Rico



FIGURE 4.3

Maslow's Hierarchy of Needs Pyramid



and Mexico—certainly not among the richest or most developed societies in the world. In addition, the United States was ranked 15th in life satisfaction and happiness combined. Given an annual GNP of more than \$14 trillion² and its status as the wealthiest country in the history of the world, we might expect a higher rank in subjective well-being—if wealth were the primary factor. Furthermore, some of the poorer nations reflect remarkably high levels (for example, Nigeria) whereas certain nations in the midrange of economic development reflect some of the lowest levels of subjective well-being (for example, Ukraine, Russia, Armenia—former communist countries in Eastern Europe).

Indeed, “people who are impoverished, depressed, or suicidal care about much more than just the relief of their suffering. These persons care—sometimes desperately—about virtue, about purpose, about integrity, and about meaning” (Seligman, 2002, pp. xi–xii). In addition to satisfaction of survival needs, other factors clearly contribute to life satisfaction, happiness, and social well-being. A leader in the positive psychology movement, Seligman (see Figure 4.3) suggests that happiness involves three different dimensions: (1) a more or less pleasant life that includes considerably more positive than negative emotional experiences, (2) an engaged life in which one becomes challenged by and invested in activities such as work, recreation, and love, and (3) a meaningful life in which one uses her or his assets, talents, and strengths with others in purposeful endeavors that contribute to something greater than oneself. For Seligman, happiness involves much more than pleasurable experience alone. Active engagement and meaningful pursuits contribute as well. Indeed, as Maslow recognized long ago, the power of hedonic pleasure to satisfy and to motivate diminishes over time.

Lyubomirsky et al. (2005) also recognize the limits of hedonism in their proposed architecture of sustainable happiness. They include acts of kindness, generosity, and gratitude among their array of possible intentional activities that contribute to lasting happiness. Seligman (2002) translates Lyubomirsky’s architecture into a human “happiness formula” $H = S + C + V$ where lasting, sustainable happiness (H) results from a combination of our biogenetically set (S) happiness range, life circumstances (C), and intentional or voluntary (V) actions within our control.

²To provide perspective, \$14 trillion can also be described as \$14 million million, or \$14 thousand billion, or \$14,000,000,000,000—a considerable sum indeed.

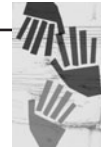
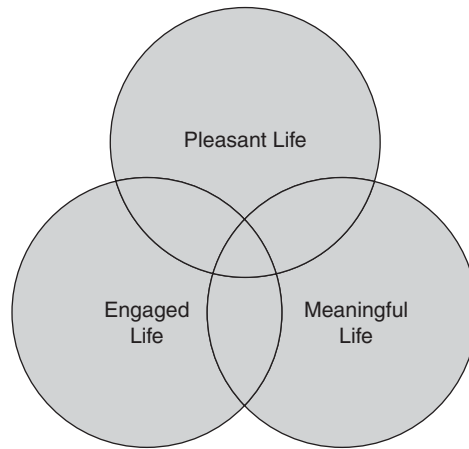


FIGURE 4.4

Dimensions of Happiness



Social workers may find the happiness formula useful as we work with individuals, families, groups, organizations, and communities. It may be especially applicable as we engage clients in goal setting and intervention planning, in social and program development activities, and especially in policy practice intended to promote social well-being.

Policy Practice

Although the term *policy practice* has been described in various ways, virtually all incorporate some notion of political or community action intended to change the policies or practices of some system. For example, Rocha (2007) defines policy practice “as a change approach that uses advocacy and community practice techniques to change programs and policies at multiple systems levels, targeted communities, local, state, and federal governments, agencies, bureaucracies, and the courts” (p. 1). In the context of social work skills, we view policy practice as a natural extension of the advocacy efforts we undertake with and on behalf of individuals, families, groups, and communities. Schneider and Lester (2001) suggest that “social work advocacy is the exclusive and mutual representation of a client(s) or a cause in a forum, attempting to systematically influence decision-making in an unjust or unresponsive system(s)” (p. 64).

Advocacy work can involve work on behalf of a particular client (for example, individual, family, group, organization, or community). This is sometimes called case advocacy. We could also advocate with or on behalf of a group of people or a community confronting a similar issue vis-à-vis one or more systems (for example, a state or federal program or policy, a local programmatic practice). This is sometimes called class advocacy, community action, or political or legislative advocacy—depending upon the focus and target of the effort. Finally, we might advocate in pursuit of a particular cause or purpose. For example, we might act to fight discrimination, promote equal access and opportunity, confront injustice, advance human rights and social justice, encourage social development, or enhance social well-being. This form of advocacy may involve aspects of case and class advocacy as well as community and political action, and judicial advocacy; and all are elements of policy practice.

As you might expect, several aspects of professionalism and most of the skills and competencies needed in general social work practice are needed in policy practice as well. In policy practice as in all social work practice, we must reflect integrity, knowledge, competence, self-understanding, and self-control, and access social support in our advocacy efforts. Critical thinking, scientific inquiry, and career-long learning are especially significant in policy practice because data collection, aggregation, and analysis are essential, as are review and synthesis of relevant research literature. We often engage groups, organizations, and communities in collaborative advocacy efforts, or encourage them to engage in self-advocacy. Periodically, we analyze current or proposed social policies and programs, develop program plans, or draft policies for possible legislative action. In addition, we often provide expert testimony to legislative committees or in courtroom proceedings.

All of these functions require that we use sophisticated culturally sensitive talking and listening skills as well as the skills associated with preparing, beginning, exploring, assessing, contracting, working and evaluating, and ending. In policy practice, we often use these skills in work with nonclient individuals, groups, organizations, communities, and various decision makers (for example, legislators, executives, boards of directors) replace with and sometimes focus on policy-relevant documents as much as actual human beings.

Indeed, the focus on policies involves a double edge. A national or local policy or program may affect hundreds, thousands, or millions of people. If carefully prepared, the benefits may be far-reaching indeed. On the other hand, policies and programs can also produce unintended and unexpected side effects that can be positive for some people and negative for others. Furthermore, unless determined by direct, universal vote, the larger the size of the affected population, the smaller the voice or say of each person in that population.

Suppose, for example, a vocal segment of a community advocated for the enactment of legislation to require all convicted felons, upon completion of their criminal sentence and release from prison and parole, to wear electronic monitoring devices for the remainder of their lives. In certain areas, such legislation could easily become law—over the objections of the former prisoners, their families, and others concerned with the fairness of continuous, lifelong punishment for those who have already completed the terms of their criminal sentence.³

Consider another example. Suppose a group of large, well-financed companies, say in the U.S. health insurance industry, sought to keep their large share of the economic market, prevent the introduction of additional competition—perhaps in the form of a public health insurance option—and maintain their relative freedom from regulatory oversight. The companies might form an association and employ lobbyists (that is, advocates) in an attempt to influence legislators. The association might prepare and distribute advertisements, and employees of the companies might make large donations to legislators' reelection campaigns. Some companies might offer to open branch offices in legislators' districts—if the legislators supported the companies' position. Given their huge financial resources and their relative ease of access to decision makers, it is quite likely that a small number of health insurance companies would secure the legislation they want—despite the wishes of millions of uninsured and underinsured individuals and families, and others who believe that access to health care is a fundamental human right.

Lobbying and advocating share many common activities—although social work advocates typically have access to fewer funds and resources; and profit motives usually play a smaller part. For example, assume that you serve as a social worker with émigrés seeking asylum and refuge in North America from violence and deprivation in various parts of Africa. The refugees vary in terms of language, religion, ethnic community, culture, dress, and customs. However, they share needs for housing, employment, education, health and mental health care, assistance with immigration processes and procedures, and help with the complexities of making the transition to a different nation and culture. Over the course of more than 10 years, you have assisted and advocated for African refugees,

³Such laws might subsequently be overturned by the U.S. Supreme Court.

usually on a case-by-case basis. At this point, you hope to expand your small program by securing additional funding through private and public sources. You would also like to see changes in policies and practices to reduce obstacles and facilitate immigration and resettlement of asylum-seeking refugees. In effect, you plan to engage in class advocacy and policy practice with and on behalf of current and future refugees.

In pursuing these goals, you might prepare a policy practice plan that includes the following steps:

1. Based upon your experience with asylum-seeking refugees, prepare a clear statement of the (a) problems facing refugees and (b) the problems with current policies, programs, or practices. Include information about the human impact of current policies and practices as well as their implications in regard to diversity, human rights, social justice, and social well-being. As you draft a problem statement, seek input about the problems with current policies from refugees as well as other service providers.
2. As you continue to refine your problem statement, conduct a scholarly and systematic review of the research literature related to (a) the nature, origin, development, incidence, and extent of the problems refugees confront, (b) the past, present, and potential policies, programs, and practices intended to address those problems, and (c) the positive and negative impact of current policies. Also examine the legislative record associated with the introduction, debate, and passage of current policies. Finally, review state or federal judicial actions and decisions that relate to the problem and the policies.
3. If feasible, complement your review of the research literature and the legislative and judicial records through surveys, focus groups, and other data collection efforts with refugees affected by current policies. Also correspond directly with researchers, policy makers, and policy analysts in the field.
4. Based upon the knowledge gained from the earlier processes, finalize your statement of the problem and generate an array of plausible and, if possible, evidence-based approaches to problem resolution. Typically, this involves preparation of a range of potential changes to current policies, programs, or practices. Sometimes, however, new and innovative proposals are included. Once you generate a list of plausible solutions, seek feedback about the list from refugees, other service providers, and, if possible, researchers and policy makers.
5. In collaboration with refugees and other stakeholders, review the list of proposals. Consider their likely positive and negative effects and implications, anticipate costs and benefits, and estimate potential risks and rewards for both asylum-seeking refugees as well as those likely to be affected by proposed solutions. Identify potential sources of support and opposition. Rank each proposal in terms of (a) likely effectiveness, (b) relative advantages and disadvantages, and (c) probability of adoption and implementation. Choose the optimum proposal.
6. In consultation with refugees and other stakeholders, prepare a specific strategy and plan to secure adoption of the chosen proposal for change (for example, revisions in current policies, programs, or practices or something innovative). Be sure to identify ways to include and involve stakeholders throughout the process. Identify needed resources and relevant stakeholders, formulate short- and long-term goals and associated action steps, establish time frames, and choose means and measures to assess progress and evaluate outcomes.
7. In collaboration with people affected by the problem and other stakeholders, recruit and mobilize supporters, and implement the plan. Anticipate the actions and reactions of opponents and develop plans to counter them. Use contemporary communication technology to coordinate activities and maintain and accelerate momentum. Evaluate progress and make adjustments to the plan based upon assessment data. Continue efforts until your proposal is approved and implemented.

8. Once implemented, evaluate the outcomes of the new or revised policy, program, or practice. Collect and analyze data related to negative as well positive outcomes, and remain alert for unintended favorable and unfavorable consequences. Based upon ongoing assessment and evaluation data, and feedback from consumers and other stakeholders, prepare recommendations for improvements to the now current policy, program, or practice. Develop plans to secure approval of these suggestions.

As you review these eight steps, you may be reminded of other processes that we have explored. Notice the similarities between these steps and the seven stages of practice, the processes included in traditional conceptions of “the scientific method,” the steps in evidence based practice, and the activities associated with career-long learning. Consider how many aspects of professionalism are involved in these processes. Integrity, knowledge and self-efficacy, critical thinking, scientific inquiry, and lifelong learning are all essential elements of advocacy and policy practice. Finally, recognize the significance of diversity and difference as well as human rights and social justice for the promotion of social well-being through policy practice.

EXERCISE 4-3 POLICY-PRACTICE TO PROMOTE SOCIAL WELL-BEING

1. Go to Appendix 10 and complete the Social Well-Being Scale (SWBS). Calculate your score then refer to the guidelines to understand its meaning. Making reference to relevant items in the scale, use the space below to discuss the implications of your score in terms of your personal sense of well-being. Then, briefly discuss how your own well-being might relate to your performance as a social worker.

2. Access the Internet and use a search engine to locate the main portal for United States Federal Statistics. Once there, search for and locate a report titled “Income, Poverty, and Health Insurance Coverage in the United States: 2007” (DeNavas-Walt et al., 2008). Read the report to determine the approximate number and percentage of the U.S. population who lacked health insurance (based on a three-year average) during the 2005–2007 period. Use the space below to record your finding. Now locate a table that illustrates the percentage of uninsured by race (for example, white, white non-Hispanic, black, American Indian

and Alaska Native, Asian, Native Hawaiian and Other Pacific Islander, and Hispanic-any race). Use the space below to record those percentages. Finally, use the space below to record the percentage of the population covered by some form of private health insurance, the percentage covered by private insurance through their place of employment, and the percentage covered by public insurance (for example, Medicare and Medicaid).

3. Access the Internet and use a search engine to locate a Commonwealth Fund report titled, "Mirror, Mirror on the Wall: An International Update on the Comparative Performance of American Health Care" (K. Davis et al., 2007). Use the space below to summarize the rankings of the health care systems of the six nations included in the review. Then propose one or two plausible reasons that the U.S. system ranks where it does.

Summary

In this chapter, we explored the following dimensions of professionalism: (1) valuing diversity and difference, (2) advancing human rights and social justice, and (3) promoting social well-being through policy practice. These aspects complement those addressed in earlier chapters. Indeed, all three dimensions incorporate elements of integrity, knowledge and self-efficacy, self-understanding and self-control, social support, critical thinking, scientific inquiry, and career-long learning.

Genuine acceptance of others, including respect for autonomy and self-determination are especially vital when engaging diversity and difference and advancing human rights and social justice. Policy practice and other forms of class advocacy have the potential to benefit large numbers of people but can also involve risks associated with limited participation by members of the population and by unintended consequences.

CHAPTER 4 SUMMARY EXERCISES

Following completion of this chapter, respond to these summary exercises:

1. Identify a population group that differs from your own about which you would like to learn more. Prepare a clearly stated research question to guide your search for knowledge about the group. Suppose, for example, that you want to learn more about how best to serve Sunni families who have recently immigrated to the United States from Iraq. You might formulate a question such as, “What do scholarly research articles suggest about: (a) common cultural patterns, religious beliefs, family characteristics, and common issues and concerns of Sunnis immigrating to North America from Iraq, and (b) the effectiveness of social services to Iraqi Sunni immigrants in addressing those common issues and concerns?” Once you have prepared the question, use the remaining space to identify relevant synonyms and keywords that could guide your search for evidence.

2. In addition to knowledge gained from published research studies, social workers must be extremely knowledgeable about available community and social service resources. Assume that you serve as a social worker in the city or town where you currently live. Your agency supervisor asks you to locate resources to help a family that has just immigrated from the African country of Sudan. The family members are wartime refugees and have experienced torture, famine, and the deaths of nearly a dozen relatives. At this point, they are hungry, lack money and housing, and do not have any friends or relations in the community.

In the space below, identify individuals, cultural and social service organizations, and other resources within your own community that might (a) help this family and (b) contribute to your own understanding of Sudanese people and conditions in Sudan.

3. Use the space provided below to identify what you consider the world's most (a) egregious current violation of fundamental human rights and (b) flagrant contemporary example of social injustice. Briefly explain the reasons for your selections and then identify one action that you could take to make some progress toward righting these wrongs.

4. Suppose you are a social worker who knows that increasing the percentage of mothers who breastfeed could save the lives of millions of children. Currently, slightly fewer than 35 percent of infants worldwide “are exclusively breastfed for the first 6 months of life, the majority receiving some other food or fluid in the early months . . . infants who are not breastfed are 6 to 10 times more likely to die in the first few months than infants who are breastfed” (World Health Organization, 2009, p. 4). Breastfeeding provides children with all the nutrients needed to grow and develop and protects children from diarrhea and respiratory and other infections. “If every baby were exclusively breastfed from birth for 6 months, an estimated 1.5 million lives would be saved each year. Not just saved but enhanced, because breastmilk is the perfect food for a baby’s first six months of life—no manufactured product can equal it” (UNICEF, 2009, Why Breastfeed? section, para. 1).

Use the space below to identify one or two elements of a policy or program designed to increase the number and percentage of young mothers who breastfeed in your local community.

5. Use the space provided below to prepare an outline of a brief plan to improve your own individual life satisfaction and happiness.

CHAPTER 4 SELF-APPRAISAL

As you conclude this chapter, please reflect on your current level of understanding by completing the following self-appraisal exercise.

SELF-APPRAISAL: ENGAGING DIVERSITY; ADVANCING HUMAN RIGHTS AND SOCIAL JUSTICE; AND PROMOTING SOCIAL WELL-BEING THROUGH POLICY PRACTICE

Please respond to the following items. Your answers should help you assess your proficiency in the skills associated with engaging diversity and accepting others; advancing human rights and social justice; and promoting social well-being through policy practice. Read each statement carefully. Then, use the following 4-point rating scale to indicate the degree to which you agree or disagree with each statement. Record your numerical response in the space provided.

4 = Strongly agree 2 = Disagree
3 = Agree 1 = Strongly disagree

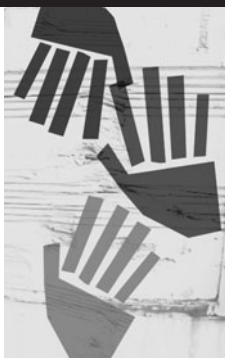
4	3	2	1	Rating Statement
				<i>At this point in time, I can:</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Value diversity and difference in service to others.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Advance human rights and social justice.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Engage in policy practice to promote social well-being.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Assess proficiency in the knowledge and skills associated with valuing diversity and difference, advancing human rights and social justice, and engaging in policy practice to promote social well-being.
				Subtotal

Note: These items are identical to those contained in the Valuing Diversity, Advancing Human Rights and Social Justice, and Promoting Social Well-Being through Policy Practice Skills section of the Social Work Skills Self-Appraisal Questionnaire presented in Appendix 3. If you completed Exercise 2-2 in Chapter 2, you have already responded to these items. You may now compare the responses you made on that occasion with those you made this time. Also, compare the subtotals. If you believe that you have progressed in terms of your proficiency with these skills, the more recent subtotal should be higher than the earlier one.

Reflect on the skills addressed in this chapter and the results of your self-appraisal. Based on your analysis, word-process a succinct one-page summary report entitled “Self-Assessment of Proficiency in the Valuing Diversity; Advancing Human Rights and Social Justice; and Promoting Social Well-Being through Policy-Practice Skills.” Within the report, be sure to identify those skills that you know and do well (e.g., scores of 3 or 4). Also, specify those that need further practice (e.g., scores of 2 or less) and briefly outline plans by which to achieve proficiency in them. When you have finished, include the report in your Social Work Skills Learning Portfolio.

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CHAPTER 5



ETHICAL DECISION MAKING

The topic of laws, values, and ethics in social work practice is extraordinarily complex. Nonetheless, as professional social workers, social work values pervade all aspects of our professional lives. Furthermore, in some way, every decision we make and every action we take involve legal and ethical considerations. As a result, ethical decision making is a crucial aspect of professionalism in social work practice.

In this chapter, we conclude the exploration of professionalism with the topic of ethical decision making (see Box 5.1). You complete several learning exercises and, as the final element in social work professionalism, integrate them with those completed earlier in the form of an overall assessment of your current readiness for the profession of social work.

Social workers routinely consider the legal, ethical, and sometimes moral implications of professional situations and reach ethical decisions concerning their responsibilities. We confront complex ethical dilemmas daily as we attempt to serve others. To address these challenging issues, we need a thorough understanding of social work values and ethics (Reamer, 1997, 1998), as well as those legal obligations that affect and inform our work. Such understanding involves a great deal more than general familiarity with legal statutes, case law, and ethical codes. You require a solid grasp of the underlying values. You should know your social work code of ethics and be able to identify the legal and ethical principles that apply in specific situations. When principles conflict, you need the capacity to address and resolve the dilemma. Specifically, you must think critically to determine which ethical principles or legal obligations should take precedence over others in situations where several competing responsibilities apply.¹

¹The National Association of Social Workers (NASW) Code of Ethics may also be found at <http://www.socialworkers.org>. Publications about social work ethics from an international perspective may be obtained through the International Federation of Social Workers (IFSW) at <http://www.ifsw.org>. Information about the Code of Ethics of the Canadian Association of Social Workers (CASW) may be found at <http://www.casw-acts.ca>. The Code of Ethics for Social Work of the British Association of Social Workers may be accessed at <http://www.basw.co.uk> and those of the Australian Association of Social Workers at <http://www.aasw.asn.au>.



BOX 5.1

Chapter Purpose

The purpose of this chapter is to contribute to the exploration of professionalism by helping learners understand the knowledge and appreciate the values, and implement the skills necessary for ethical decision making within the context of contemporary social work practice. Integration of the topics addressed in Chapters 2 through 5 occurs through completion of an overall assessment of readiness for the profession of social work.

Goals

On completing this chapter, learners should be able to:

- ◆ Discuss the purposes and functions of ethical decision making.
- ◆ Identify and discuss the legal duties of professional helpers.
- ◆ Access the laws that regulate the practice of social work in their locale.
- ◆ Identify and discuss the fundamental values of the social work profession.
- ◆ Understand the ethical principles and standards that guide social work practice.
- ◆ Identify and analyze relevant legal duties and ethics that might apply in various professional contexts.
- ◆ Analyze and determine the relative priority of competing legal and ethical obligations through application of a case-specific values hierarchy.
- ◆ Use critical thinking skills to reach an ethical decision and plan appropriate action.
- ◆ Assess proficiency in the ethical decision-making skills.
- ◆ Assess their readiness for the profession of social work.

Core Competencies

The skills addressed in this chapter support the following core EPAS competencies:

- ◆ Identify as a professional social worker and conduct oneself accordingly (EP2.1.1).
- ◆ Apply social work ethical principles to guide professional practice (EP2.1.2).
- ◆ Apply critical thinking to inform and communicate professional judgments (EP2.1.3).
- ◆ Respond to contexts that shape practice (EP2.1.9).

In our service to clients, social workers use information from a variety of sources: theoretical knowledge, knowledge from research studies, wisdom gained from life experience and service to clients, the expertise of colleagues and supervisors, and agency policies and procedures. One source of information, however, serves as a screen for all others. The values, ethics, and obligations of the profession are preeminent. We must consider every aspect of practice, every decision, every assessment, every intervention, and virtually every action we undertake as social workers from the perspective of our professional ethics and obligations. This dimension supersedes all others. Ethical responsibilities take precedence over theoretical knowledge, research findings, practice wisdom, agency policies, and, of course, our own personal values, preferences, and beliefs. Ethical decision making is a central component of professionalism and should be included along with other dimensions addressed in Chapters 2–4. This chapter focuses exclusively on this topic by providing you with opportunities to develop proficiency in the ethical decision-making skills (see Box 5.1).

Service as a professional social worker entails considerable personal sacrifice, enormous intellectual effort, and extraordinary self-discipline. Because we affect, for better or worse, the lives of our clients, we bear a substantial burden of personal and professional responsibility. Numerous

obligations derive from our commitment to a professional code of ethics and the laws that regulate the practice of social work in our locales. In carrying out our responsibilities, we routinely confront complex ethical issues. To be effective and professionally responsible, we must be able to identify, address, analyze, and resolve ethical issues and dilemmas.

Ethical decision making involves consideration of several dimensions and, of course, a great deal of careful thought. First, you need to understand those legal duties that apply to all professional helpers. Second, you must be familiar with the state, local, and federal laws and regulations that affect the profession and practice of social work in your locale. Third, you should thoroughly comprehend the core social work values and be extremely familiar with the social work code of ethics. Fourth, you must be able to identify those ethical principles and legal duties that pertain to specific social work practice situations. Fifth, when several competing obligations apply, you need to be able to decide which take precedence. Sixth, you must keep professional-quality records about your ethical decision-making process as well as other aspects of your service to clients. In your records, describe your decision and summarize your rationale. Seventh, implement your decision. On occasion, the decision may be to take action; but sometimes the best decision may be to take no action. Eighth, keep professional records about the implementation. Ninth, monitor and record the effects and outcomes.

All of the processes involved in ethical decision making are demanding. However, addressing competing legal and ethical duties represents the greatest challenge of all and requires the most advanced critical thinking skills. Unless there is a conflict among the ethical and legal responsibilities relevant to a particular situation, you should easily be able to make a decision and take appropriate action. You merely conform to the appropriate legal and ethical obligations. In other words, you simply “do the right thing.” Frequently, however, the applicable principles and duties conflict with one another so that adherence to one obligation means violating another. Deciding what to do involves judgment of the highest order.

Understanding Our Legal Obligations

Along with counselors, nurses, psychiatrists, and psychologists, social workers are members of the professional helping community. As a helping professional, you are subject to certain legally determined obligations or duties. These derive from common law, legislation, regulations, and various court decisions. Some legal obligations coincide with the responsibilities suggested by social work values and the code of ethics; others do not. You are responsible for understanding both the legal duties applicable to all professional helpers, and those obligations that apply specifically to social workers. In particular, you need information about the laws and regulations that govern the profession and practice of social work in your locale. In the United States, all 50 states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands have enacted laws regulating social work. Obtain a copy of the licensing law and accompanying regulations that apply in your locale. Many are available through the Internet. For example, Title 25 Article 23.6 of the Indiana State Code governs the licensure and practice of social work in the state (Indiana General Assembly, 2009). You may find that article of law by searching the State of Indiana government website. The Association of Social Work Boards (ASWB, 2008) website also contains links to statutes and regulations throughout the United States and to the Canadian provinces of Alberta, Ontario, and Saskatchewan.

Despite the plethora of laws and regulations, the legal duties of professional helpers are not always clear. They are certainly not permanent. Various professional and governmental bodies regularly promulgate new and modify old policies. Courts process thousands of cases each year. Many are precedent setting and lead to regulatory changes. As new laws and policies emerge, they

influence the legal duties of professional helpers, including social workers. As a professional social worker, you are subject to these evolving legal responsibilities.

Consider, for example, the topic of malpractice. Malpractice is defined as “a form of negligence that occurs when a practitioner acts in a manner inconsistent with the profession’s standard of care—the way an ordinary, reasonable, and prudent professional would act under the same or similar circumstances” (Reamer, 1994, p. 9). Malpractice is

willful or negligent behavior by a professional person that violates the relevant code of ethics and professional standards of care and that proves harmful to the client. Among a social worker’s actions most likely to result in malpractice are inappropriately divulging confidential information, unnecessarily prolonged services, improper termination of needed services, misrepresentation of one’s knowledge or skills, providing social work treatment as a replacement for needed medical treatment, the provision of information to others that is libelous or that results in improper incarceration, financial exploitation of the client, sexual activity with a client, and physical injury to the client that may occur in the course of certain treatments (such as group encounters). (Barker, 2003, p. 259)

In legal terms, malpractice, or *mal praxis*, by professional social workers is a form of tort. A tort involves wrongdoing for which damages may be sought through legal action. A person or group may file a lawsuit in civil court because of injury or suffering resulting from the “wrongful actions or inactions” (Saltzman & Proch, 1990, p. 412) of the professional person. The plaintiff, often a client and sometimes a member of a client’s family, typically seeks monetary damages to compensate for injuries or suffering. Occasionally, courts impose additional punitive damages to punish the professional person guilty of malpractice.

Malpractice involves poor or substandard professional service that results in harm. Failure to meet an accepted standard of care and damage to a client are the two usual criteria on which malpractice cases are determined. There are three common forms of malpractice: (1) malfeasance—where the professional intentionally engages in a practice known to be harmful, (2) misfeasance—where the professional makes a mistake in the application of an acceptable practice, and (3) nonfeasance—where the professional fails to apply a standard, acceptable practice when the circumstances warrant such practice. The first form of malpractice involves intent to harm, or malice, and may constitute criminal behavior, whereas the other two entail negligence or carelessness. The first two forms of malpractice consist of acts of commission and the third involves acts of omission (Kitchener, 2000; Reamer, 1995b).

Malpractice lawsuits may be filed against helping professionals for a wide range of behaviors. For example, in California, following treatment by a psychiatrist and a family therapist, a woman accused her father of childhood sexual abuse. Based on his daughter’s allegations that he had molested her when she was a child, the man was fired from his high-paying job and his wife divorced him. Since the time of the allegations, both his daughter and his former spouse refused to have contact with him (Johnston, 1997).

The man initiated a malpractice lawsuit against the helping professionals. The court concluded that the helping professionals involved had acted improperly by suggesting that the client’s emerging recollections of previously repressed memories were necessarily true and valid. In this case, the court did not assert that the daughter’s memories were false—only that the validity of the retrieved memories could not be determined because the helping professionals’ words and actions were leading and suggestive. Indeed, people abused during childhood usually remember all or part of the mistreatment and find it difficult to forget. The client, in this case, did not originally remember experiences of childhood abuse. Rather, the memories emerged following the words and actions of the professionals who, in effect, suggested to the client that she had probably been the victim of sexual abuse during

childhood. The court awarded the accused father several hundred thousand dollars as compensation for the damage caused by the helping professionals' malpractice (Johnston, 1997).

The topic of repressed, recovered, and false memories has become extraordinarily controversial in recent years—both in and out of courtrooms. Research studies suggest that human memories are quite unlike audio or video recordings. Rather, “memories are records of people’s experiences of events and are not a record of the events themselves” (The British Psychological Society, 2008, p. 2). The relatively poor reliability of eyewitness testimony in criminal justice proceedings highlights this phenomenon. Indeed, as initially reported by Edwin Borchard (1932) and confirmed by numerous studies since then, “the most common cause of wrongful convictions is eyewitness misidentification” (Gross, Jacoby, Matheson, Montgomery, & Patil, 2004, p. 18). In their study of the U.S. criminal justice system, Gross et al. found that 64 percent of those wrongfully convicted but subsequently exonerated involved mistaken eyewitness identification of the defendant.

Several researchers have demonstrated that false memories can easily be produced—at least within the context of experimental research (Brainerd & Reyna, 2005; Lindsay, Hagen, Read, Wade, & Garry, 2004; Loftus, 1997, 2003). Indeed, the creation of memories that make narrative and contextual sense could well be a human trait that serves many useful functions:

Remembering is an active, inferential process guided by a person’s general knowledge and intuitions about the world and by cues in the present environment. When you hear a story or experience an event, your mind encodes into long-term memory only some parts of the available information. Later, when you try to recount the story or event, you retrieve the encoded fragments and fill in the gaps through your logic and knowledge, which tell you what must have happened even if you can’t quite remember it. With repeated, retelling, it becomes harder to distinguish what was present in the original encoding from what was added later. Thus, memory of the story or experience is not a simple readout of the original information but a construction built and rebuilt from various sources. Our ability to construct the past is adaptive because it allows us to make logical and useful sense of our incompletely encoded experiences. But the process can also lead to distortions. (Gray, 2007, p. 329)

Helping professionals can reduce, but not entirely eliminate, their role in promoting and reinforcing inaccurate recollections by avoiding leading questions, suggestive comments, and speculative interpretations about past events. Recognizing that child abuse remains a major social problem and that the possibility that traumatic experiences might be forgotten or their memories “repressed,” the associations of social work, psychology, and psychiatry have nonetheless published cautionary statements about professionals’ approach to the recovery of repressed memories (Alpert et al., 1996; American Psychiatric Association, 2000d; National Association of Social Workers, 1998; The British Psychological Society, 2008). These are intended to protect clients from unnecessary pain and suffering, and manage the risk of legal action against their professional membership. During the 1990s, a large number of malpractice lawsuits were filed against practitioners who facilitated recovery of repressed memories (Wakefield & Underwager, 1992).

The precise number of lawsuits filed against social workers is difficult to determine. Different authorities (Besharov & Besharov, 1987; Reamer, 1994) provide estimates that range from a few hundred to several thousand. Reamer (1995b) reviewed the malpractice claims against social workers covered by the National Association of Social Workers (NASW) Insurance Trust from 1969 through 1990. He found that “only 1 claim was filed in 1970; 40 claims, however, were filed in 1980, and 126 claims were filed in 1990” (p. 596). In total, some 634 claims were filed during that 20-year period. This represents a relatively small number of the more than 70,000 NASW

members insured through the trust (NASW Assurance Services, 2009). However, the rate and frequency of claims against social workers will undoubtedly increase substantially as the years pass. Of course, should a lawsuit ever be filed against you, it would not necessarily mean that you have, in fact, engaged in malpractice. Some lawsuits are unwarranted, harassing, and even frivolous. You could be the best social worker in the country and still be sued. Nothing you do can guarantee immunity from legal action. However, if someone does sue you, the best defense is undoubtedly ethical, competent, and well-documented service solidly grounded in current practice-related research (Bogie & Coleman, 2002).

Although the increasing frequency of litigation against helping professionals is cause for concern, do not become unduly frightened. The probability of a lawsuit, especially for social workers, remains quite low. Social work is a personally and professionally satisfying career. The litigious nature of contemporary life, however, underscores the importance of understanding the current legal milieu as well as those duties that apply to all social workers and other helping professionals.

Several categorical themes emerge from reviews of lawsuits filed against social workers and other helping professionals (Besharov & Besharov, 1987; Corey, Corey, & Callanan, 2003; Kitchener, 2000; Myers, 1992; Reamer, 1995b; Saltzman & Proch, 1990; VandeCreek & Knapp, 1993). In sum, litigation may result from the following kinds of professional misbehavior:

- ◆ *Treatment without consent.* A client may allege that professional treatment procedures were undertaken without informed consent; the parents of a minor child may assert that their child was treated without their awareness or consent.
- ◆ *Professional incompetence, incorrect treatment, or failure to treat.* A client may assert that a social worker did not provide competent professional services, as indicated by the use of inappropriate, inadequate, or unconventional assessment procedures or interventions, or by the failure to provide service when needed.
- ◆ *Failure to diagnose or incorrect diagnosis or assessment.* A client may assert that a social worker failed to recognize signs of a problem or disorder, assigned an incorrect diagnosis, or formulated an erroneous assessment.
- ◆ *Failure to report suspected abuse or neglect.* A client, a client's family, or a state agency may assert that a social worker who had information of possible child endangerment failed to report suspicions that a child was being abused or neglected.
- ◆ *Reporting suspected abuse or neglect.* A client or a client's family may assert that a social worker who reported to state authorities suspicions that a child was being abused or neglected did so without adequate evidence and, as a result, caused severe and irreparable damage to the affected parties.
- ◆ *Failure to consult or refer to other professionals or specialists.* A client or client's family may allege that a social worker should have consulted with a medical doctor when it became apparent that the problems and symptoms revealed by the client suggested the real possibility of a medical condition.
- ◆ *Failure to prevent a client's suicide.* The family of a client who committed suicide may assert that a social worker knew or should have known that the client was suicidal yet failed to take action necessary to protect the client from his or her own suicidal impulses.
- ◆ *Causing a client's suicide.* The family of a client who committed suicide may allege that a social worker's words or actions provoked the client to take his or her own life.
- ◆ *Failure to warn or protect third parties.* A person injured by a client may assert that a social worker knew or should have known that the client was potentially dangerous and intended to harm the person in question yet failed to take action to notify the targeted individual and protect her or him from the client's violent actions.

- ◆ *Inappropriate release of a client.* A client or a client's family may allege that the social worker and other professionals were negligent in permitting a client to leave a facility while the client was in a state of acute distress or incapacity.
- ◆ *False imprisonment or arrest.* A client may claim that his or her commitment to a facility, such as a psychiatric institution or drug treatment center, or police arrest constituted wrongful detention or incarceration.
- ◆ *Failure to provide adequate care or supervision for a client in residential settings.* A client or a client's family may assert that the client was injured because of the neglectful and inadequate care provided by a social worker and other staff members in a hospital or other facility.
- ◆ *Assault or battery.* A client may allege that a social worker was threatening or engaged in improper or inappropriate physical contact.
- ◆ *Intentional infliction of emotional distress.* A client may assert that a social worker's actions, such as a counseling procedure or perhaps the removal of a child from the home of a biological parent, so traumatized the client as to cause significant mental or emotional distress.
- ◆ *Sexual impropriety.* A client may allege that a social worker used professional authority and expertise for the purposes of sexual seduction and exploitation.
- ◆ *Breach of confidentiality.* A client may allege that a social worker inappropriately communicated confidential information to an unauthorized party.
- ◆ *Breach of contract, poor results, or failure to cure.* A client may believe that a social worker indicated that his or her marriage would be saved through the process of relationship counseling—in effect, providing a guarantee; because the marriage ended in divorce, the client may assert that the social worker did not fulfill the terms of the agreement.
- ◆ *Invasion of privacy.* A client may assert that a child abuse investigation was overreaching or harassing in nature.
- ◆ *Defamation of character, libel, or slander.* A client may believe that a social worker, orally or in writing, made an untrue and derogatory statement that harmed the client's reputation.
- ◆ *Violation of a client's civil rights.* A client in a residential facility may allege that his or her civil rights were violated when personal property was confiscated by a social worker.
- ◆ *Failure to be available when needed.* A client may assert that a social worker was inaccessible or unavailable when he or she was in urgent need of service.
- ◆ *Inappropriate termination of treatment or abandonment.* A client may allege that a social worker concluded treatment abruptly or unprofessionally.
- ◆ *Malicious prosecution or abuse of process.* A client may allege that a legal action initiated by a social worker, for instance in a child-protection case, was undertaken with full knowledge that the case would be dismissed by the court and therefore was maliciously intended.
- ◆ *Inappropriate bill collection methods.* A client may assert that the social worker used invasive and improper means in an attempt to collect on bills that were outstanding.
- ◆ *Statutory violations.* A social worker might be sued for violating requirements of the state law under which social workers are legally certified or licensed.
- ◆ *Inadequately protecting a child.* A client, the client's family, or a state agency may assert that a child was injured because of the neglectful and inadequate care provided by a social worker.
- ◆ *Violating parental rights.* The parents of a child may assert that their rights were violated by a social worker who provided professional services to their child without their informed consent.
- ◆ *Inadequate foster care services.* A client, the biological parents of a child, or a state agency may assert that a social worker placed a child in a foster-care setting that provided inadequate or injurious care.

In a review of the 634 malpractice claims filed against social workers covered for liability through the NASW Insurance Trust, Reamer (1995b) found examples of malfeasance and misfeasance that included

flawed treatment of a client (incorrect treatment), sexual impropriety, breach of confidentiality or privacy, improper referral to another service provider, defamation of a client's character (as a result of slander or libel), breach of contract for services, violations of a client's civil rights, improper civil commitment of a client (false imprisonment or arrest), wrongful removal of a child from a home (loss of child custody), assault and battery, improper termination of service (abandonment), improper licensing of staff, and improper peer review. (p. 596)

Examples of nonfeasance included "failure to diagnose properly, failure to protect third parties from harm, failure to treat a client successfully (failure to cure or poor results) or at all, and failure to refer a client for consultation or treatment" (p. 596). The most common allegations involved incorrect treatment (18.6 percent), sexual impropriety (18.45 percent), breaches of confidentiality or privacy (8.68 percent), failure to assess or diagnose or misdiagnosis (5.21 percent), and client suicide (4.42 percent). Although several of these allegations lacked substance, their array and distribution are revealing.

Certain forms of practice and certain settings constitute a greater risk for litigation against social workers. For example, because child welfare work often involves the provision of involuntary services, there is a greater likelihood of both civil and criminal legal action against social workers employed in such settings. In recent years, practice that involves the exploration of "repressed memories" has led to numerous malpractice lawsuits. Some of these resulted in multimillion-dollar judgments against the helping professionals involved. In June 1996, the National Association of Social Workers issued a Practice Update urging that "social workers who practice in the area of recovered memories should be mindful that this is a high-risk area of practice in an environment of intense controversy" (Summary section, para. 1).

Although most malpractice litigation occurs in civil court, social workers may occasionally be subject to criminal action related to the nature and extent of their professional services.

In Colorado, for example, a caseworker and her supervisor were criminally prosecuted when a child with whom the caseworker was working was killed by her parents. The parents had been reported to the worker as abusive but the worker had chosen to keep the child in the home. The worker and her supervisor were convicted. (Saltzman & Proch, 1990, p. 428)

In the Colorado case, an appellate court later overturned the criminal convictions on technical grounds. Nonetheless, the case illustrates the enormous responsibilities associated with professional social work practice, as well as the litigious nature of contemporary society.

You should carefully review the laws and regulations that affect the practice of social work in your locale and those that may relate to your service areas. Laws related to child abuse and neglect, elder abuse, domestic violence, civil rights, sexual harassment, psychological testing, psychotherapy and counseling, child custody, marriage and divorce, and adoption probably pertain in some way to most social workers. Social workers in the United States should be familiar with the Americans with Disabilities Act (ADA) of 1990, Public Law 101-336 (U.S. Department of Justice, 2009); Child Abuse Prevention and Treatment Act (CAPTA), Public Law 93-247, and the Keeping Children and Families Safe Act of 2003, Public Law 108-36 (U.S. Department of



BOX 5.2

Legal Obligations of Helping Professionals

- ◆ Duty of Care
- ◆ Duty to Respect Privacy
- ◆ Duty to Maintain Confidentiality
- ◆ Duty to Inform
- ◆ Duty to Report
- ◆ Duty to Warn and Protect

Health and Human Services, 2009a); the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, and the Patient Safety and Quality Improvement Act of 2005 (PSQIA), Public Law 104-41 (U.S. Department of Health and Human Services, 2009b); the Standards for Privacy of Individually Identifiable Health Information: the “Privacy Rule” (U.S. Department of Health and Human Services, 2001); the federal confidentiality regulations (CFR, Part 2) regarding the privacy rights of people receiving alcohol or drug abuse (substance abuse) treatment services (U.S. Department of Health and Human Services, 2005); the Family Educational Rights and Privacy Act (FERPA) of 1974 (U.S. Department of Education National Center for Education Statistics, 1997, 1998); and other laws and regulations that directly affect social workers and their service to others. Undoubtedly, as time passes, there will be changes in the nature and extent of the legal responsibilities that apply to social workers, but the general legal duties or obligations presented in Box 5.2 and discussed below are likely to remain in effect for many years to come (Everstine & Everstine, 1983, pp. 227–251).

Legal duties tend to parallel those human rights and obligations that are highly valued by a society. In the United States, many fundamental rights are evident in the Constitution, the Bill of Rights, and in decisions of the federal courts. As we explored in Chapter 4, the Universal Declaration of Human Rights (General Assembly of the United Nations, 1948) describes the protections afforded all people in all countries throughout the world. Article 1 of the declaration begins with the phrase, “All human beings are born free and equal in dignity and rights.” Most legal duties that pertain to helping professionals’ obligations reflect aspects of one or more fundamental human rights.

Duty of Care

As a professional social worker, you are legally obligated to provide a reasonable standard of care in delivering social work services. Clients have a right to expect that you will be competent in discharging your professional responsibilities. There is an implied contract to that effect. Services provided should meet at least an adequate standard of care—as determined in part by the social work profession and in part by common expectations of helping professionals. Social workers provide services to a diverse clientele in a wide range of settings. As a result, social workers must reflect competence not only in the fundamentals of social work practice but also in helping clients address specific problems and goals. For example, social workers who work with families addressing child abuse and neglect issues must be competent in both social work and child welfare practice. Those who serve diverse population groups must reflect cultural sensitivity as well. Social

workers attempting to help Buddhist immigrants from Laos must know a good deal about Laotian culture, Buddhist beliefs, and, of course, the problems and processes associated with transitions into a new society.

The NASW has published numerous booklets related to basic standards of practice in various contexts. Several have been updated in the past several years: *NASW Standards for Social Work Practice with Clients with Substance Use Disorders* (National Association of Social Workers, 2005e), *NASW Standards for Social Work Practice in Healthcare Settings* (National Association of Social Workers, 2005d), *NASW Standards for Clinical Social Work in Social Work Practice* (National Association of Social Workers, 2005b), *NASW Standards for Social Work Practice in Child Welfare* (National Association of Social Workers, 2005c), *NASW Standards for Palliative and End of Life Care* (National Association of Social Workers, 2004), *NASW and ASWB Standards for Technology and Social Work Practice* (National Association of Social Workers & Association of Social Work Boards, 2005), *NASW Standards for School Social Work Services* (National Association of Social Workers, 2002a), *NASW Standards for Continuing Professional Education* (National Association of Social Workers, 2003a), *NASW Standards for Social Work Services in Long-Term Care Facilities* (National Association of Social Workers, 2003b), *NASW Standards for Social Work Case Management* (National Association of Social Workers, 2002b), *NASW Standards for Cultural Competence in Social Work Practice* (2001), and *NASW Standards for the Practice of Social Work With Adolescents* (2003c).

Of course, helping professionals must know much more than basic standards and guidelines. We must also be aware of scholarly books and professional journals that pertain both to social work and to our particular areas of practice. Spurred on by demands for increased accountability and higher expectations, social work authors and researchers have begun to publish books, handbooks, and manuals about evidence-based, best-practice approaches. These works tend to reflect strong research support of practice effectiveness (Corcoran, 2000, 2002, 2003; Delgado, 1999; Edmundson, 2006; Pritchard, 2006; Roberts & Yeager, 2004, 2006; Thyer & Wodarski, 1998a, 1998b, 2006; Williams & Ell, 1998; Wodarski & Thyer, 1998). Professional social workers become familiar with scholarly works that pertain to the specific populations they serve, as well as the issues and problems they help clients to address. The assessments, services, and interventions that professionals propose to their clients should have strong theoretical and empirical support.

During the past decade, the American Psychiatric Association has approved and published practice guidelines for the treatment of certain mental health issues (American Psychiatric Association, 1996, 1997, 1998, 2000a, 2000b, 2001, 2002, 2003, 2004a, 2004b, 2006a, 2006b, 2006c). The American Academy of Child and Adolescent Psychiatry (AACAP, 2006) has also developed a series of approximately 25 practice parameters. Both the APA and the AACAP developed these guidelines through comprehensive reviews and analyses of the relevant practice research literature. We expect the social work profession to follow suit by approving and publishing social work practice guidelines based on comprehensive analyses of best-practice, research-based evidence.

If your social work activities are congruent with generally accepted theory and research, and current practice guidelines, you probably meet the basic standard of care expectation. Unusual interventions, activities, or procedures that do not have a sound professional rationale and credible evidence to support their safety and effectiveness could place you at increased risk of liability.

Several additional responsibilities may be included under the general duty of care. For example, as a professional social worker you must be available to the clients you serve. Clients should be educated about whom to contact and what to do in case of an emergency. Similarly, before going on vacation, you should inform clients well in advance and arrange for equivalent, substitute professional coverage. You must also take action to ensure the physical protection of clients you determine to be (1) imminently dangerous to other persons, (2) imminently dangerous to themselves, or (3) so gravely disabled as to be unable to provide minimal self-care (Everstine & Everstine, 1983, p. 232). You might have to arrange for the supervision or hospitalization of such clients.

Professional record keeping also relates to the “standard of care” obligation. Complete, accurate, timely documentation of the nature, scope, provision, cost, progress, and outcomes of your service serves as evidence of reasonable professional behavior. At a minimum, you should include information concerning the identity of the people you serve, relevant consent forms, dates and kinds of services, assessments and plans, progress reports, and closing summaries. Of course, records are primarily for the client in that they help you, the social worker, remember relevant information and maintain your focus on agreed upon goals for work. If you were to become ill or injured, or die unexpectedly, your records could aid in maintaining service continuity with your clients (Kagle & Kopels, 2008).

The keeping of records suggests at least a modicum of professionalism. Of course, records may also support the quality of your professional service. Accurate, complete, descriptive records are your single most important defense in the event of a malpractice lawsuit. Professional records that are absent, notations that are sparse, and those that appear altered after the fact can serve as evidence of inadequate care.

Duty to Respect Privacy

As a professional social worker, you have a duty to respect the privacy of people you serve. Under most circumstances, you are not entitled to intrude on the privacy of prospective or current clients. Privacy includes an individual’s physical space (home or residence, locker, automobile, wallet or purse, or clothing), as well as those aspects of personal life that constitute a symbolic region (Everstine et al., 1980), which is that person’s alone to share or reveal as he or she sees fit. Consider, for example, the case of a penniless traveler who seeks your professional help in locating transportation to her home in a neighboring state. If you were to ask her for information about her sexual history—a topic clearly unrelated to her stated issue of concern—you would probably violate her right to privacy.

Similarly, suppose you hold strong religious beliefs. Your personal faith provides much needed spiritual support and comfort in your daily life. However, you serve as a social worker in a public child and family welfare agency. If you were to proselytize your religious beliefs with clients, you would violate their privacy. In a sense, this would be similar to a telemarketer who calls your home or a door-to-door salesperson who, uninvited, tries to sell you a product. You have not requested the information but you get it anyway. Social workers must have sound professional reason for entry into these private physical or symbolic regions.

Although a right to privacy is more implicit than explicit in the U.S. Constitution, it has grown in significance both inside and outside the helping professions (Etzioni, 1999; McWhirter & Bible, 1992). Article 12 of the Universal Declaration of Human Rights indicates that “no one shall be subjected to arbitrary interference with his privacy, family, home or correspondence, nor to attacks upon his honor and reputation. Everyone has the right to the protection of the law against such interference or attacks” (General Assembly of the United Nations, 1948). As rights to privacy have evolved, so have the threats to them. Technological advances in the form of video and audio recording and other sensing devices; the explosion in computer software and hardware technology, cell phones, the Internet; and, of course, developments in DNA, urine, and blood testing increasingly endanger privacy.

However, respect for privacy rights is not universal—even among helping professionals and consumers. For example, agencies and organizations now commonly place cameras in waiting areas, hallways, or parking areas. Case records may be stored on a computer linked to the Internet or a laptop with a WiFi connection. Some school systems monitor and sometimes videotape classroom activity, and many search students’ school lockers—often without consent. Especially in some substance abuse programs, individuals may be body searched and drug testing via blood or urine

samples may be required as a condition for the receipt of service. Media reporters and television or movie producers may also be interested in the stories of clients and perhaps in your services to them. Educators may seek to audiotape or videotape worker–client interviews or to use clients’ stories in books or other publications. Even when clients sign releases, they may not fully understand or appreciate the implications of the widespread publicity that may follow such publication. These actions and circumstances risk the privacy rights of clients and possibly their friends, neighbors, and family members as well.

Duty to Maintain Confidentiality

Professional social workers have a duty to maintain the confidentiality of information clients convey to them. Derived from the right to privacy, this obligation applies, in general, to all helping professionals. The laws that certify or license social workers require that information shared by clients remain confidential. Indeed, some laws use the term *privileged communication* in describing this legal obligation. “Confidentiality refers to the professional norm that information shared by or pertaining to clients will not be shared with third parties. Privilege refers to the disclosure of confidential information in court proceedings” (Reamer, 1994, p. 47). When laws specify that your communications with clients are privileged, you must meet an even higher standard of confidentiality. When information is privileged, it becomes much more formidable, even for a judge, to force social workers to reveal confidential information without their clients’ consent.

In 1996, the U.S. Supreme Court in *Jaffee v. Redmond* specifically upheld a U.S. Court of Appeals decision extending privilege for confidential client communications to licensed social workers during the course of psychotherapy. Redmond, a police officer, received psychotherapeutic counseling from a licensed social worker. Following an on-duty shooting death, the plaintiffs’ lawyers attempted to subpoena the social worker’s case records. The social worker and Redmond, the client, refused to provide the requested information. Based partly on that refusal, the court awarded damages to the plaintiffs. The Court of Appeals overturned that decision and the U.S. Supreme Court upheld that reversal. This decision is notable in reinforcing privilege for psychotherapy clients and specifically including licensed social workers with psychiatrists and psychologists as professionals who might provide such services.

The advent of computerized record keeping, organizational networks, management information systems, agency, governmental, and insurance company databases, the Internet, and managed care systems has seriously complicated the confidentiality issue. Advances in computer and communications technology may have contributed to increased productivity and efficiency, and perhaps even to improvements in the quality of social services. However, as information about clients becomes increasingly easy to access, use, and share, it becomes more difficult to safeguard client records. Despite these complicated challenges, the basic duty remains intact. Indeed, in some areas the responsibilities of professionals to protect client privacy and confidentiality have increased.

The U.S. Health Insurance Privacy Protection Act (HIPPA) and the associated Standards for Privacy of Individually Identifiable Health Information (the Privacy Rule) reflect the importance society increasingly places on the confidentiality of health information.

A major goal of the Privacy Rule is to assure that individuals’ health information is properly protected while allowing the flow of health information needed to provide and promote high quality health care and to protect the public’s health and well-being. The Rule strikes a balance that permits important uses of information, while protecting the privacy of people who seek care and healing. (Office for Civil Rights, 2003, p. 1)

All individually identifiable health information is protected under the Privacy Rule. Data such as names, addresses, telephone numbers, Social Security numbers, dates of birth or death, diagnoses, treatments, bank information, and any other information that could identify individual persons are included.

“Individually identifiable health information” is information, including demographic data, that relates to “the individual’s past, present or future physical or mental health or condition . . . the provision of health care to the individual . . . (and) . . . the past, present, or future payment for the provision of health care to the individual, and that identifies the individual or for which there is a reasonable basis to believe can be used to identify the individual” (Office for Civil Rights, 2003, p. 4).

In general, material shared by clients is their property. It is not yours, even though you may remember it or record it in a case record. You are merely using the knowledge to serve them. It does not become your property simply because you have heard and recorded it. Under most circumstances, clients must give informed consent before you may share information with another person or organization. Even when clients provide informed consent, you should carefully consider the nature, form, and extent of information to provide. Suppose, for example, a client is relocating across the country and requests that you forward a copy of her or his records to another social worker who will provide continuing services. If the case record contains information that is no longer accurate, comments about third parties, or other irrelevant information, you might inform the client that you would like to exclude such references from the records before sending them. Although it might represent more work for you, a summary of services rather than a duplicate set of the case records may provide more protection for the client and could actually be more useful to the other social worker.

Duty to Inform

As a professional social worker, you have an obligation to educate clients and prospective clients concerning the nature and extent of the services you and your agency offer. Under HIPPA, you must also inform clients about privacy practices. In addition, helping professionals should address matters such as cost, length of treatment, risks, probability of success, and alternate services that may be appropriate. This is where knowledge of evidence-based practice, best practices, practice guidelines, and community resources are needed. You should also provide information concerning relevant policies and laws that could affect clients during the provision of social services. For example, early in the process, you should notify clients about your legal obligation to report indications of possible child abuse and neglect and certain other crimes (for instance, elder abuse). You should also inform clients that, should a person’s life be at risk, you intend to take action to protect that person, even if it means violating confidentiality.

Full disclosure to clients about these limitations and conditions represent a fundamental part of fair and due process. At times, it may also relate to individuals’ rights regarding self-incrimination. If you recall from the Fifth Amendment of the U.S. Constitution, people cannot be compelled to testify against themselves. This provision is derived from the common law principle, *Nemo tenetur seipsum accusare* (that is, No one is obligated to accuse him or herself). This principle is reflected in the requirement that police officers must provide *Miranda* warnings to suspects (*Miranda v. Arizona*, 1966). Although, meetings with social workers are usually not equivalent to police arrests, interrogations, or courtroom proceedings, clients nonetheless have a right to know that, under some circumstances, you might share information that could, in effect, become incriminating evidence in some subsequent civil or criminal litigation.

Typically, you should also give clients information about your qualifications, fields of expertise, and, when relevant, areas in which you have limited knowledge or experience. Similarly, clients should be informed about any actions you might take that pertain to their care—such as consultation with a nationally renowned expert or the provision of information to an insurance company. Of course, you should inform clients well in advance before you discontinue services or transfer them to another helping professional.

Several fundamental human rights including due process, equal protection, privacy, and dignity support the duty to inform. This informed understanding between a social worker and a client constitutes an aspect of the agreement through which the client, in effect, employs the social worker to provide professional services within the context of a fiduciary relationship (Kutchins, 1991, 1998). “Fiduciary relationships emanate from the trust that clients must place in professionals . . . The professional’s obligations are far greater than those of a commercial vendor” (Kutchins, 1991, p. 106). Indeed, within the context of these special relationships, clients have a right to provide informed consent (O’Neill, 1998).

Informed consent involves the following dimensions: (1) *Disclosure*: Relevant information must be fully and clearly provided to the client by the helping professional; (2) *Capacity*: The client must be competent or capable of understanding, rationally evaluating, and anticipating implications and potential consequences of decisions and actions; and (3) *Voluntariness*: The client must have genuinely free choice to accept or reject proposed activities—direct or indirect coercion or intimidation confounds such freedom. If one or more of these aspects are absent or diminished, then clients cannot be considered to have provided fully informed consent (Koocher & Keith-Spiegel, 1990; R. G. Meyer & Weaver, 2006).

When you purchase services from an automobile mechanic or a house painter, you have certain rights. For example, you have a right to honest answers to questions you ask. In general, however, it is your responsibility to learn as much as you can before you buy. *Caveat emptor*—let the buyer beware—is a major principle. The mechanic or painter is not required to provide additional information or consider what might be in your best interest. Helping professionals assume added responsibilities because of the vulnerability of clients and the potential for exploitation. Therefore, social workers have an “affirmative obligation to disclose more information than is requested” (Kutchins, 1991, p. 106) to ensure that clients are fully aware of aspects of the services that they might not have asked about or even considered.

Duty to Report

Professional social workers have a legal obligation to report to designated governmental authorities indications of certain “outrages against humanity” (Everstine & Everstine, 1983, p. 240; see also R. G. Meyer & Weaver, 2006). Although the specific procedures for reporting may vary somewhat from place to place, as a social worker you must report knowledge of certain criminal behavior, including “child abuse, child neglect, child molestation, and incest” (Everstine & Everstine, 1983, p. 240). Increasingly, governmental bodies enact laws to expand the kinds of behavior that must be reported. These include abuse, neglect, and exploitation of persons who are elderly, physically or mentally challenged, or developmentally disabled.

The duty to report relates to several fundamental human rights. Article 1 of the Universal Declaration of Human Rights holds that “all human beings are born free and equal in dignity and rights.” Article 3 declares that “everyone has the right to life, liberty and security of person.” Article 4 states that “no one shall be held in slavery or servitude.” Article 5 holds that “no one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment” (General Assembly of the United Nations, 1948).

The duty to report is perhaps most obvious in the case of child abuse and neglect. Within the United States, all states require that helping professionals report instances of suspected child abuse or neglect to governmental authorities. Along with medical doctors, psychologists, nurses, and teachers, social workers are typically included among the group of “mandated reporters” specifically mentioned in legislation. Mandated reporters who fail to notify authorities of suspected abuse may be subject to severe legal penalties.

Duty to Warn and Protect

Social workers also bear some responsibility to warn potential victims and take action to protect people a client might harm. This duty, derived from the same human rights that warrant reporting crimes against humanity, means that helping professionals bear some responsibility to safeguard the lives of others who might be in danger. Of course, accurate prediction of future dangerousness is hardly a science. Despite the risk of false positives (concluding that someone is dangerous when he or she actually is not), public safety sometimes outweighs the rights of clients (VandeCreek & Knapp, 2001; Woody, 1997). The famous *Tarasoff v. Regents of the University of California* decision established that helping professionals are obligated to take some action to protect the lives of third parties (Kagle & Kopels, 1994). Suppose, for example, that during an interview, a client with a history of violence toward others reveals a specific intention to kill his former spouse. You ask additional questions and you conclude that the client indeed poses a clear and present danger to his ex-wife. Under such circumstances, you would (1) try to arrange for protective supervision of the client (for example, through temporary hospitalization), (2) warn the intended victim of the threat, and (3) notify legal authorities of the danger. Of course, because such actions violate some aspects of the client’s right to confidentiality and perhaps to privacy, you should clearly document why you have taken this course of action. In such instances, you would be wise to quote the client’s words, cite his gestures, and provide related evidence to support your conclusion that the client is potentially dangerous to another person. Also, document when and how you notified the relevant parties and whom you contacted.

The duty to warn or the duty to protect others is similar but not equivalent to the duty to report. For example, legal statutes require social workers to report suspicions of child abuse. Indications of present or past child abuse are sufficient to warrant a report—which usually involves the identification of the alleged victim and/or alleged perpetrator if known. The social worker does not need to know that child abuse actually occurred to submit a report. Suspicion alone is sufficient, and social workers who report in good faith are typically immune from liability. In the case of potential violence toward others, however, suspicion alone is insufficient (*United States v. Hayes*, 2000). The social worker must have reasonable evidence to conclude that the client poses a real and significant threat of violence toward another (“Recent Cases,” 2001). In such cases, social workers are not immune from liability, as is typical in cases involving reports of suspected child abuse. Therefore social workers must exercise due professional care in reaching decisions about clients’ dangerousness and in carrying out their obligation to warn and protect.

EXERCISE 5-1 LEGAL OBLIGATIONS

1. Assume that you are providing social work services to Jeanne, a 35-year-old woman who has just been diagnosed with HIV. You also know that her longtime male partner sometimes physically and emotionally abuses her. Jeanne informs you that her partner does

not have HIV and does not know that she now has the virus. In the space below, briefly outline the legal factors that might pertain to this situation.

2. Access the Internet and go to the Google Scholar website. Conduct a search to locate an online copy of the article titled “Domestic Violence and Partner Notification: Implications for Treatment and Counseling of Women with HIV” (Rothenberg, Paskey, Reuland, Zimmerman, & North, 1995) as published in the *Journal of American Medical Women’s Association* (JAMWA). Review the article and reflect on its implications for your response to the case of Jeanne described above. Use the following space to discuss how your response might or might not change based upon your review of the article.

Understanding the Fundamental Values and Ethics of Social Work

In addition to the legal obligations that apply to all helping professionals, social workers must also conform to the fundamental values and ethics of the social work profession. Social workers and social work educators have energetically discussed the topic of social work values since the emergence of the profession around the beginning of the 20th century. The discussion will undoubtedly continue throughout the 21st century, especially as the world becomes increasingly interconnected and interdependent through globalization and internationalization.

In discussing values, the International Federation of Social Workers (2000) states,

Social work grew out of humanitarian and democratic ideals, and its values are based on respect for the equality, worth, and dignity of all people. Since its beginnings over a century ago, social work practice has focused on meeting human needs and developing human potential. Human rights and social justice serve as the motivation and justification for social work action. In solidarity with those who are disadvantaged, the profession strives to alleviate poverty and to liberate vulnerable and oppressed people in order to promote social inclusion. Social work values are embodied in the profession's national and international codes of ethics. (Values section, para. 1)

Although there is some divergence of opinion regarding the application of fundamental social work values, there is considerable consensus about the values themselves. For example, the National Association of Social Workers (2008) identifies the core values for social work in the Preamble to its Code of Ethics:

The mission of the social work profession is rooted in a set of core values. These core values, embraced by social workers throughout the profession's history, are the foundation of social work's unique purpose and perspective:

- ◆ Service
- ◆ Social Justice
- ◆ Dignity and Worth of The Person
- ◆ Importance of Human Relationships
- ◆ Integrity
- ◆ Competence

This constellation of core values reflects what is unique to the social work profession. Core values, and the principles that flow from them, must be balanced within the context and complexity of the human experience. (Preamble section, paras. 3–4)

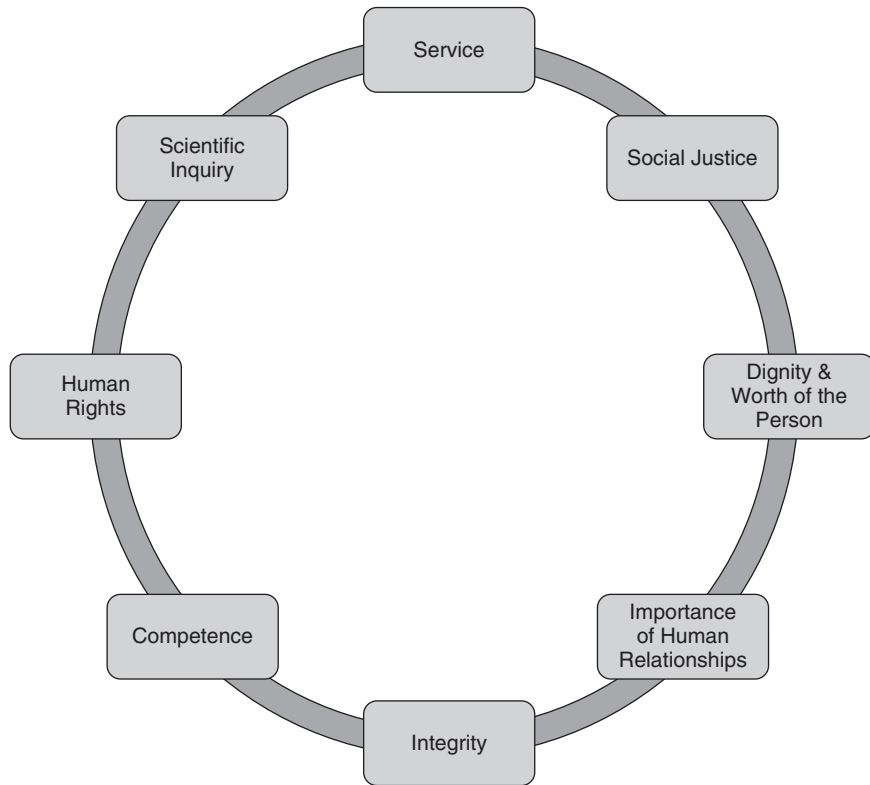
The Council on Social Work Education (CSWE, 2008) endorses the six core values identified in the NASW Code of Ethics and adds two more (p. 2):

- ◆ Human Rights
- ◆ Scientific Inquiry

These fundamental social work values serve as an extremely useful foundation for thinking critically about practice issues and ethical dilemmas. They are invaluable in helping social workers define a professional identity and establish a social work frame of reference. Abstract concepts,

FIGURE 5.1

Fundamental Social Work Values



however, are not usually specific enough to guide ethical decision making. Codes of ethics serve that function. Ethical principles and standards derive from the fundamental social work values, but appear in more concrete and prescriptive form. Reference to a social work code of ethics should help you make practice decisions that are congruent with fundamental social work values.

To practice ethically, you need a thorough understanding of both the fundamental social work values and the principles and standards that guide ethical decision making. As suggested earlier, the Code of Ethics of the National Association of Social Workers (2008) serves as the primary reference throughout the United States. The preamble of the NASW code suggests that:

The primary mission of the social work profession is to enhance human well-being and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty. A historic and defining feature of social work is the profession's focus on individual well-being in a social context and the well-being of society. Fundamental to social work is attention to the environmental forces that create, contribute to, and address problems in living.

Social workers promote social justice and social change with and on behalf of clients. "Clients" is used inclusively to refer to individuals, families, groups, organizations, and communities. Social workers are sensitive to cultural and ethnic diversity and strive to end discrimination, oppression, poverty, and other forms of social

injustice. These activities may be in the form of direct practice, community organizing, supervision, consultation, administration, advocacy, social and political action, policy development and implementation, education, and research and evaluation. Social workers seek to enhance the capacity of people to address their own needs. Social workers also seek to promote the responsiveness of organizations, communities, and other social institutions to individuals' needs and social problems. (Preamble section, paras. 1–2)

To practice ethically, you should be thoroughly familiar with the Social Work Code of Ethics. Carry a copy with you during your professional activities. You will frequently need to refer to it throughout the course of your service with and for clients.

Violations of the code may serve as grounds for malpractice lawsuits or grievances filed with social work licensing boards or professional associations. The *NASW Procedures for Professional Review* (National Association of Social Workers, 2005a) contains detailed descriptions concerning the processes by which complaints are submitted and adjudicated.

In studies of 894 of 901 claims of ethical misconduct by NASW members from 1986 to 1997, Strom-Gottfried (1999, 2000a, 2000b, 2003) identified some 66 categories of professional misbehavior and then organized them into 10 clusters. Among the cases with adjudicated findings, boundary violations were the most common form of misconduct (about 55 percent). Most of those involved sexual misconduct and many involved dual relationships. Poor practice, such as failure to employ standard interventions or misapplication of professional standards and principles, was the second most common area of misconduct (about 38 percent). Incompetence caused by ignorance or inadequate supervision or impairment, inadequate record keeping, dishonesty or fraud, failure to maintain confidentiality or protect privacy, failure to describe policies necessary for clients to provide informed consent, improper behavior with colleagues, problems related to billing and reimbursement, and conflicts of interest between the worker and one or more clients constituted other forms of professional misconduct.

Strom-Gottfried (1999, 2000a, 2000b, 2003) found that about 52 percent of the misconduct claims were filed by clients or family members of clients, about 19.5 percent by employees or supervisees, about 10.4 percent by coworkers or colleagues, and about 4.5 percent by supervisors or employers. Slightly less than half of the complaints reached the hearing stage, although more than 60 percent of those that did resulted in findings of ethical violations against the respondents.

Strom-Gottfried (1999, 2003) found that the most common ethical violations included the following:

1. Sexual activity
2. Dual relationship
3. Other boundary violations
4. Failure to seek supervision or consultation
5. Failure to use accepted practice skills
6. Fraudulent behavior
7. Premature termination
8. Inadequate provisions for case transfer or referral
9. Failure to maintain adequate records or reports
10. Failure to discuss policies as part of informed consent

EXERCISE 5-2: SOCIAL WORK VALUES AND ETHICS

1. If you do not yet have a copy of the current NASW Code of Ethics, you may secure one electronically through the National Association of Social Workers website (National

Identifying Ethical and Legal Implications

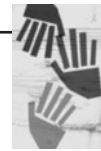
In addition to understanding the legal duties of professional helpers and the social work code of ethics, you will need to identify those obligations, principles, and standards that might apply in a given practice situation. This requires critical thinking skills as you consider the facts in a specific situation and determine which ethical principles and legal obligations may be relevant.

For example, imagine that you are a social worker in an agency that provides crisis intervention services. One day, while catching up on paperwork, a former client whom you had served some eight months earlier telephones to say, “I have locked myself in my basement. I have a gun, and I am going to shoot myself today. I wanted to let you know that you did not help me at all! Goodbye.”

In addition to managing the various emotions you would undoubtedly experience, you would also have to consider several values, ethical principles, and standards, as well as various legal obligations. The values, ethical principles, and standards described in the NASW Code of Ethics (National Association of Social Workers, 2008) shown in Boxes 5.3 to 5.5 probably apply.

BOX 5.3

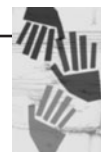
NASW Code of Ethics: Applicable Values



- ◆ Value: *Service*; Ethical Principle: Social workers’ primary goal is to help people in need and to address social problems.
- ◆ Value: *Dignity and Worth of the Person*; Ethical Principle: Social workers respect the inherent dignity and worth of the person.
- ◆ Value: *Integrity*; Ethical Principle: Social workers behave in a trustworthy manner.
- ◆ Value: *Competence*; Ethical Principle: Social workers practice within their areas of competence and develop and enhance their professional expertise. (National Association of Social Workers, 2008)

BOX 5.4

NASW Code of Ethics: Applicable Ethical Principles



- ◆ Social workers’ primary responsibility is to promote the well-being of clients. In general, clients’ interests are primary. However, social workers’ responsibility to the larger society or specific legal obligations may on limited occasions supersede the loyalty owed clients, and clients should be so advised. (Examples include when a social worker is required by law to report that a client has abused a child or has threatened to harm self or others.) (Section 1.01)

(continued)



BOX 5.4 *(continued)*

- ◆ Social workers respect and promote the right of clients to self-determination and assist clients in their efforts to identify and clarify their goals. Social workers may limit clients' right to self-determination when, in the social workers' professional judgment, clients' actions or potential actions pose a serious, foreseeable, and imminent risk to themselves or others. (Section 1.02)
- ◆ In instances when clients lack the capacity to provide informed consent, social workers should protect clients' interests by seeking permission from an appropriate third party, informing clients consistent with the clients' level of understanding. In such instances, social workers should seek to ensure that the third party acts in a manner consistent with clients' wishes and interests. Social workers should take reasonable steps to enhance such clients' ability to give informed consent. (Section 1.03.c)
- ◆ In instances when clients are receiving services involuntarily, social workers should provide information about the nature and extent of services and about the extent of clients' right to refuse service. (Section 1.03.d)
- ◆ Social workers may disclose confidential information when appropriate with valid consent from a client or a person legally authorized to consent on behalf of a client. (Section 10.7.b)
- ◆ Social workers should protect the confidentiality of all information obtained in the course of professional service, except for compelling professional reasons. The general expectation that social workers will keep information confidential does not apply when disclosure is necessary to prevent serious, foreseeable, and imminent harm to a client or other identifiable person. In all instances, social workers should disclose the least amount of confidential information necessary to achieve the desired purpose; only information that is directly relevant to the purpose for which the disclosure is made should be revealed. (Section 10.7.c)
- ◆ Social workers should inform clients, to the extent possible, about the disclosure of confidential information and the potential consequences, when feasible before the disclosure is made. This applies whether social workers disclose confidential information on the basis of a legal requirement or client consent. (Section 10.7.d)
- ◆ Social workers should discuss with clients and other interested parties the nature of confidentiality and limitations of clients' right to confidentiality. Social workers should review with clients circumstances where confidential information may be requested and where disclosure of confidential information may be legally required. This discussion should occur as soon as possible in the social worker-client relationship and as needed throughout the course of the relationship. (Section 10.7.e)

(continued)



BOX 5.4 (continued)

- ◆ Social workers should not disclose confidential information to third-party payers unless clients have authorized such disclosure. (Section 10.7.h)
- ◆ Social workers should protect the confidentiality of clients during legal proceedings to the extent permitted by law. When a court of law or other legally authorized body orders social workers to disclose confidential or privileged information without a client's consent and such disclosure could cause harm to the client, social workers should request that the court withdraw the order or limit the order as narrowly as possible or maintain the records under seal, unavailable for public inspection. (Section 10.7.j)
- ◆ When social workers act on behalf of clients who lack the capacity to make informed decisions, social workers should take reasonable steps to safeguard the interests and rights of those clients. (Section 11.4)
- ◆ Social workers should terminate services to clients and professional relationships with them when such services and relationships are no longer required or no longer serve the clients' needs or interests. (Section 11.6.a)
- ◆ Social workers should take reasonable steps to avoid abandoning clients who are still in need of services. Social workers should withdraw services precipitously only under unusual circumstances, giving careful consideration to all factors in the situation and taking care to minimize possible adverse effects. Social workers should assist in making appropriate arrangements for continuation of services when necessary. (Section 11.6.b)
- ◆ Social workers should seek the advice and counsel of colleagues whenever such consultation is in the best interests of clients. (Section 2.05.a)
- ◆ Social workers should keep themselves informed about colleagues' areas of expertise and competencies. Social workers should seek consultation only from colleagues who have demonstrated knowledge, expertise, and competence related to the subject of the consultation. (Section 2.05.b)
- ◆ When consulting with colleagues about clients, social workers should disclose the least amount of information necessary to achieve the purposes of the consultation. (Section 2.05.c)
- ◆ Social workers should refer clients to other professionals when the other professionals' specialized knowledge or expertise is needed to serve clients fully or when social workers believe that they are not being effective or making reasonable progress with clients and that additional service is required. (Section 2.06.a)
- ◆ Social workers who refer clients to other professionals should take appropriate steps to facilitate an orderly transfer of responsibility. Social workers who refer clients to other professionals should disclose, with clients' consent, all pertinent information to the new service providers. (Section 2.06.b)

(continued)



BOX 5.4 (*continued*)

- ◆ Social workers should take reasonable steps to ensure that documentation in records is accurate and reflects the services provided. (Section 3.04.a)
- ◆ Social workers should include sufficient and timely documentation in records to facilitate the delivery of services and to ensure continuity of services provided to clients in the future. (Section 3.04.b)
- ◆ Social workers' documentation should protect clients' privacy to the extent that is possible and appropriate and should include only information that is directly relevant to the delivery of services. (Section 3.04.c)
- ◆ Social workers should store records following the termination of services to ensure reasonable future access. Records should be maintained for the number of years required by state statutes or relevant contracts. (Section 3.04.d)
- ◆ When an individual who is receiving services from another agency or colleague contacts a social worker for services, the social worker should carefully consider the client's needs before agreeing to provide services. To minimize possible confusion and conflict, social workers should discuss with potential clients the nature of the clients' current relationship with other service providers and the implications, including possible benefits or risks, of entering into a relationship with a new service provider. (Section 3.06.a)
- ◆ If a new client has been served by another agency or colleague, social workers should discuss with the client whether consultation with the previous service provider is in the client's best interest. (Section 3.06.b)
- ◆ Social workers should accept responsibility or employment only on the basis of existing competence or the intention to acquire the necessary competence. (Section 4.01.a)
- ◆ Social workers should strive to become and remain proficient in professional practice and the performance of professional functions. Social workers should critically examine and keep current with emerging knowledge relevant to social work. Social workers should routinely review the professional literature and participate in continuing education relevant to social work practice and social work ethics. (Section 4.01.b)
- ◆ Social workers should base practice on recognized knowledge, including empirically based knowledge, relevant to social work and social work ethics. (Section 4.01.c)
- ◆ Social workers should not participate in, condone, or be associated with dishonesty, fraud, or deception. (Section 4.04)
- ◆ Social workers should critically examine and keep current with emerging knowledge relevant to social work and fully use evaluation and research evidence in their professional practice. (Section 5.02.c)



BOX 5.5

Applicable Legal Obligations

The legal obligations that deserve consideration in this situation are the:

- ◆ *Duty of Care* (including the responsibility to try to prevent suicidal action)
- ◆ *Duty to Inform*
- ◆ *Duty of Confidentiality*
- ◆ *Duty to Respect Privacy*

Even though this is, nominally, a former client who expresses anger toward you, social work ethics suggest that you should maintain your professional role and continue to provide high-quality service. His best interest continues to be your primary obligation. Because the client expresses disappointment in you and may not respond to your attempts to contact him, you should probably seek advice and consultation from your supervisor, colleagues, or other professionals competent in crisis intervention and suicide prevention. You should also try to respect the client's civil and legal rights. You should maintain the confidentiality of information that he reveals, or share such information with others only for compelling reasons, such as when he threatens to harm himself or someone else. These last three principles apply if or when you consider contacting the caller's family members, a medical doctor, an ambulance service, paramedics, or the police in your determined efforts to protect his life.

As a professional social worker, you should attempt to prevent the client from taking his life. This is consistent with the legal duty of care under which you are obligated to be available, to try to prevent suicidal action, to avoid causing suicidal action, and to ensure the physical protection of clients who are dangerous to themselves. You also have a duty to inform the client concerning actions you intend to take. Finally, you have a legal as well as an ethical duty to maintain confidentiality and respect the client's right to privacy.

When you consider the relevance of these various ethical principles, standards, and legal obligations, it becomes clear that you cannot possibly meet all of them. If you attempt to serve the client with devotion and meet your legal duty to try to prevent his suicide by telephoning family members, a physician, or the police, you violate his right to confidentiality and, potentially, his privacy. His right to privacy would obviously be lost at the point that police or emergency medical personnel entered his home. If you maintain his right to confidentiality and privacy, you neglect your legal duty to attempt to prevent his suicide. This is indeed an ethical dilemma. How do you decide what to do?

EXERCISE 5-3: IDENTIFYING ETHICAL STANDARDS

1. Suppose you are a social worker in an agency whose mission it is to serve homeless people. Recently the agency was awarded a grant to provide free temporary living quarters to homeless families with one or more children. As you work to house the families, the agency director informs you to keep three units vacant as he has reserved the space for three families. Subsequently you discover that these three families are friends of the

director and are not homeless. Use the following space to list each of the ethical principles from the NASW Code that might apply in this situation.

2. You lead a social work group for people affected by substance misuse. Prior to and again at the first meeting, you indicated that as group members worked together to pursue their individual goals, personal information would probably be shared. You asked that each group member keep confidential whatever is said in the group. Each participant committed to do so and signed a confidentiality agreement. A few weeks later, you learn that one of the group members repeated something that was said in the group and, as a result, another group member was fired from his job. Use the following space to identify the specific ethical principles from the NASW Code that might apply in this situation.

3. You serve as a social worker attempting to organize a multiethnic community in a low-income portion of town. A number of immigrant populations are attracted to the area because of low-cost housing and opportunities for overtime work in several small factories. After a few weeks with them, the residents begin to share their concerns. For example,

some tell you that the banks in the area charge much higher interest on small-business loans to persons of Hispanic and African ancestry than to those of European or Asian. Others indicate that the police appear to permit drug dealers, pimps, and prostitutes to operate freely in certain areas but not in others. Use the following space to identify the specific ethical principles from the NASW Code that might apply in this situation.

4. You serve as a social worker in an agency that provides counseling and other services to low-income families and children. Over the course of the last several weeks, you have been visiting a family of six: a heterosexual couple and their four children. The B. family has numerous needs but, together, you decided to work toward the goal of finding better paying and more stable employment.

In the first meeting, you learned that Mr. and Mrs. B. are members of a religious organization that prohibits the use of medicines, surgical procedures, and forms of modern medical care. As you chatted with 8-year-old Ruth during a recent visit, you noticed a tumor on her abdomen. You mentioned it to Mrs. B. who said that the entire family and other members of their religious group were praying daily for Ruth's health. She expected their prayers would shortly be answered. When you next visited the family about a week later, you observed that the tumor was much larger and appeared darker in color. Use the following space to identify the specific ethical principles from the NASW Code that might apply in this situation.

Addressing Ethical Dilemmas

Several authors have suggested sequential steps for the process of ethical decision making (Loewenberg, Dolgoff, & Harrington, 2009; Mattison, 2000; Reamer, 1995a; Rhodes, 1986, 1998) or ethical problem solving (Reamer & Conrad, 1995). Congress (1999, 2000), for example, suggests that social workers adopt the ETHIC Model of Decision Making and proceed through the following steps or processes:

- E—Examine relevant personal, societal, agency, client, and professional values.
- T—Think about what ethical standard of the NASW code of ethics applies, as well as relevant laws and case decisions.
- H—Hypothesize about possible consequences of different decisions.
- I—Identify who will benefit and who will be harmed in view of social work’s commitment to the most vulnerable.
- C—Consult with supervisor and colleagues about the most ethical choice. (Congress, 2000, p. 10)

Reamer (2000) suggests a seven-step process for ethical problem solving:

1. Identify the ethical issues, including the social work values and duties that conflict.
2. Identify the individuals, groups, and organizations that are likely to be affected by the ethical decision.
3. Tentatively identify all possible courses of action and the participants involved in each, along with possible benefits and risks for each.
4. Thoroughly examine the reasons in favor of and opposed to each possible course of action, considering the relevant ethical theories, principles, and guidelines; codes of ethics and legal principles; social work practice theory and principles; personal values (including religious, cultural, and ethnic values and political ideology), particularly those that conflict with one’s own.
5. Consult with colleagues and appropriate experts (such as agency staff, supervisors, agency administrators, attorneys, ethics scholars).
6. Make the decision and document the decision-making process.
7. Monitor, evaluate, and document the decision. (p. 361; see also NASW Office of Ethics and Professional Review, 2003; Reamer & Conrad, 1995)

The sequential steps identified by social work scholars such as Congress (1999, 2000), Loewenberg et al. (2009), and Reamer (1995a, 2000; Reamer & Conrad, 1995) reflect well-reasoned, logical processes—especially when you can adhere to all of the applicable ethical principles. Unfortunately, this is sometimes impossible. When numerous principles and legal duties apply and some conflict with each other, you are faced with an ethical dilemma. In other words, conforming to one standard (for example, duty to report) necessarily requires that you violate another (for example, client confidentiality). When ethical and legal obligations conflict, which do you ignore? Which do you respect? How do you decide?

How to address and resolve moral and ethical dilemmas has been the subject of philosophical discussion for centuries (Holmes, 2003). In contemporary times, many social workers have questions about whether to base ethical decisions on certain fixed values and principles through a deductive, deontological, absolutist process, or on analysis of individual cases via inductive, teleological,

consequentialist, utilitarian, or relativistic reasoning. A social worker adopting a utilitarian perspective would consider the relative good versus harm of the probable consequences of the ethical decision and accompanying action in the particular case. A social worker adopting a deontological view would apply the chosen principle, rule, or law regardless of the potential consequences (Mattison, 2000).

Professional codes of ethics tend to reflect a strong deontological emphasis. Such rules are written and codified so that they may be precisely followed. Indeed, sanctions may be imposed when the “rules are violated.” On the other hand, social work also emphasizes a person-in-environment perspective—suggesting that circumstances play a part in all processes, including those involving ethical dilemmas. In effect, the NASW Code of Ethics implicitly suggests that social workers adopt advanced and sophisticated critical thinking processes to address ethical issues in a professional manner. Note these passages:

Specific applications of the Code must take into account the context in which it is being considered and the possibility of conflicts among the Code’s values, principles, and standards.

Further, the NASW Code of Ethics does not specify which values, principles, and standards are most important and ought to outweigh others in instances when they conflict. Reasonable differences of opinion can and do exist among social workers with respect to the ways in which values, ethical principles, and ethical standards should be rank ordered when they conflict. (National Association of Social Workers, 2008, Purpose of the NASW Code of Ethics section, paras. 3–4)

The NASW Code of Ethics does not assign a particular value, weight, or rank to each ethic. Therefore, you may and indeed should consider the array of applicable ethical principles, as well as the particulars of the situation, circumstances, and potential consequences of ethical decisions and actions. Of course, this complicates the decision-making process. The sheer number of factors inherent in each unique case situation is daunting. A clear ranking of the principles or an ethics hierarchy would certainly make it easier to apply the principles—from a deontological perspective. However, fixed application of ranked principles reduces the opportunity to consider unique situational aspects.

Of course, there are risks associated with both the deontological and the teleological approaches—especially when taken to the extreme. Case-by-case, inductive reasoning may lead social workers to, in effect, justify or rationalize any decision on the basis of the exigencies of the situation (Jonsen & Toulmin, 1988). Conversely, strict deductive application of prioritized ethical principles can contribute to petty, bureaucratic-like thinking that fails to appreciate the need to sometimes make exceptions to the “rules” (Toulmin, 1981). Thinking of the kind reflected in Perry’s (1970, 1981, 1982) complex, committed relativistic thinking may be required.

In considering the contextual or situational aspects of moral and ethical issues, you might wisely consider dimensions such as motives, means, ends, and likely effects (Fletcher, 1966). Explore your own motives, examine the means by which you plan to address the issues and implement the decision, assess the ends you envision, and identify the probable effects of your proposed actions. These considerations reflect age-old intellectually challenging questions such as: “Do the ends justify the means?” “Are my motives pure?” “Have I considered the potential impact of my actions upon others?” “Who should participate in the decision-making process?” “Who should make the final choice?”

These lead to issues specific to social work: “Is a social worker ever justified in using ‘bad means’ to pursue a ‘good end?’” “Should a social worker steadfastly adhere to ‘good means’ even

when the outcome is likely to be ‘bad’?” “Should a social worker ever make a decision that affects another without that person’s knowledge and participation?” “Should a social worker ever place an ethical obligation above a legal duty or, conversely, a legal duty above an ethical standard?”

One of the hallmarks of professional social work status is continuous and ongoing consideration of value and ethical issues in service to others. Because you have the potential to harm as well as help, to exploit as well as empower, and to restrict as well as liberate, you must consciously, deliberately, and reflectively examine your thoughts, feelings, and actions in both moral and ethical terms (Goldstein, 1987; Schon, 1990).

Motives

In exploring motives, consider your primary and secondary purposes as both a person and a social worker. In accord with your privileged professional status, you assume weighty moral, ethical, and legal responsibilities for others and for society. Ideally, your primary motives and those that influence your decisions and action will be consistent with professional values and ethics (for example, service, social justice, respect for people, integrity, scientific inquiry, and competence). However, you also reflect personal motives (for example, fear of legal action, desire to assert your own agenda or will, sympathy, pity, spite). In carrying out your social work functions, you may and indeed should acknowledge your personal motives as you shift focus and emphasize your professional motives.

In addition, ask yourself, “If I were a client and my social worker acted on these motives, what would I experience?” “If social workers everywhere reflected these motives, how would society respond?”

Means

In exploring “means,” consider the “ways” you might act. Determine who should participate in the decision and how you and other participants might implement the action plan. Means include both the processes of decision making as well as the nature of the plan of action. Ask yourself, “Are the means consistent with my professional values and ethics?” “Are the means likely to produce the desired end or outcome?” “How will people and situations likely be affected by my use of these means?” If the means are not consonant with social work principles or the associated effects appear potentially harmful, ask yourself, “Have I genuinely considered all other means to these ends that would enable me to adhere to my professional values and ethics and ensure that the effects were beneficial?” If acceptable means are indeed unavailable, ask yourself, “Do the ends justify these undesirable means and the associated effects?”

Finally, you might ask yourself, “If I were a client and my social worker adopted these means, what would be my reaction?” “If these means were applied routinely and universally by all social workers, how would society react?”

Ends

Consider the nature of the envisioned “ends” (goals) and determine if they are personal or professional. Ask yourself, “How were these goals determined?” “Who participated in their identification and definition?” “Toward whom or what are these goals targeted?” “Are the people affected by the pursuit and accomplishment of these goals aware of their existence?” “Would I be professionally proud to accomplish these goals?” “Are these goals consistent with our mutual understanding of the issues for work, the mission of the agency or program, and the functions of the social work profession?”

You could also ask yourself, “If I were a client in similar circumstances, how would I respond to these goals?” “If these goals were pursued and achieved by all social workers and their clients, how would society respond?”

Effects

In exploring “effects,” consider the additional consequences that could result from use of the identified means and accomplishment of the envisioned ends. Beyond the direct impact on the targeted people-and-situations, your decisions and actions may affect you, your clients, other persons, and related social systems. These “side effects” may be positive or negative and energy enhancing or energy depleting depending on their nature, intensity, duration, or a host of other factors. Sometimes, the side effects are potentially so damaging that they outweigh even the most desirable ends. For example, suppose that a social worker learned about a survey instrument that successfully identified adult males who abuse children. However, the rate of “false positives” of this instrument is extremely high. In fact, there is at least one inaccurate identification for every accurate one. The goals (ends) are certainly desirable: to protect children from abuse and identify adult male offenders who need service. However, the side effects are so onerous (false identification of innocent people) that the means could not reasonably be used without several additional safeguards.

Consider another example: Suppose an intervention (means) designed to reduce or prevent drug abuse among urban adolescents successfully enables 42 percent of participants who previously abused drugs to discontinue drug usage altogether. What great news! However, 33 percent of participants who had not previously used drugs begin to do so—evidently because of the information and connections established through the program. If these figures were accurate, the severity of the side effects or the “collateral damage” would warrant suspension or alteration of the service (for example, limit the program to substance-abusing youth only).

Finally, you might ask yourself, “If I were subject to these side effects, how would I react?” “Would I personally be willing to accept the side effects to achieve the intended goal?” “If these side effects were experienced widely throughout the world, how would society react?”

Of course, we consider motives, means, ends, and effects in an integrative fashion. We explore them in relation to each other and within the context of personal views, laws and policies, and professional values and ethics.

Consider a social worker who hopes to protect a small child from physical harm (desirable motive). She or he decides to lie to the allegedly abusive parent (undesirable means) in an effort to prevent injury to the child (desirable end). In reaching the decision and taking the action, the social worker, in effect, decides that the undesirable means are justified by the desirable ends and willingly accepts responsibility for whatever happens.

This is contextual, teleological, or utilitarian thinking based on an estimation of the likely consequences of the action—in this case, the lie. A major danger in such analysis is that the means may or may not yield the intended ends. That is, the lie may not protect the child from harm. You cannot guarantee the future. The lie may achieve the anticipated ends, may have no effect whatsoever, or may exacerbate the problem through an unanticipated or adverse effect. Whatever happens, the social worker may conclude, “My intentions were good. I wanted to protect the child from injury, so I lied.”

Another social worker in a similar situation may adopt a deontological approach and conclude that lying is always wrong. The social worker may think, “I cannot lie (that is, truth telling is a desirable means) to the allegedly abusive parent, even if I anticipate an adverse response that increases the likelihood of physical injury to the child (that is, undesirable end). I cannot predict future events or guarantee outcomes. Therefore I should at least be truthful.” Whatever

happens, the social worker may conclude, “At least I did not lie.” However, the act of not lying may have been followed by physical harm to the child. The means may have been good but the ends unfortunate.

Relying solely on relevant ethical or legal standards, or exclusively on the characteristics of the situation, does not necessarily lead to a clear decision or plan of action. Both teleological and deontological approaches reflect strengths as well as weaknesses.

Despite the risks associated with efforts to rank moral or ethical values, some scholars have developed hierarchies to help social workers address ethical dilemmas where one ethic conflicts with another. For example, Loewenberg et al. (2009) suggest that the protection of human life is the paramount moral and ethical obligation. Ranked first or highest, it takes precedence over all other moral values or ethical principles. Therefore, social workers who learn that a client intends to kill a former lover would take action to protect the potential victim, even if they abridged other ethical principles in the process.

Loewenberg et al. (2009) place equality and inequality in the second position. This complex principle refers to fairness and justice by suggesting “that all persons in the same circumstances should be treated in the same way—that is, persons in equivalent situations have the right to be treated equally. At the same time, persons in different situations have the right to be treated differently if the inequality is relevant to the issue in question. Unequal treatment can be justified when other considerations such as beneficence (the duty to do good, not harm others) outweigh the equality principle or on the grounds that such unequal treatment will promote greater equality” (p. 67). For example, competent adults of equivalent status usually have the right to engage in consensual sex. However, an adult does not have the right to engage in sexual activities with a child, even with the child’s apparent consent, because their relative status and power are obviously unequal. Similarly, because of the power associated with professional status and function, a social worker may not have sex with an client, even when the client takes the initiative or provides full consent, because of the social worker’s special status as a helping professional.

Consistent with social work’s traditional emphasis on respect for individual rights and self-determination, respect for and acceptance of diversity and difference, autonomy and freedom occupies the third position. This principle encourages social workers to “make practice decisions that *foster a person’s autonomy, independence, and freedom*” (Loewenberg et al., 2009, p. 67). Of course, a client’s right to independent action is not limitless. A person does not have the autonomous right to kill others, to abuse or exploit a child, to batter a spouse, or to scream “fire” in a crowded theater.

Consonant with the duty of care, the principle of least harm is ranked fourth, indicating that “when faced with dilemmas that have the potential for causing harm, a social worker should attempt to avoid or prevent such harm. When harm is unavoidable, a social worker should always choose the option that will cause the least harm, the least permanent harm, and/or the most easily reversible harm. If harm has been done, the social worker should attempt where possible to repair the harm done” (Loewenberg et al., 2009, pp. 67–68).

Consistent with our professional obligation to advance human rights and social justice, and promote social well-being, the fifth principle holds that a “social worker should choose the option that promotes a better *quality of life* for all people, for the individual as well as for the community” (Loewenberg et al., 2009, p. 68).

Consistent with our legal duties as professional helpers, privacy and confidentiality is placed in the sixth position, indicating that a “social worker should make practice decisions that strengthen every person’s *right to privacy and confidentiality*. Keeping confidential information inviolate is a direct derivative of this obligation” (Loewenberg et al., 2009, p. 68).

Truthfulness and full disclosure occupies the seventh position. Consistent with our sense of professional integrity, this principle holds that social workers should be honest and “speak the truth and to *fully disclose all relevant information*” (Loewenberg et al., 2009, p. 68) to clients and others with whom we interact. “Social and professional relationships require trust in order to function well, and trust, in turn, is based on honest dealing that minimizes surprises so that mutual expectations are generally fulfilled” (Loewenberg et al., 2009, p. 68).

Loewenberg et al. (2009) offer their Ethical Principles Screen to social workers as an aid in organizing and ranking aspects of ethical dilemmas when two or more ethical obligations conflict. Facing such an ethical dilemma, a social worker would first classify the aspects of the situation according to the fundamental ethical principles. Once categorized, the social worker would then use the Ethical Principles Screen to determine which aspect should take precedence over others. In most cases, elements of the ethical dilemma classified according to the first ethical principle are superior to those associated with the second through seventh principles. Those aspects of the situation that fit into the second ethical principles are superior to those associated with the third through seventh principles, and so on. Of course, if you can conform to all dimension of the code of ethics, you do not need the Ethical Principles Screen. You would simply respond in the ethical manner. Ethical dilemmas arise when conflicts exist among various legal obligations and ethical standards. In such circumstances, you must make a decision about which duty should take precedence.

Loewenberg et al.’s (2009) hierarchical screen helps us think about specific dilemmas within the context of abstract principles. Indeed, philosophers have long argued that certain fundamental moral principles exist and that they can and should guide decision making in all aspects of life. Some helping professions, notably medicine, have adopted these basic moral values in the following manner (Beauchamp & Childress, 1983; Koocher & Keith-Spiegel, 1990):

Beneficence. The principle of beneficence suggests that helping, protecting, and promoting the well-being and welfare of clients and others is a primary moral value. In other words, professionals engage in “good deeds” through “good works” and must sometimes accept personal risk or sacrifice to carry out their responsibilities. Beneficence incorporates Loewenberg et al.’s (2009) first principle by including the protection of human lives. Beneficence is reflected in the legal duty of care and the duties to inform, report, warn, and protect.

Nonmaleficence. The principle of nonmaleficence suggests that the professional should do everything possible to avoid harming clients or others in their efforts to serve. The value is often captured through the admonition, “First, do no harm!” It is reflected in ethical and legal codes concerning the quality of care so that clients and others do not suffer unnecessary harm because of services they received. This moral value incorporates Loewenberg et al.’s (2009) fourth principle, that of least harm. The concept of utility is part of this value because the professional considers the nature and extent of potential harm in attempts to implement “good acts.” In essence, utility involves a combination of beneficence and nonmaleficence by suggesting that we take actions to promote the greatest good with the least harm. Indeed, we may incorporate nonmaleficence within the legal duty of care. For example, if efforts to help one person resulted in injury to a dozen others, the question of utility must be considered. Similarly, a client and worker might decide that standing up for oneself by becoming more assertive is a desirable goal. However, if standing up to an employer leads the client to lose a desperately needed job, then the harm done might well outweigh the good.

Justice. The principle of justice suggests that people have a right to equal treatment unless a disparity of power or capacity warrants differential treatment. Equal access and equal opportunity are components of justice, as is consideration of extenuating or mitigating factors and environmental circumstances. Helping professionals are thus obligated to provide fair and equitable treatment to all. In social work, the value of justice applies to individuals, groups, communities, and societies. This moral

value includes Loewenberg et al.'s (2009) second principle, that of equality and inequality, and the fifth principle—quality of life. We may also implicitly consider justice as another part of the legal duty of care. Indeed, unjust practices may well fail to meet the minimal standard of professional care.

Autonomy. The principle of autonomy suggests that people generally have a fundamental right to liberty and self-determination. They have a right to govern their own affairs and make decisions about actions that may affect them or their well-being. This value reflects Loewenberg et al.'s (2009) third principle, that of autonomy and freedom, and is implicit in the legal duty to respect privacy.

Privacy. The principle of privacy derives partly from the right to self-determination. In the context of privacy, people have a right to control the nature and extent of intrusion into or publicity about their personal lives and homes. Even the publication of clients' names threatens privacy. For example, when social workers call out the full name of the next client in a waiting area so that clients and visitors may overhear, they have abridged that person's right and violated the legal duty to respect privacy.

Confidentiality. The principle of confidentiality is associated with those of autonomy and privacy. In essence, clients retain ownership of information shared with helping professionals. Therefore social workers may not share clients' information without their expressed permission. To do so would also violate the legal duty to maintain confidentiality. As illustrated in Loewenberg et al.'s (2009) sixth principle, clients maintain fundamental rights to privacy and confidentiality. The role of client or the receipt of service does not diminish these rights.

Fidelity. The principle of fidelity or "good faith" suggests that clients and others may expect helping professionals to be honest and to keep their commitments. This moral value incorporates Loewenberg et al.'s (2009) seventh principle, that of honesty and full disclosure, and is inherent in the legal duty of care. Fidelity involves honesty, veracity, and integrity. We expect helping professionals to tell the truth, to refrain from any forms of dishonesty, fraud, and deception, and to honor commitments made to clients and others.

You can probably recognize the risks and limitations associated with attempts to rank-order the core moral values in advance of specific information about a particular ethical dilemma. However, once you understand the facts of a situation and identify the applicable duties and obligations, you may choose to create a case-specific values hierarchy that reflects your judgments about the relative importance of the relevant responsibilities and facilitates your decision-making process. For example, in one instance, you—perhaps in conjunction with a client—may determine that autonomy is more important than beneficence. In another situation, the risk of harm (nonmaleficence) may outweigh the potential good (beneficence). Developing a case-specific values hierarchy requires more judgment and analysis than would applying a universal scheme such as that proposed by Loewenberg et al. (2009). However, ethical dilemmas tend to reflect complexities and idiosyncrasies that warrant modification of even the most well-conceptualized value hierarchies. Intellectual flexibility and integrity are consistent with a person-in-environment perspective and professionalism. Of course, critical thought and careful judgment are hallmarks of all aspects of professional social work practice and, perhaps especially, within the context of ethical decision making.

Return now to the case of the man who has locked himself in his basement and is threatening suicide. You have already identified several ethical principles, standards, and legal duties that may apply in this situation. You have undoubtedly found that several of these conflict. To determine which of these conflicting responsibilities should take precedence in this particular instance, develop a case-specific values hierarchy.

If you examined the specifics of the situation in relation to the moral values, you would readily recognize the importance of beneficence. This is consonant with the principle of service, the ethical responsibility to "help people in need," and your obligation to safeguard human life. This moral value is consistent with the legal duty of care that includes the obligation to prevent suicidal

action. Based on evidence that your former client intends to attempt suicide, you would take action to protect his life. In this situation, beneficence might well take precedence over other values. If so, you would intervene—even if such intervention involved a risk of harm or a loss of autonomy. Of course, if possible, you would first try to intervene in a manner that did not infringe on other values and human rights. For example, in this situation, you or perhaps your supervisor—because the client has targeted you as a source of dissatisfaction—might attempt to engage him in conversation and defuse the situation before initiating more invasive action.

An effort to intervene directly with the client by telephone is congruent with the moral value of autonomy. The man, however, may not answer the telephone—or it may become apparent that further contact by you or your supervisor would exacerbate the situation. If such is the case, you may have to infringe on the client's autonomy and his rights to privacy and confidentiality.

In your attempt to save the man's life, you may have to call his relatives to inform them about the situation and request their cooperation. You may have to telephone the local police or paramedics and ask them to go to the house. At some point in the process, you may need to provide evidence to a judge or magistrate, or perhaps to a court-appointed physician, to facilitate hospitalization. Such actions obviously infringe on several of the client's fundamental human and civil rights. They represent violations of some of your own ethical principles and legal duties. Nonetheless, if a client in such a situation reports his intention to commit suicide, you would be ethically and, in many locales, legally bound to try to save the client's life.²

Summary

The values, ethics, and legal obligations that guide social workers pertain to every aspect of professional practice. Indeed, you should consider ethical principles more important than theoretical knowledge, research findings, agency policies, and, of course, your own personal views.

To make sound ethical decisions in social work practice, you should be familiar with the fundamental human rights of all people and the basic moral values involved in ethical decision making. You also need to know and understand the values of the profession, the code of ethics, and the legal obligations affecting social work practice. In addition, you need to identify the ethical principles, standards, and legal duties that may apply to particular situations. Finally, when several obligations conflict, you must be able to determine which should take precedence.

The skill of ethical decision making is fundamental to social work practice. Without such skill, you cannot legitimately claim professional status. Indeed, attempting to provide social work services without regard for ethical principles would be unconscionable.

²In certain locales, physician-assisted suicide does not represent illegal or criminal behavior. However, a physician would first establish that the patient seeking such help is mentally and emotionally stable, and capable of autonomous decision making. The client described in this situation would not meet these standards.

3. A 25-year-old man, father of two children (1 and 3 years old), comes to a first interview with you, a social worker in a family-counseling agency. During the course of the interview, he reveals that he and his wife argue a lot. He says that she won't stop arguing once she starts and that when he tries to walk away, she pursues him, yelling. He indicates that in those situations he becomes enraged. He reveals that on several occasions he has pushed her and that he once punched her in the face, breaking her nose.

4. You recently accepted a social work position in an agency whose clientele is primarily African American and Latino. All the professional staff members are white. Several of the secretarial and support personnel are African American. No one employed by the agency is fluent in Spanish.

5. You have been working with a married couple that has indicated a desire to improve the quality of their relationship. You and the clients have agreed that direct, open, and honest communication is a relationship goal. Each has also expressed that sexual fidelity

is an important dimension of their marriage. Between the fifth and sixth meetings, you receive a telephone call from one of the partners who says, “I think it would help you to know that I am involved romantically with another person. My spouse does not know and I know that you will not reveal this information because of your legal obligation to maintain confidentiality. I want you to know about this other relationship because I think it will help you to help us. I have come to respect your expertise. You are doing a wonderful job. Thank you.”

6. Use the space below to state and support a position “pro” or “con” regarding the question, “Should a person who was justly convicted of child sexual abuse and served a 10-year prison sentence be admitted to a social work program in a college or university?”

7. Imagine that you are an executive in a nonsectarian social service agency. Use the space below to state and support a position “pro” or “con” regarding the question, “Should I hire a male social worker who prefers to cross-dress at work? He wears

traditionally female clothes (for example, dress, nylon stockings) and makeup, along with a woman's wig.”

8. Assume that you are a student in a social work course. One of your classmates—a popular person in the program and one of your friends—purchased an essay from one of the Internet firms that sells college papers on various topics. With a sense of pride, she casually tells you that the paper cost only \$50 and that when she submitted it for her social work course, the professor gave it an “A” grade. Use the space below to address the following questions: (a) What should you do in this situation? Why? (b) What would you be most likely to actually do in this situation? Why?

CHAPTER 5 SELF-APPRAISAL

As you conclude this chapter, please assess your proficiency in the ethical decision-making skills by completing the following self-appraisal exercise.

SELF-APPRAISAL: THE ETHICAL DECISION-MAKING SKILLS

Please respond to the following items to help you undertake a self-assessment of your competency in the ethical decision-making skills addressed in this chapter. Read each statement carefully. Then, use the following 4-point rating scale to indicate the degree to which you agree or disagree with each statement. Record your numerical response in the space provided:

4 = Strongly agree

3 = Agree

2 = Disagree

1 = Strongly disagree

4	3	2	1	Rating Statement
				<i>At this point in time, I can</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Discuss the purposes and functions of ethical decision making.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Identify and discuss the legal duties that apply to helping professionals.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Access the laws that regulate the practice of social work in my locale.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Identify and discuss the fundamental values of the social work profession.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Discuss the ethical principles and standards that guide social work practice.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Identify the relevant ethical principles and legal duties that might apply in various professional contexts.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Analyze and determine the relative priority of competing legal and ethical obligations through the development and use of a case-specific values hierarchy.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Use critical thinking skills to reach an ethical decision and plan appropriate action.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Assess proficiency in the ethical decision-making skills.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Assess my readiness for the profession of social work.
				Subtotal

Note: These items are identical to those contained in the Ethical Decision-Making Skills section of the Social Work Skills Self-Appraisal Questionnaire presented in Appendix 3. If you completed Exercise 2-2 in Chapter 2, you have already responded to these items. You may now compare the responses you made on that occasion with those you made this time. Also, compare the subtotals. If you believe that you have progressed in terms of your proficiency with the ethical decision-making skills, the more recent subtotal should be higher than the earlier one.

Reflect on the skills addressed in this chapter and the results of your self-appraisal. Based on your analysis, word-process a succinct one-page summary report titled “Self-Assessment of Proficiency in the Ethical Decision-Making Skills.” Within the report, be sure to identify those skills that you know and do well (for example, scores of 3 or 4). Also, specify those that need further practice (for example, scores of 2 or less) and briefly outline plans by which to achieve proficiency in them. When you have finished, include the report in your Social Work Skills Learning Portfolio.

Part 1 Summary Exercises: Professionalism

Of all the issues that pertain to professionalism, none is more important than the issue of the “goodness of fit” between one’s personal beliefs, characteristics, motivations, and ambitions and the nature of social work practice. At some point, you must honestly address the following questions: “Am I personally suited for this profession? Are my beliefs, motives, attributes, and characteristics compatible with those needed by social workers? Am I capable of putting aside my own personal beliefs when they conflict with the values and ethics of the profession, and my service obligations as a social worker? Am I ready for the challenges and sacrifices that social work entails?” These questions are fundamental to the consideration of personal and professional integrity. As a way to address them, please complete the following summary exercise. It will help you explore your motives for selecting this profession and evaluate your overall readiness to pursue social work as a profession.

1. Reflect upon and integrate the results of the earlier exercises through a summary analysis and assessment of your overall readiness for professional social work. Prepare your assessment in the form of a four- to five-page, double-spaced, word-processed report (1,000 to 1,250 words) titled “Summary Assessment of My Motivation, Readiness, and Suitability for the Profession of Social Work.” When you have finished, include the report in your Social Work Skills Learning Portfolio. In your report, be sure to address the following dimensions.
 - a. Career Plans: Look ahead to the professional social work career to which you aspire after graduation. Describe the setting, the nature of the issues, and the kinds of people with whom you would prefer to work. Identify and describe the personal qualities and attributes that you think will be required of you to practice social work ethically and effectively in such a context.
 - b. Client and Setting Preference: Identify those settings, issues, and people with whom you would prefer not to work. Discuss the reasons for these preferences. What are the implications of those reasons for your personal and professional development? Would you be able to manage and put aside your personal preferences, if and when needed, in order to provide professional services in such a situation?
 - c. Critical Events: Identify one or two major factors or incidents in your personal, familial, or situational experience that contributed to your choice of social work as a career. Discuss how they affect your current readiness and motivation for professional social work practice.
 - d. Satisfying and Challenging Aspects: What do you anticipate will be the single most rewarding or satisfying part of being a professional social worker? What will be the single most difficult, challenging, or unsatisfying part?
 - e. Outstanding Questions: Based upon your reflection and responses, identify two or three questions that you would want to ask an outstanding, highly experienced social worker.

- f. **Readiness for Social Work:** Consider your family genogram, eco-map, timeline, and the results of the self-efficacy, personality assessment, self-control, and social support instruments. Reflect upon your responses to the critical thinking, scientific inquiry, and career-long learning exercises as well as those related to valuing diversity and difference, advancing human rights and social justice, and promoting social well-being. Finally, review your responses to the exercises that involve understanding legal obligations and social work values and ethics, identifying legal and ethical obligations that might apply to professional situations, and addressing ethical dilemmas. Then, ask yourself,
- i. “Do I possess or can I develop the personal capacities necessary to function effectively as a professional social worker?”
 - ii. “Am I ready to accept the challenges and sacrifices that social work entails?”
 - iii. “All things considered, am I really suited for this profession?”

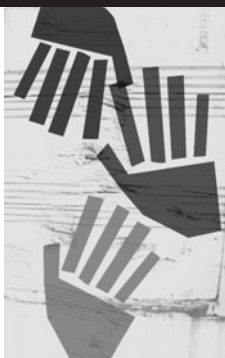
If your answers include a negative response, check out your conclusions by meeting with an adviser, a social work professor, or a vocational counselor. If your conclusions are confirmed through discussions with others, proceed to identify other careers for which you may be better suited. If your answers are all affirmative, make note of personal areas that require further exploration and identify those capacities you need to strengthen. Outline a plan to do so and incorporate it in your report as well.

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PART II
SOCIAL WORK SKILLS

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CHAPTER 6



TALKING AND LISTENING: THE BASIC INTERPERSONAL SKILLS

In this chapter (see Box 6.1), we explore the basic interpersonal skills of talking and listening (that is, the processes used to send and receive messages fully and accurately) that apply in all professional activity. In this context, we use the term *talking* to refer to the processes involved in sending and *listening* to refer to those involved in receiving messages—regardless of the means of transmission.¹ These skills are especially significant for engaging diversity and difference. Unless social workers can both understand and be understood by the people we hope to serve, our knowledge and expertise will be of limited value. Culturally sensitive communication skills are essential for ethical and effective social work practice in the contemporary world.

Social workers need well-developed communication skills in all phases and aspects of social work practice. Indeed, such abilities apply to all forms of human social interaction. Inadequate skills in sending and receiving messages can impede development of a productive professional relationship and prevent a successful outcome. Such deficiencies are especially problematic in intercultural and multicultural contexts with people who differ from ourselves. The basic interpersonal skills of talking and listening facilitate social interaction and the development of a positive and productive alliance. Proficient talking and listening skills contribute to clear expression and accurate understanding during exchanges with individuals, families, groups, organizations, and communities—including those of diverse backgrounds and views. Indeed, competence in talking and listening are essential for engaging diversity and difference.

¹People vary widely in their physical ability to speak, hear, see, read or write. In this book, we use the terms *talking* and *listening* to refer to the transmission and reception of communication messages—regardless of the medium. Many superbly effective social workers communicate through alternate means (for example, sign language, mime, and through interpreters, speech synthesizers, TDD, voice recognition systems, and other forms of communication).



BOX 6.1

Chapter Purpose

The purpose of this chapter is to help learners develop proficiency in the basic interpersonal skills of talking and listening (that is, sending and receiving messages).

Goals

Following completion of this chapter, learners should be able to demonstrate proficiency in:

- ◆ Describing and discussing of the talking, listening, and active-listening skills
- ◆ Engaging diversity and difference through culturally sensitive communications
- ◆ Nonverbal communications and body language
- ◆ The talking skills
- ◆ The listening skills
- ◆ Active listening
- ◆ Assessing proficiency in the talking and listening skills

Core Competencies

The skills addressed in this chapter support the following core EPAS:

- ◆ Identify as a professional social worker and conduct oneself accordingly (EP2.1.1).
- ◆ Apply social work ethical principles to guide professional practice (EP2.1.2).
- ◆ Apply critical thinking to inform and communicate professional judgments (EP2.1.3).
- ◆ Engage diversity and difference in practice (EP2.1.4).
- ◆ Engage . . . with individuals, families, groups, organizations, and communities (EP2.1.10[a]).

Cultural Competence: Engaging Diversity and Difference

“Culture is a learned worldview or paradigm shared by a population or group and transmitted socially that influences values, beliefs, customs, and behaviors, and is reflected in the language, dress, food, materials, and social institutions of a group” (Burchum, 2002, p. 7). In a sense, the culture of a group, organization, or community is similar to an individual’s personality. *Competence* refers to the ability to complete a task or activity, or to fulfill a responsibility correctly, effectively, or proficiently. In the context of professional social work practice, then, *cultural competence* is the awareness, knowledge, understanding, sensitivity, and skill needed to effectively conduct and complete professional activities with people of diverse cultural backgrounds and affiliations. However, the notion of cultural competence should not be misinterpreted to mean that anyone ever becomes fully or completely culturally competent—even in regard to his or her own culture (Dean, 2001). Rather, cultural competence is an ongoing developmental process that is “never ending and ever expanding” (Burchum, 2002, p. 14).

Cross, Bazron, Dennis, and Isaacs (1989) view cultural competence as “a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enable that system, agency, or those professionals to work effectively in cross-cultural situations” (p. 13). Sue and Torino (2005) highlight the abilities to “function effectively in a pluralistic democratic society” and those involved in negotiation, intervention, and advocacy “to develop new

theories, practices, policies, and organizational structures that are more responsive to all groups” (as cited in Sue & Sue, 2008, p. 46). In its Standards of Cultural Competence, the National Association of Social Workers (2001) indicates that:

Cultural competence refers to the process by which individuals and systems respond respectfully and effectively to people of all cultures, languages, classes, races, ethnic backgrounds, religions, and other diversity factors in a manner that recognizes, affirms, and values the worth of individuals, families, and communities and protects and preserves the dignity of each. (p. 11)

The National Association of Social Workers (2008) recognizes the importance of cultural competence by including in its Code of Ethics a discrete section titled Ethical Responsibilities to Clients: Cultural Competence and Social Diversity. That section includes the following passages:

1. Social workers should understand culture and its function in human behavior and society, recognizing the strengths that exist in all cultures. (Section 1.05.a)
2. Social workers should have a knowledge base of their clients’ cultures and be able to demonstrate competence in the provision of services that are sensitive to clients’ cultures and to differences among people and cultural groups. (Section 1.05.b)
3. Social workers should obtain education about and seek to understand the nature of social diversity and oppression with respect to race, ethnicity, national origin, color, sex, sexual orientation, age, marital status, political belief, religion, and mental or physical disability. (Section 1.05.c)

Ngo-Metzger and colleagues (2006) emphasize the consumer’s perspective in proposing a culturally competent framework for quality services in healthcare. They identify three general categories of factors. These include: (1) Consumer Factors, (2) Provider Factors, and (3) System Factors. Included among the consumer factors are race or ethnicity, age, gender, socioeconomic status including income and education, health literacy, insurance status, utilization aspects including availability of time and transportation, English proficiency, expectations, religion or spirituality, beliefs and values, and explanatory models. Among the provider factors are race or ethnicity, age, gender, training or specialty, experience with diverse populations, language competency, communication style, religion or spirituality, beliefs and values, and explanatory models. The system factors include access including ease of appointment scheduling, short wait list, and adequate time during visits; convenient location of the care facilities; diverse workforce that represents the consumer population; coordination of care between different providers and health care settings; and quality improvement environment with continued patient feedback (Ngo-Metzger et al., 2006).

These factors interact throughout the service experience. Ngo-Metzger et al. (2006) identify five interactional aspects that affect the quality of culturally competent care (see Figure 6.1).

In 2001, the board of directors of the National Association of Social Workers approved standards for cultural competence in social work practice (see Box 6.2). A few years later, the NASW (2007) endorsed a set of indicators for assessing the level of achievement of the NASW standards for cultural competence in social work practice. These indicators, associated with the 10 standards, provide specific guidance concerning the knowledge, attitudes, and abilities that culturally competent social workers can demonstrate. Development of these competencies tend to occur along a cultural competency continuum (Cross et al., 1989) that proceeds in the fashion suggested in Figure 6.2.

In Stage 1 of the cultural competency continuum, individuals, families, groups, organizations, and communities actively disrespect, deny, or diminish the culture of diverse others through their

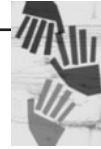
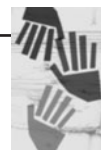
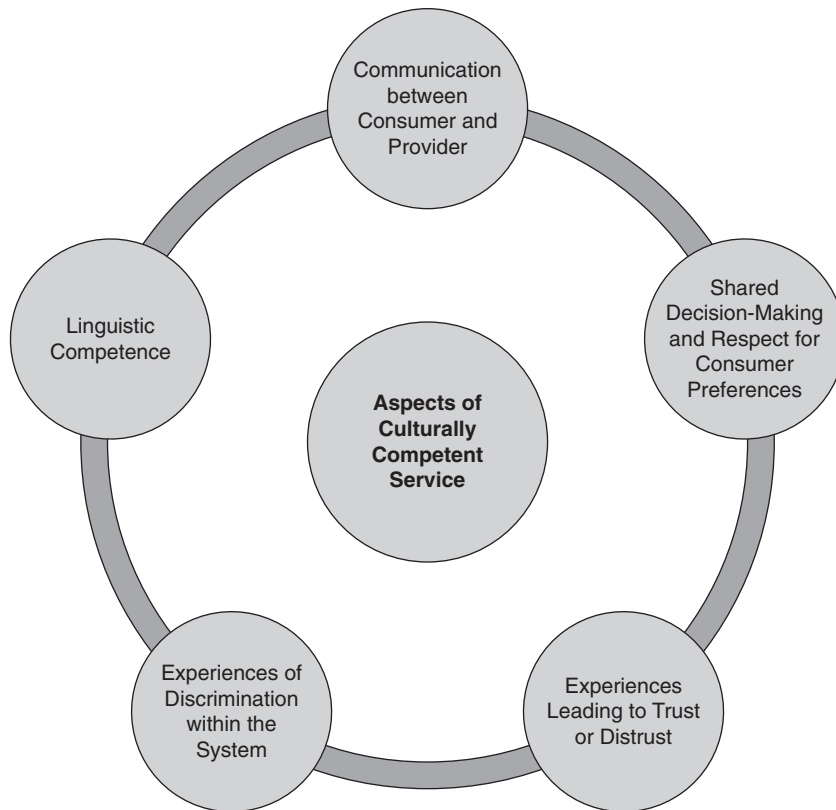


FIGURE 6.1

Five Aspects of Culturally Competent Service



BOX 6.2

NASW Standards for Cultural Competence in Social Work Practice

Standard 1. Ethics and Values Social workers shall function in accordance with the values, ethics, and standards of the profession, recognizing how personal and professional values may conflict with or accommodate the needs of diverse clients.

Standard 2. Self-Awareness Social workers shall seek to develop an understanding of their own personal, cultural values and beliefs as one way of appreciating the importance of multicultural identities in the lives of people.

Standard 3. Cross-Cultural Knowledge Social workers shall have and continue to develop specialized knowledge and understanding about the history, traditions, values, family systems, and artistic expressions of major client groups that they serve.

Standard 4. Cross-Cultural Skills Social workers shall use appropriate methodological approaches, skills, and techniques that reflect the workers' understanding of the role of culture in the helping process.

(continued)



BOX 6.2 (continued)

Standard 5. Service Delivery Social workers shall be knowledgeable about and skillful in the use of services available in the community and broader society and be able to make appropriate referrals for their diverse clients.

Standard 6. Empowerment and Advocacy Social workers shall be aware of the effect of social policies and programs on diverse client populations, advocating for and with clients whenever appropriate.

Standard 7. Diverse Workforce Social workers shall support and advocate for recruitment, admissions and hiring, and retention efforts in social work programs and agencies that ensure diversity within the profession.

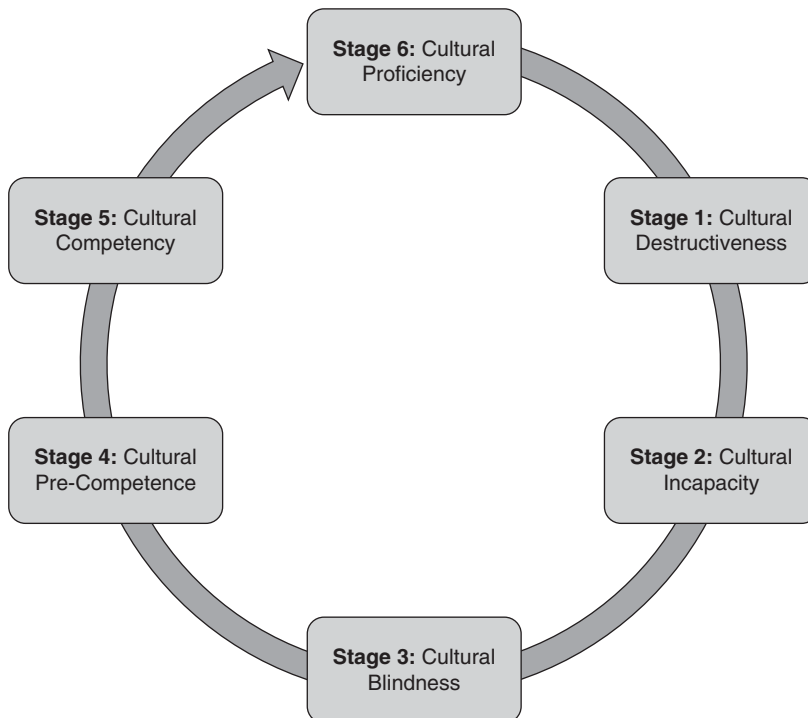
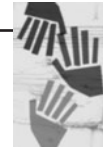
Standard 8. Professional Education Social workers shall advocate for and participate in educational and training programs that help advance cultural competence within the profession.

Standard 9. Language Diversity Social workers shall seek to provide or advocate for the provision of information, referrals, and services in the language appropriate to the client, which may include use of interpreters.

Standard 10. Cross-Cultural Leadership Social workers shall be able to communicate information about diverse client groups to other professionals. (National Association of Social Workers, 2001, pp. 4–5)

FIGURE 6.2

Cultural Competency Continuum



beliefs, attitudes, policies, practices, words, and behaviors. In Stage 2, diverse cultures are indirectly disrespected or diminished through forms of bias and discrimination that are routine, established, and institutionalized. In Stage 3, policies and practices are applied “blindly” without regard to the unique characteristics, needs, beliefs, and preferences of diverse others with the result that diverse minority or less-powerful cultures are disadvantaged. In a diverse and multicultural world where power and influence are disproportionately distributed, more dominant or powerful individuals and groups tend to apply their own cultural standards as if those standards were necessarily free from bias and fundamentally true, right, and universal. Stage 4 involves a recognition of and familiarity with diverse cultures and their beliefs, practices, needs, and preferences. Stage 5 applies knowledge reflected in Stage 4 to action. That is, individuals, families, groups, organizations, and communities actively respect, affirm, and value the culture of diverse others through their beliefs, attitudes, policies, practices, words, and behaviors. In Stage 6, the knowledge and action reflected in Stages 4 and 5 are refined and enhanced so that cultural diversity becomes highly valued and celebrated as a focus for further growth, learning, and human and social development (Cross et al., 1989; National Center for Cultural Competence, 2004).

Culturally Sensitive Communications

Despite the fact that “everyone communicates,” effective interpersonal communications are among the most difficult activities human beings undertake. The challenges facing workers and clients in their professional encounters are often even more extreme. People tend to ascribe various and sometimes unexpected meanings to the verbal and nonverbal, conscious and unconscious messages they express and receive. Culture plays such a large part in the process of effective communication that cultural competence is essential.

Furthermore, the importance of culturally sensitive communications with diverse groups and communities increases with each passing decade. According to population projections of the U.S. Census Bureau (2009), the estimated population of approximately 307 million as of July 19, 2009 will grow to about 440 million by the year 2050. The implications of a population that approaches half a billion are staggering—even in a country as resource-rich as the United States. Growth in overall size, however, reflects only part of the picture. The nation’s racial and ethnic composition will change dramatically as well (U.S. Census Bureau, 2008).

By 2050, members of minority ethnic groups will grow from one third to 54 percent of the U.S. population. Indeed, when combined, minorities will probably constitute a majority by about 2042. “The non-Hispanic, single-race white population is projected to be only slightly larger in 2050 (203.3 million) than in 2008 (199.8 million). In fact, this group is projected to lose population in the 2030s and 2040s and comprise 46 percent of the total population in 2050, down from 66 percent in 2008” (U.S. Census Bureau, 2008, para. 6). From 2008 to 2050, the Hispanic population is expected to grow from 15 percent to about 30 percent of the U.S. population whereas the black population should grow from 14 percent to about 15 percent. The Asian population will grow from 5.1 percent to 9.2 percent of the U.S. population by 2050. In addition, the “number of people who identify themselves as being of two or more races is projected to more than triple, from 5.2 million to 16.2 million” (U.S. Census Bureau, 2008, para.10).

By midcentury, about 88.5 million people in the U.S. population will be 65 and older. Indeed, some 19 million will be 85 and older. Meanwhile, the proportion of the “working age” population (18 to 64 years) should decrease from “63 percent in 2008 to 57 percent in 2050” (U.S. Census Bureau, 2008, para. 12).

In Chapters 2 through 5, we considered various aspects of professionalism—including our obligations to value diversity and difference, advance human rights and social justice, and promote social well-being. Obviously, culturally sensitive communication skills are vital in these professional activities. When we interact with diverse others, that is when we engage diversity and difference, we must recognize that each person has culturally based views about all sorts of things, including roles related to the seeking, giving, and receiving of help, and in expectations about beginning and ending social and professional encounters.

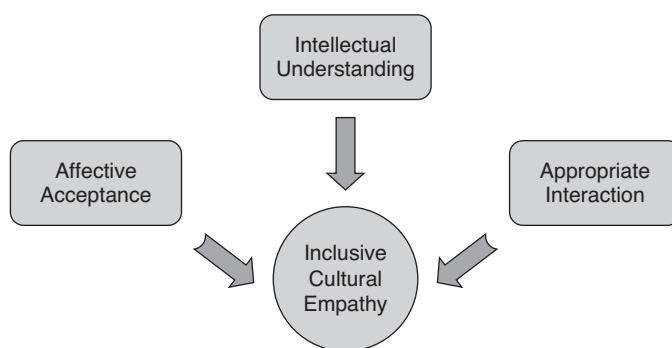
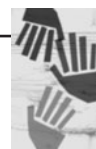
Language and communication may be the most important dimensions of culture. Language, for example, affects our own thoughts, feelings, and behavior and influences those of others. Language permits communication between and among people and profoundly affects both the processes and outcomes of interpersonal encounters. Within a few years, most social workers in the United States will require proficiency in at least one other language besides English. Schools and departments of social work might encourage their students to learn a second language. The growth of the Hispanic population suggests that many social workers should know Spanish as well as English, but competency in other languages is also needed to serve diverse populations, including the large numbers of first- and second-generation immigrants and refugees who come to North America.

Understanding the meaning of words is, of course, only one aspect of the numerous challenges and opportunities associated with intercultural communication. Recognizing our common humanity is another. Indeed, the objective of effective intercultural communication is much more than basic understanding. Rather, it is more akin to the notion of “inclusive cultural empathy” (Pedersen, Crethar, & Carlson, 2008)—a state that involves the processes depicted in Figure 6.3.

In seeking inclusive cultural empathy, we (1) accept and value those who belong to different cultural groups, (2) learn something about others’ cultures, and (3) engage others in ways that convey respect for their cultural affiliations (Pedersen, Crethar et al., 2008). Pedersen and colleagues also adopt a broad and expansive view of culture. Much like the concept of “intersectionality” that we explored in Chapter 4, they recognize that each of us is a member of many communities and several cultures. In this sense, each of us is “multicultural.” Social workers, therefore, require an inclusive conception of culture and an open, curious, and humble approach to diverse

FIGURE 6.3

Processes Leading to Inclusive Cultural Empathy



Adapted from Pedersen, Crethar et al. (2008).

others. Though we may not share all the communities and cultures of another person, we certainly share some. Furthermore, as members of the same human species, we share many more similarities than we do differences. Indeed, DNA studies in the Human Genome Project suggest that distinct, identifiable subspecies or “races” do not appear among modern human beings.

While different genes for physical traits such as skin and hair color can be identified between individuals, no consistent patterns of genes across the human genome exist to distinguish one race from another. There also is no genetic basis for divisions of human ethnicity. People who have lived in the same geographic region for many generations may have some alleles in common, but no allele will be found in all members of one population and in no members of any other. Indeed, it has been proven that there is more genetic variation within races than exists between them. (Human Genome Project Information, 2008, Will genetic anthropology establish scientific criteria for race or ethnicity?, para. 1)

As we engage diversity and difference, let’s appreciate our commonalities as well as value our distinctions. “DNA studies indicate that all modern humans share a common female ancestor who lived in Africa about 140,000 years ago” (Human Genome Project Information, 2008, What is genetic anthropology?, para. 1). In effect, we are all “brothers and sisters” in an extremely intelligent family. Of all the species, we should be able to develop the three major characteristics of inclusive cultural empathy:

Affective acceptance involves recognition, awareness, and acknowledgment “of culturally learned assumptions and a network of comemberships across cultural boundaries that include both cultural patterns of similarity and difference” (Pedersen, Crethar et al., 2008, p. 54). Such emotional acceptance involves awareness of our own culturally based patterns, expectations, and perceptions as well of those from other cultures, and an appreciation of how cultures influence communication. We also accept the limitations of our self-awareness and knowledge about other cultural traditions. Indeed, humility helps us maintain a sense of genuine curiosity about cultures and a sincere interest in others.

Intellectual understanding involves factual knowledge of cultural similarities and differences among those involved in an exchange. Often this involves social workers and clients, but it may also include community members, representatives from other groups, organizations, or nations. Such cognitive understanding usually evolves from knowledge gained from the professional and scientific literature; conversations and experiences with people and groups from other cultures; and findings from research about various communities studies of intercultural communication, and outcomes of policies, programs, and practices that incorporate cultural components. We must also recognize the current state of our knowledge and its limitations (Goode, Dunne, & Bronheim, 2006). Each cultural group contains great diversity. Sometimes, the “within group” differences are as great or greater than the “between group” differences. Furthermore, we must always remember that some individuals within any cultural group differ markedly from the mean (that is, average) or median characteristics of the group as a whole. We can never assume that a member of any cultural group is necessarily like others in that group. This is especially true when we incorporate the notions of inclusiveness and intersectionality.

Appropriate interaction includes those interpersonal “skills and abilities to incorporate both similarities and differences in a plan for working together by reframing the culturally learned assumptions and information to bring about constructive change” (Pedersen, Crethar et al., 2008, p. 54). Inclusive cultural empathic skills enable us to communicate effectively and serve people with whom we share cultural similarities as well as cultural differences.

In our desire to help, social workers need interpersonal competencies as well as cultural acceptance, awareness, and knowledge. We could be highly accepting and very knowledgeable,

however, without skill we would be unable to engage others in meaningful and productive ways. Social workers must be able to communicate verbally and nonverbally with people from diverse communities and cultures and, when necessary, use interpreters in appropriate and effective ways (U.S. Department of Health and Human Services Office of Minority Health, 2009a).

The teaching and learning of intercultural communication competence for helping professionals has gained credibility and momentum in recent years. For example, the Office of Minority Health of the U.S. Department of Health and Human Services now offers free online cultural competency education programs (2009b). Numerous scholarly publications also serve as resources. Indeed, the sheer quantity of scholarly work related to intercultural communication in counseling and social work is impressive indeed (Acevedo & Morales, 2001; Arredondo & Arciniega, 2001; Bird, 2001; Braithwaite, 2000; Brammer, 2004; Chung & Bemak, 2002; Daly, 2001; E. Davis, 2001; Devore, 2001; Fong, 2001, 2003; Fong & Furuto, 2001; Fontes, 2008; Furuto, San Nicolas, Kim, & Fiaui, 2001; Galan, 2001; Gilbert & Franklin, 2001; Gudykunst & Kim, 2003; G. H. Hofstede & Hofstede, 2005; G. J. Hofstede, Pedersen, & Hofstede, 2002; Ivey & Ivey, 2003; Ivey, Simek-Morgan, D'Andrea, Ivey, & D'Andrea, 2001; Kanuha, 2001; Leung & Cheung, 2001; Lie & Lowery, 2003; Liu & Clay, 2002; McRoy, 2003; Mishne, 2002; Negroni-Rodriguez & Morales, 2001; K. E. Payne, 2001; Pedersen, 2000a, 2000b, 2003; Pedersen, Crethar et al., 2008; Pedersen, Draguns, Lonner, & Trimble, 2008; Pope-Davis et al., 2003; Roysircar, 2003; Roysircar, Sandhu, & Bibbins, 2003; Sue, 2006; Villa, 2001; Walters, Longres, Han, & Icard, 2003; Weaver, 2003; Westbrook & Starks, 2001; Yellow Horse Brave Heart, 2001; Zuniga, 2003).

Whenever possible, search out scholarly materials about those diverse groups and communities you serve in your field practicum or expect to serve in your professional roles following graduation. Try to gain some personal experience as well. Visit neighborhoods, attend religious services, view movies, and talk with community leaders to gain understanding that you cannot get through scholarly materials alone. Approach diverse others with sincere curiosity and humility. Most will be more than happy to help you learn about their communities and cultures.

Awareness and knowledge go hand in hand. Your initial thoughts, feelings, attitudes, and social behaviors toward and with other cultures are very likely to change as you gain knowledge about their norms, values, history, religious beliefs, ceremonies, apparel, and social customs. Suppose, for example, that you experience negative judgmental thoughts about a culture that reflects a formally structured, patriarchal family structure where women and children assume lesser overt status and power. Your view might change if you learned that historically such a family structure served survival needs in a society where death was a common punishment for social deviance. You might also discover that within that culture's religious traditions, the father is viewed as the primary connecting link between women or children and God or heaven. Without such knowledge, you might be judgmental or dismissive; with it, you might be more understanding and better able to communicate with respect and inclusive cultural empathy. Absent an appreciation of their culture, you might begin an initial meeting with a family or community group by talking first with children or adolescents, rather than the fathers and elders. As a result, you might unwittingly express disrespect for their culture and alienate the family or the community. Your ignorance could lead them to withdraw from helpful services and perhaps reject needed resources.

Cultural insensitivity and communication deficits may lead members of some groups and communities to avoid human and social service organizations altogether. Does it surprise you that certain population groups seek psychological and social services at lower rates than do others? Are you aware that early dropout rates are much higher for some racial and ethnic groups than for others? Culturally insensitive communications may be part of the explanation.

As you proceed on the never-ending path toward cultural competence, first learn about various facets of culture that directly relate to the services you expect to provide and the professional roles

you will fulfill. For example, if you hope to become a social worker in public child welfare, you might identify a diverse cultural group or community whose members you will serve and then seek to learn about the following:

(1) [the group's] religious/spiritual orientations and views of metaphysical harmony, (2) cultural views of children, (3) cultural style of communication—whether information is transmitted primarily through spoken words or through the context of the situation, the relationship, and physical cues, (4) culturally prescribed and proscribed behaviors in formal and informal relationships, (5) family structures and roles; child-rearing practices including nurturing, meeting physical and psychosocial needs, methods of discipline (including use of corporal punishment), (6) norms of interdependency, mutuality, and obligation within families and kinship networks, (7) health and healing practices, and (8) views of change and intervention. (Samantrai, 2004, p. 34)

Of course, many other factors affect communication with others. For example, in one culture, the concept of time as measured by “the clock” may be highly valued. Being “on time” may be associated with responsibility, reliability, courtesy, commitment, and perhaps wealth. In such a culture, the phrase “time is money” may be used. However, in another culture, clock time may hold much less value. The natural rhythms of the movement of the sun and moon, the changing of the seasons, and the ebbs and flows in human relationships may assume greater importance. There, the concept “when the time is right” may be evident in social relations and interpersonal communications.

Other culturally relevant dimensions of communication include preferences about proximity or the degree of space between people, the expression of emotion, the nature and extent of eye contact, the degree of hand or other physical movements, and the ease with which intimate or personal topics are discussed.

History is often a remarkably significant aspect of culture that may be overlooked in our efforts to deal with current issues. For instance, suppose one cultural group experienced severe oppression by another for several generations. Their ancestors may have been enslaved or perhaps subject to “ethnic cleansing” or genocide. What might happen if your name or appearance reminds clients of people who oppressed, tortured, and decimated their ancestors? In such circumstances, the cultural history may emerge as a powerful part of the immediate present.

Indeed, powerfulness and powerlessness tend to remain significant phenomena for individuals and groups who have experienced either or both. Being a “somebody” or a “nobody” profoundly affects people and the way we communicate with others. The poet Emily Dickinson (1924/2000) understood this when she wrote: “I’m nobody! Who are you?/Are you a nobody too?”

In discussing the treatment of “nobodies” by “somebodies,” Fuller (2002) uses the term *rankism* to refer to the uses and abuses of power by those of higher rank in relation to those of lower rank. The feelings of shame, humiliation, indignity, or inferiority felt by a “nobody” when abused, oppressed, enslaved, imprisoned, or exploited, or even when addressed with superiority, arrogance, or condescension by a “somebody” are pretty much the same whether it appears as racism, sexism, ageism, ableism, lookism, heterosexism, or other insidious “isms.” When a professor demeans a student, a colonel ridicules a private, an employer humiliates an employee, a senator ignores a citizen, a social worker belittles a client, or the people of one culture denigrate those of another, the resulting dehumanization frequently has long-lasting effects.

Social workers’ expression of cultural competence involves awareness and management of rankism in all its myriad manifestations. The role of social worker involves a position of status and rank relative to clients. The difference in status is not in itself a negative. Indeed, as you learned in earlier chapters, the prestige and competence implicit in professional status are significant factors contributing to effective service outcomes. However, when helping professionals begin to view

themselves as “somebodies” and clients as “nobodies,” the beneficial aspects of the differential status can easily turn into the deleterious effects of rankism.

In communications with and about others, a prominent sign of rankism involves judgmental use of the terms *us* and *them*—typically in a metaphorical sense. In our efforts to understand and support clients, social workers may unwittingly adopt moral metaphors that actually hinder our professional efforts.

Perhaps the best-known depiction of a common moral metaphor is the “dramatic triangle.” Apparent in the Greek tragedies and many novels, plays, movies, TV soap operas, and common gossip, the triangle reflects tension or conflict among three parties, forces, themes, or perspectives. A typical form includes a hero or heroine who confronts a villain or overcomes an obstacle to rescue a worthy or desirable victim.

The dramatic triangle is readily apparent in cultural mythologies (J. Campbell, 1972; J. Campbell & Moyers, 1988) and political philosophies (Morone, 2003). Wartime tends to emphasize moral metaphors and dramatic triangles where one country, ethnic community, people, or coalition is viewed as “good,” another as “bad,” and a third as “victimized.” The European theater of World War II provides a clear example of a morally based triangle—at least from a North American perspective: Great Britain, the United States, and their allies represent the “good” coalition, whereas Hitler and the Nazis represent the “bad.” The innocent victims include Poland, Belgium, France, and other countries invaded by Hitler’s forces. Much later in the war, disturbingly so, Jews, Gypsies, gay and lesbian people, and other cultural groups imprisoned and murdered during the Holocaust were identified and recognized as victims.

In his January 2002 State of the Union address, President George W. Bush used the term *axis of evil* to refer to North Korea, Iran, and Iraq. He said:

States like these and their terrorist allies constitute an axis of evil, arming to threaten the peace of the world. By seeking weapons of mass destruction, these regimes pose a grave and growing danger. They could provide these arms to terrorists, giving them the means to match their hatred. They could attack our allies or attempt to blackmail the United States. In any of these cases, the price of indifference would be catastrophic. (para. 20)

In so doing, he used a moral metaphor. In effect, he identified those three national governments as evil sponsors of terror, the residents of the United States and its allies (and perhaps the general populations of the three countries in question) as potential victims, and the United States and its allies as heroic protectors and perhaps rescuers. As is common in such triangles, however, the roles often shift—sometimes quite rapidly. From a victim’s perspective, a hero can quickly change to that of persecutor or oppressor. Indeed, a victim can sometimes feel quite victimized by a hero soon after a purported rescue. We might wonder how many Iraqis who viewed American soldiers as liberators (that is, heroes) in 2003 later viewed them as occupiers (that is, persecutors). Similarly, we might ask how many U.S. soldiers have changed their view of themselves from that of heroic rescuers to that of unappreciated victims.

Triangular communications patterns often appear within family systems and regularly emerge within the context of social worker and client relationships as well. A typical form—at least from the point of view of the social worker—involves the assumption of the role of heroic rescuer or perhaps savior, the client as innocent victim, and selected other people or systems as villains. A common variation occurs when a social worker views a client as villainous or sinful (for example, a substance-abusing person or an offender of some sort), other people as victims of the villain, and the social worker her or himself as a kind of minister who hopes to help the sinner by changing his or her evil ways. Beliefs derived from morally based triangles have enormous psychosocial, religious, political, and marketing power. However, they can also interfere with our professionalism and our ability to accept and respect others.

Karpman (1968, 1971) refers to a common “dramatic triangle” (Figure 6.4) in families, groups, and organizations that includes the roles or positions of Persecutor, Victim, and Rescuer. Of course, these terms have judgmental connotations and also reflect rankism. The persecutor demeans and subordinates the victim, and the rescuer—sometimes from a position of moral superiority—attempts to liberate and safeguard the vulnerable person or group. Occasionally, a rescue may occur without the implicit or explicit consent of the rescued and, of course, the rescuer may need to combat, defeat, control, or subordinate the persecutor in the process.

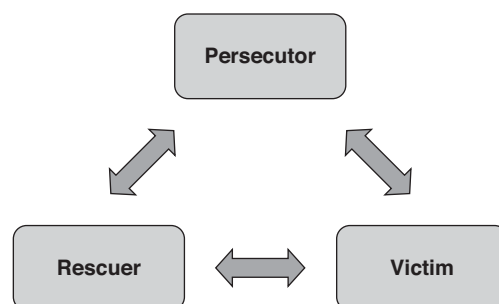
Learning about other peoples and their cultures, becoming aware of the many forms of rankism, and considering the nature and implications of various metaphors and conceptualizations are usually extraordinarily enriching endeavors—both personally and professionally. However, we must remain aware of the dangers of stereotypes and overgeneralizations. The power of mass media, public education, and mainstream society is such that minority cultures are sometimes assimilated by majority cultures. The often dramatic differences between first and third generations of immigrant families typify the speed with which humans adapt to new social environments. Similarly, the amount of wealth, extent of formal education, age, and degree of isolation from other groups all influence the rate and extent to which adaptation occurs. Members of cultural groups vary greatly from one another. Some welcome acculturation and assimilation whereas others resist them.

Let’s balance our growing knowledge of diverse cultures with the reminder that extraordinary “diversity exists within each diverse cultural group.” You might, for example, serve in an agency where interviewers routinely assign clients to a racial or ethnic category based on their physical characteristics. When completing an intake form, some workers might “check a box” to signify a racial or ethnic category because “he looks Hispanic” or, on the telephone, “she sounds African American.” Such practices involve considerable risk. The person labeled Hispanic may think of himself as Puerto Rican or perhaps Latino. A woman classified as Asian might view herself as Thai, or that “white boy” might proudly consider himself Cherokee.

Acknowledge our strong human tendencies toward ethnocentrism, overgeneralization, rankism, and that extremely tempting process of “assumption making.” The most respectful approach is to ask prospective clients for their input. If racial or ethnic classifications are truly useful for agency purposes, we might simply ask, “In terms of race or ethnicity, what do you consider yourself?” If the answer does not fit the list of categories, you might add a new one. Also, recognize that many people self-identify as multiracial, mixed, or interracial whereas others may include one or more racial identities and an ethnic identity as well (for example, white, Hispanic). You might also provide clients an opportunity to “decline to identify” themselves according to a racial or ethnic group.

FIGURE 6.4

Dramatic Triangle



Furthermore, you might ask yourself and other agency personnel questions such as: “Why is this information needed and how will it be used?” “How might clients benefit?” “What are the risks and benefits associated with the collection of such information?” “Do the benefits outweigh the risks?”

Effective communication with others require skills in both talking and listening. That is, we must be able to transmit understandable messages to as well receive and comprehend messages transmitted from others. We also need skills in active listening. Active listening is a form of communication through which we expressively demonstrate that we have understood what others have said.

Most people find it extremely challenging to communicate fully and accurately with others. Social workers are no exception. Here is a list of common errors we sometimes make in talking and listening:

- ◆ Interacting in a patronizing or condescending manner
- ◆ Interrogating (rather than interviewing) by asking questions in rapid, staccato fashion
- ◆ Focusing on ourselves (for example, formulating questions before understanding the other’s message, self-consciously monitoring our internal experiences, evaluating our own performance)
- ◆ Attending predominantly to a single dimension of a person’s experience (for example, just thoughts or just feelings; only the personal or only the situational; just the negative or just the positive)
- ◆ Interrupting frequently with a comment or question
- ◆ Failing to listen or remember
- ◆ Selectively listening with an “agenda” or “theory” so that we interpret others’ messages to match our own beliefs and opinions, and confirm our own biases
- ◆ Neglecting to use a person’s name, mispronouncing or changing it (for example, referring to “Catherine” as “Cathy” or “Josef” as “Joe”), or assuming a degree of formality or informality that does not match that of the client’s (for example, “Mr. Jones” when he would prefer “Bill,” or “Jane” when she prefers “Mrs. Smith”)
- ◆ Neglecting to consider the cultural meaning of the interview for a particular person or family
- ◆ Failing to demonstrate understanding through active listening
- ◆ Using terms that stereotype people or groups
- ◆ Offering suggestions or proposing solutions too early in the process (on the basis of incomplete or inaccurate understanding of the person-issue-situation)
- ◆ Making statements in absolutist terms (for example, always, never, all, or none)
- ◆ Prematurely disclosing personal feelings, opinions, or life experiences
- ◆ Confronting or challenging a person before establishing a solid relationship and a base of accurate understanding
- ◆ Speculating about causes of issues before adequately exploring the person-issue-situation
- ◆ Prematurely pushing for action or progress from a person who has not indicated a readiness for action
- ◆ Using clichés and jargon
- ◆ Making critical or judgmental comments, including pejorative remarks about other people or groups (for example, other professionals, agencies, and organizations)
- ◆ Displaying inappropriate or disproportionate emotions (for example, acting extraordinarily happy to meet a new client or weeping excessively when a person expresses painful feelings)

The words you choose, the sound and pitch of your voice, the rate and delivery of your speech, and your use of language may suggest a great deal to clients and others with whom you interact.²

²If you use assisted communication systems or other forms of “talking” (for example, sign language) that do not involve voice and speech, please consider their potential effects on communication with others. Just as “tone of voice” may have meaning in a conversation between hearing people, a signed message may convey “tone” as well.

During a typical first contact—whether face-to-face, via telephone, or by letter, fax, or e-mail—use easily understandable words and phrases. Keep it simple. Save arcane and esoteric language for professors! Avoid evaluative terms. Even words such as *good*, *okay*, or *right*—through which you intend to convey support and encouragement—may suggest to a client that you regularly make judgments about people. A client may have thoughts such as: “If you evaluate me or my actions positively without knowing much about me, can you really be objective?” “At this point, you approve of me. I’d better not say anything that might lead you to disapprove. I guess I’ll keep the real issues to myself.” The same result can occur if we express premature judgments about other people, groups, organizations, or institutions. Clients might wonder, “If you so quickly judge others, will you judge me quickly too?”

Especially during the early stages of work, be careful about sharing opinions or hypotheses. Use of diagnostic medical or psychological terminology and legal jargon may suggest to clients that you are reaching conclusions about them or their situation before fully understanding all the intricacies of their circumstances. Labels of all kinds, even positive ones, can significantly affect the tenor of your relationships with clients and the course of your work together. Variations of the verb *to be* often result in a labeling effect. Suppose, for example, that you were to say, “He is a child abuser.” Because the word *is* suggests an equivalence between *he* and *child abuser* (that is, *he* equals *child abuser*), we would tend to view that human being through the conceptual screen of “child abuser.” Rather than a human being who has abused a child, he becomes a child abuser who might possibly have some human qualities.

Of course, we cannot tolerate child abuse. Perhaps especially among social workers, such offenses tend to elicit strong emotional reactions. However, even terms that are not so emotionally laden can have deleterious labeling effects. When you think or say, “She is young,” “They were foolish,” “He was manipulative,” “She is seductive,” “He is aggressive,” “They are poor,” “He is white,” “He is disabled,” or “She is unmarried,” you reflect conclusions that are primarily derived from your own rather than from others’ experience of themselves.

The human being convicted of the crime of child abuse may experience himself as a weak, impulsive person guilty of a terrible sin. The person who appears to you to be young may experience herself as old beyond her years. Indeed, she may even question her own sexual identity and wonder whether she is truly female. The behavior that you consider foolish may have resulted from an excruciating examination of various possibilities. The manipulation that you infer may represent an attempt to maintain a sense of personal control or perhaps salvage some dignity by a person who feels humiliated. What you perceive as seductive may be naturally warm and friendly interpersonal expressions that are entirely consistent with that person’s familial and cultural traditions. What you consider aggressive may constitute an effort to counter powerful feelings of fear and anxiety. What you view as poverty, someone else may consider as freedom from petty pursuit of money and material goods. The person you regard as a white male might view himself as Hispanic and may have adopted an androgynous philosophy in which the concepts of masculine and feminine have little relevance. The man you think is disabled may regularly play wheelchair basketball and tennis and possess computer skills beyond any you can imagine. The person you consider unmarried may have long ago determined for herself that the institution of marriage was anathema to a liberated perspective.

Inferences, speculation, and labels about people are risky at all times and especially so during the early phases of a relationship. As you interact with others, try to adopt the frame of reference of the person who is communicating, and be careful when you use forms of the verb *to be*. In general, try to use words that are descriptive rather than inferential and simple rather than complex.

You may be tempted to generalize about people, perhaps because of their perceived membership in a certain class or group (for example, male, female, intersexed, poor, rich, black, white, Italian, heterosexual, homosexual, bisexual, transgendered, disabled, diabetic, Catholic, agnostic). As social workers, we seek to learn about sociological theories and research findings that pertain to different groups, especially cultural groups common in your community, and populations generally at risk of

oppression, exploitation, and discrimination. For example, in talking and listening with clients, you might benefit from research findings suggesting that men and women tend to adopt different conversational styles (Basow & Rubenfeld, 2003; R. A. Clark, 1993; J. Gray, 1992; Leaper, 1991; Mulac, Bradac, & Gibbons, 2001; Mulac et al., 1998; Nadler & Nadler, 2001; Tannen, 1990, 1994), that some Native American clients may find personal questions about their “individual identity” intrusive or foreign (Biegel, Tracy, & Corvo, 1994; Blount, Thyer, & Frye, 1992; Good Tracks, 1973; Hobfoll, Jackson, Hobfoll, Pierce, & Young, 2002; LaFromboise, 1992; R. Lewis & Ho, 1975; R. G. Lewis, 1995; Miheisah, 1996; Nelson, McCoy, Stetter, & Vanderwagen, 1992; Shutiva, 1994; C. T. Sutton & Nose, 1996; Yellow Horse Brave Heart, 2001), and that some Hispanic or Latino clients may prefer an extended, informal beginning (Aguilar, 1972; Bradford, Meyers, & Kane, 1999; Castex, 1996; Wodarski, 1992b; Zuniga, 2001, 2003). However, in using such knowledge, be alert to the danger of unwarranted generalization. Many men use conversational styles quite different from those of many women, but some men adopt conversational styles that are quite similar to those of many women. Some Native Americans experience personal questions from a social worker as an expression of interest and concern, and some Latino clients prefer a direct, businesslike approach as they begin with a social worker. All women are not the same—nor are all men, all people of color, all children, all gay or lesbian people, or even all professors. Therefore, be sensitive to and carefully consider factors of gender, class, ethnicity, ableness, sexual orientation, religion, and cultural affiliation but also recognize that, despite our nearly identical DNA, each individual is unique. Each person differs, at least to some extent, from common characteristics of the “average” member of his or her class or group.

As an interview proceeds, you may attempt to match the client’s language mode. Some people favor words associated with hearing; others prefer those identified with seeing; still others like words that indicate sensing or touching. For example, if you use words such as *hear*, *sound*, *noise*, *loud*, or *soft* with people who favor an auditory language mode, you increase the likelihood of mutual understanding. Your potential value may also improve. A similarly favorable reaction is likely if you were to use *see*, *view*, and *perceive* with people who prefer a visual language mode, or *feel*, *sense*, and *touch* with those who favor tactile language (Bandler & Grinder, 1979, pp. 5–78).

In general, try to adopt a speaking style that is moderate in tone and speed of delivery. Through your speech, convey that you are truly interested in what the client has to say (Ivey, 1988, p. 22). Sometimes, however, you may deliberately increase or decrease your rate of speech to match the pace of the client. On other occasions, you may purposely slow your pace to lead a fast-talking client into a slower speaking mode. In some circumstances (for example, when working with a client with some loss of hearing), you may need to lower the pitch of your voice to be more audible. Generally, when you speak or write, active voice is preferable to passive voice, and each unit of speech should not be so long or complex as to impede understanding.

EXERCISE 6-1 CULTURALLY SENSITIVE COMMUNICATIONS

Complete the following exercises to become more aware of the nature of your speech and language patterns.³

1. Imagine that you are working in an agency that provides a wide range of social services. You are about to meet for the first time with a prospective client who is dramatically different from you. If you are female, pretend that the client is male. If you are white,

³If you communicate primarily through sign language, computer-mediated speech, or some other means, please approximate this exercise in the message-sending mode you will use with clients. Be sure to consider the implications of your challenges in your analysis.

imagine that the client is a person of color. If you are tall, assume that the client is of shorter stature. If you are highly educated, imagine a client with limited formal education. If you are middle class, pretend that the client is virtually penniless. If you have a residence, presume that the client is homeless. If you believe in a god or higher power, imagine that the client is agnostic or atheist. If you are Christian, imagine that your client is Muslim. If you have normal hearing, imagine that your client is hearing-impaired. If you are sighted, assume that your client is blind. If you are able-bodied, imagine that your client uses a wheelchair to get around.

Now, use a recording device (for example, audio or video) to capture yourself as you express the words you would say or sign as you begin work with this prospective client. Introduce yourself, describe something about the kinds of services your agency might be able to provide, and ask this imaginary person some of the questions you would like to ask. Continue this imaginary introduction for approximately 2 minutes.

Replay the recording and review your language usage. Examine the words you said and consider them from the point of view of the imaginary person you have created for this exercise. How would your prospective client be likely to experience the words and language you have chosen to use? If you have used spoken words, consider the implications for your vocal and speech patterns.

Use the space below to highlight what you have learned through the exercise that may relate to your roles and functions as a professional social worker. In particular, consider how people who differ from you in terms of age, gender, skin color, sexual orientation, educational background, socioeconomic status, ethnicity, religious beliefs, physical appearance, and physical or mental ability might experience you and your speech and language.

2. Access the Internet and use a search engine to first locate a list of ethnic groups in the world and then a list of racial and ethnic groups in the United States. Alternately, you could go to your university or library to locate books or other print material containing such lists (Levinson, 1998). Recognize that various sources may use different definitions

of *ethnic group* or *ethnolinguistic group*. For example, if you search the online version of *The World Factbook of the U.S. Central Intelligence Agency* using the keywords “field listing ethnic groups” you should find a tabular list of ethnic groups by percentage of population in 237 countries (Central Intelligence Agency, 2009). If you use the keywords “lists of ethnic groups” in a search engine such as Google, Yahoo, or Bing, you would probably locate the Wikipedia entry by the same title (Wikipedia, 2009). If you conducted a similar search using the keywords “Fact Sheet for a Race, Ethnic, or Ancestry Group,” you would probably access the American Fact Finder website of the U.S. Census Bureau. That site permits you to search for demographic data related to a particular population group in the country as a whole, by state, or by city/town. You might notice that the list of racial, ethnic, and ancestry groups as used by the U.S. Census Bureau differs somewhat from other lists.

Once you have gained a sense of the hundreds of ethnic groups throughout the world and the country, select one that interests you and about which you know little. For example, you might decide to learn about the Hmong or perhaps the Navajo, the Amish, or the Druze, Persian, Armenian, Kurdish, Sikh, Haitian, or Bantu ethnic groups. Once you have made your choice, conduct a library, bibliographic, or Internet search to identify three or four cultural “do’s and taboos” in verbal or written communication style or approach with members of that ethnic group. Be sure to include at least one “do” that conveys respect and at least one “taboo” that suggests disrespect (Axtell, 1995, 2007). Use the space below to list the do’s and taboos and to cite the source of the information.

Nonverbal Communications and Body Language

A great deal of human communication is nonverbal. As a social worker, you should be keenly aware of the significance of body language. Factors such as posture, facial expression, eye contact, gait, and body positioning represent important forms of communication (Ivey, 1988;

Kadushin & Kadushin, 1997).⁴ In professional encounters with others, your body language should be congruent with your verbal language. Clients often notice discrepancies and inconsistencies between what you say verbally and what you express nonverbally. When you present yourself in an incongruent fashion, others may be confused about you and your message. When you express yourself congruently, people are more likely to understand your communications and to experience you as genuine and sincere.

In addition to verbal and nonverbal congruence, social workers typically hope that their body language communicates attention and interest in the other person, as well as caring, concern, respect, and authenticity. On some occasions, social workers need to express messages in an assertive manner that conveys authority. To emphasize one element or another, changes in body language may be necessary.

In beginning interviews with prospective clients, you should typically adopt an open or accessible body position (Egan, 1982a, 1982b, 2010; D. R. Evans, Hearn, Uhlemann, & Ivey, 2008; Ivey, Ivey, & Zalaquett, 2010). If standing, you may hold your arms and hands loosely along your sides. If seated, you can place your hands on your lap. Arms held across the chest, behind the head, or draped over an adjoining chair may reflect inattention or nonreceptiveness. Tightly clasped hands, swinging legs or feet, pacing, looking at a watch or clock, or drumming one's fingers tend to communicate nervousness or impatience. Slouching in a chair may suggest fatigue or disinterest. Sometimes, however, you may need to assume an informal body position to increase the comfort and decrease the threat experienced by another person. For example, in working with children, you might sit on the floor and talk while playing a game. With teenage clients, significant encounters may occur while sharing a soft drink, shooting pool, or leaning against a fence or wall. Important exchanges may take place while you transport a client to a doctor's office or a food pantry, while you help a parent change a baby's diaper, or while you enjoy a snack together.

The frequency and intensity of eye contact varies according to the people involved, the purpose of the meeting, the topic under discussion, and a host of other factors. In general, you should adopt seating or standing arrangements that allow for but do not force eye contact between the participants. Although it is common for social workers to attempt rather frequent eye contact, especially when clients are talking, the degree and intensity should vary according to the individual and cultural characteristics of the person, the issues of concern, and the context of the meeting. People from many cultures experience regular eye contact as positive and rewarding, but those from several other cultures do not. "Some cultural groups (for instance, certain Native American, Eskimo, or aboriginal Australian groups) generally avoid eye contact, especially when talking about serious subjects" (Ivey, 1988, p. 27).

In certain cultures, dropping one's eyes to avoid direct eye contact conveys respect, whereas steady, direct eye contact signifies disapproval. For some groups, eye contact is more likely when talking than when listening, but the exact opposite is true in other cultures.

In all cases, however, you should not stare. Staring almost universally constitutes a violation of the other's space and may be experienced as a challenge. It may also suggest a power differential. Many people of majority status and those affiliated with favored groups feel entitled to look at, peruse, and even stare at people of minority or less favored status. For example, many men believe it quite acceptable to stare at women. In North America,

⁴If you are visually or hearing challenged, or move about with assistance (for example, walking aids, guide dog), please reflect on the potential nonverbal communication effects on clients and colleagues. Also, consider how you might best address the nonverbal dimension of communication in your service to others.

many whites commonly watch and observe people of color in a different way than they do other whites. There are numerous other examples. However, as a social worker interested in relationships characterized by equality, mutual respect, and joint participation, your eye contact should never be so intense or continuous that it becomes an intrusion, a privacy violation, or a form of intimidation or superior rank.

Attending (Carkhuff & Anthony, 1979, pp. 31–60; D. R. Evans et al., 2008; Ivey et al., 2010) or “physically tuning-in” (Egan, 2010) to others are terms frequently used to describe the process of nonverbally communicating to others that you are open, nonjudgmental, accepting of them as people, and interested in what they say. A general purpose of attending is, in fact, to encourage others to express themselves as fully and as freely as possible. During the beginning phase especially, your nonverbal presentation is at least as important as any other factor in influencing clients’ responses to you.

There is substantial literature regarding the skill of attending. For example, Carkhuff and Anthony (1979, pp. 39–42) suggest that counselors face their clients squarely, at a distance of 3 to 4 feet, without tables or other potential obstacles between the participants. They further recommend regular eye contact, facial expressions showing interest and concern, and a slight lean or incline toward the other person. Using the acronym SOLER, Egan (2010) also suggests that we *squarely* face the person, assume an *open* body position, sometimes *lean* slightly toward him or her, maintain *eye* contact, and do so in a *relaxed* manner.

Many of these guidelines are useful, but they tend to reflect nonverbal characteristics common among adult, majority-member, middle- and upper-class North Americans. Many children, members of ethnic-minority groups, and people of lower socioeconomic status commonly demonstrate quite different nonverbal characteristics in their social interactions. Facing some people too directly, too squarely, and too closely may infringe on personal territory and privacy. For others, a distance of 4 feet would be much too far for an intimate conversation. Therefore please be flexible in your attending and physical positioning. Closely observe the nonverbal expressions of the other person and respect them. Also, within these general guidelines, assume a comfortable body position. Trying to understand another person requires energy and concentration. Physical discomfort could distract you and you might become less attentive. However, do not assume such a comfortable position that you lose interest. Dozing off during an interview does not convey attention and concern!

When seated positions are desirable and available (for example, when interviewing an adult in an office setting), place the chairs so that they create an angle of between 90 and 135 degrees. This allows other people to direct their eyes and bodies toward or away from you as desired, and it affords you the same opportunity. Matching, movable chairs are preferred. They provide flexibility and suggest that you and your clients are “on the same level.” Physically leaning toward clients at points when they are sharing emotionally charged material usually demonstrates concern and compassion. However, carefully observe their reactions. Some clients may find the added closeness too intimate or even intrusive, especially during the early stages of the working relationship.

Of course, many times you have limited control over the placement of chairs or even the interview setting. Often an exchange occurs during a walk or an automobile drive, in a kitchen during mealtime, while the client is caring for children, and sometimes even while he or she is watching television. As a relationship develops and you begin to understand the meaning of various gestures to the client, it may become possible to ask to move a chair closer or to lower the volume on the television. Such requests may be quite meaningful to clients, as they realize that you actually do want to hear what they say!

EXERCISE 6-2 NONVERBAL COMMUNICATIONS AND BODY LANGUAGE

1. Recruit a friend or colleague to join you in a few nonverbal experiments.⁵ After you have completed them, use the space provided to summarize your observations, discoveries, and preferences. Make note of your partner's as well.
 - a. Maintaining eye contact, slowly move toward your partner, who remains in position, until it becomes uncomfortable for you. Then stop. Observe the approximate distance between you. What were your thoughts and feelings as you moved closer and closer to your partner? What did your partner experience as you approached?
 - b. Position yourself face-to-face with your partner at a distance of approximately 4 feet. Look directly into his or her eyes until you become uncomfortable. When that occurs, simply avert your eyes. Now, move to 3 feet, then to 2 feet, each time looking directly into your partner's eyes until you experience discomfort. Then turn away. Share your reactions with each other. Now, experiment with different kinds and degrees of eye contact within a 2- to 4-foot range. For example, try looking at your partner's cheekbone or mouth instead of directly into her or his eyes. Share your reactions. Experiment further by looking into your partner's eyes for several seconds and then slightly change your focus so that you look at a cheekbone for a few seconds; then return your gaze to the eyes. Follow that by looking at your partner's mouth for a few seconds, and then return to the eyes. Share your responses to this manner of eye contact.
 - c. Place two chairs squarely facing one another (front to front) approximately 2 feet apart. Be seated. Share your thoughts and feelings as you sit face-to-face and knee-to-knee. Is it comfortable for both of you, for only one, for neither? If it is uncomfortable, alter the distance until it becomes comfortable. Ask your partner to do the same. Finally, compromising if necessary, move the chairs until you arrive at a mutually comfortable distance. Change the placement of the chairs so that instead of directly facing one another, they now are side by side in parallel position, approximately 6 inches apart. As you and your partner take your seats, share your respective thoughts and feelings. Now increase the angle so that the chairs form a 90-degree angle. Share with one another your reactions to this arrangement. Now increase the angle an additional 45 degrees. Share your reactions to this position. Which arrangement does your partner prefer? Which do you?
 - d. Based on the results of your experimentation, place the chairs in the position and at the angle that is reasonably comfortable for both you and your partner. Some compromise may be necessary. Now, maintaining a more or less neutral facial expression and without saying a word, try to show through your body language, but without changing your facial expression, that you care about your partner and are interested in his or her thoughts and feelings. Continue to experiment with three or four different body positions, attempting to demonstrate concern and interest, for approximately a minute each. Following each position, seek verbal feedback from your partner concerning her or his reactions.
 - e. Assume a position that your partner indicates reflects caring and interest. Now begin to experiment with different facial expressions. First, let your face become relaxed in its more or less usual state. Retain this facial expression for about a minute while your partner experiences the effect. After a minute, seek feedback from your partner about

⁵If you are visually or physically challenged in some way, please adapt these exercises accordingly. Be sure to incorporate the implications of your challenges in your discussions.

his or her observations and reactions. Then experiment with other facial expressions through which you hope to express silently, in turn, affection, compassion, joy, sadness, disappointment, disapproval, fear, and anger. Hold each facial expression for a minute or so while your partner tries to determine the feeling you are trying to express. Share your experience, observations, and discoveries.

Listening

Listening involves the use of your sensory capacities to receive and register the messages expressed verbally and nonverbally by others.⁶ The listening skills include *hearing* or *receiving* others' words, speech, and language; *observing* (Carkhuff & Anthony, 1979, pp. 42–47; Ivey et al., 2010) their nonverbal gestures and positions; *encouraging* (Ivey, 1988, pp. 93–95; Ivey et al., 2010) them to express themselves fully; and *remembering* what they communicate.

Most people are rather poor listeners, tending to pay more attention to their own thoughts and feelings than to the messages others are trying to convey. Competent listening rarely comes naturally. Yet listening, perhaps more than any other skill, is essential for effective social work practice. It requires two actions. First, you minimize attention to your own experiences (for example, thoughts, feelings, and sensations). Then, you energetically concentrate on the client with a determination to understand—rather than evaluate—what the client is experiencing and expressing.

For most of us, one of the genuinely humanizing events in life occurs when we feel truly understood by another person. Accurate understanding conveys respect. It demonstrates that you value others and are interested in what they have to say. In a sense, careful listening is a gesture of

⁶If you have hearing loss, please reflect upon the potential implications for clients and colleagues. Also, consider how you might use other resources in your efforts to understand the meaning of others' messages.

love. Because of this, listening is a dynamic factor in social work practice. It has several purposes. First, effective listening enables you to gather information that is essential for assessment and planning. Second, it helps clients feel better—often reducing tension or anxiety, heightening feelings of personal safety and well-being, and encouraging greater hope and optimism. Third, attentive listening encourages clients to express themselves freely and fully. Fourth, effective listening usually enhances your value to clients. Finally, attentive listening often contributes significantly to positive change in clients' self-understanding and self-efficacy as well as their problem-solving and goal-seeking capacities.

To listen effectively, you need to manage your own impulses, tendencies, and predispositions. This is essentially a matter of self-awareness and self-discipline. You hold back from fully experiencing and freely expressing your own reactions, ideas, or opinions. Such self-discipline involves temporarily suspending judgment and action so you can better hear and understand other people. As a social worker, you are probably highly motivated to help troubled people. In your desire to serve, you may sometimes be tempted to rush to conclusions and solutions. Although life-threatening situations often require immediate intervention, engaging in premature assessment, advice, or action typically interferes with effective listening. Frequently, it also has unintended adverse consequences. In most circumstances, you would be wise to listen carefully and fully before assessing or intervening. As Shulman (2009) suggests, "Workers who attempt to find simple solutions often discover that if the solutions were indeed that simple, then the client could have found them without the help of the worker" (p. 126).

Self-disciplined listening involves some use of silence. Social workers "frequently perceive silence as a hindrance and a hazard to the progress of the interview. . . . The professional assumption is that talking is better" (Kadushin, 1983, p. 286). This is certainly not always the case. Periods of silence, pauses in the exchange, are vital elements in effective communication. Of course, you should not let silence continue so long that it becomes an anxious contest to see who will speak first. Do recognize, however, that with some clients, at certain moments, silence can be a powerfully helpful experience. "Instead of a threat, silence should be seen and utilized as an opportunity" (Kadushin, 1983, p. 294).

Hearing refers to the process of listening (that is, receiving messages), which involves attending to the speech and language of other people. Numerous factors can impede or obstruct hearing. A room might be noisy, or a person might talk softly or mumble. Someone may speak in a foreign language or adopt an unfamiliar dialect. Another person might use words you do not understand or use them in ways that differ from your understanding. Effective hearing involves diminishing the obstacles and focusing entirely on the words and sounds of the other person. It also involves reducing the tendency to hear selectively because of our own temptation to judge, compare, or criticize the words and sounds of others. In attempting to hear clearly, we hope to take in and remember the messages sent by the speaker. In listening, process is as important as content. Therefore try to hear more than the words themselves. Listen as well to the person's manner of speaking. Try to hear the meaning and feeling just beyond or just beneath the words actually said.

Another vital element in the listening process is the skill of observation. *Observing* (Carkhuff & Anthony, 1979, pp. 42–47; Ivey et al., 2010) occurs when you pay attention to the client's physical characteristics, gestures, and other nonverbal behavior. Nonverbal communication is at least as informative as verbal expression and sometimes more so, especially in multicultural contexts. As a social worker, try to observe nonverbal manifestations of energy level, mood, and emotions as well as indirect signs and signals. Quite often, clients do not directly express their feelings through verbal speech. Without staring, try to observe carefully so you notice nonverbal expressions of feeling.

The purpose of observing is to gain a better and more complete understanding of the ways in which the client experiences the world. During interviews, attend to subtle or indirect communications. These may relate to themes of power or authority, ambivalence about seeking

or receiving help, difficulties in discussing topics that involve a stigma or taboo, and inhibitions concerning the direct and full expression of powerful feelings (Shulman, 2009). You may pick up more indirect communications from nonverbal rather than verbal expressions, so observe closely. Be careful, however, to avoid the tempting conceptual trap of reaching premature conclusions. The most you can do is formulate a tentative hypothesis about a theme based on the words and the nonverbal gestures a client has used. Such tentative hypotheses are not, in any sense, true or valid. They represent, rather, preliminary hunches!

Among the specific aspects to observe are (1) facial expression, (2) eye contact, and (3) body language, position, and movement. In observing, look for predominant facial expressions, head and body positions, physical gestures, and patterns of eye contact during communication exchanges. Consider them in light of cultural affiliations as well as the context. Also, look for the nature and timing of changes in these nonverbal indicators. These may suggest feeling states such as contentment, calmness, acceptance, joy, sadness, fear or anxiety, and anger. Based on these observations, consider what these expressions, gestures, and behaviors might suggest about how this person experiences herself or himself and the issue of concern. Also, imagine what they indicate about how the person thinks and feels about you and about this meeting.

Encouraging (Ivey et al., 2010) is form of listening that involves some talking. You can encourage other people to continue expressing themselves by making very brief responses in the form of single words, short phrases, or sounds and gestures that invite them to continue their expression. Some examples of brief verbal encouragers include: Please go on. . . . and? . . . Uh huh. . . . Mmmm. . . . Yes. . . . Please continue.

Nonverbally, you may further communicate by nodding, making attentive eye contact, gesturing slightly with your hands, and leaning or inclining slightly toward the client. Repeating a portion of a phrase or a key word that a client uses may also constitute encouragement. Such brief responses enable you to demonstrate that you want to hear more, but without interrupting with a lengthy statement of your own. However, avoid using the same encouragers over and over. After a while, their repeated use may suggest a lack of sincerity. Also, recognize that the use of minimal encouragers alone is insufficient. Active listening communications are necessary to demonstrate empathic understanding.

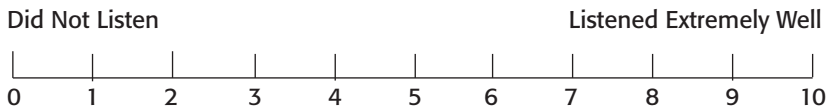
The final dimension of listening involves *remembering* what the client communicates. Hearing and observing are skills without much inherent value unless you can retain the information received. Remembering is the process of temporarily storing information so that you may use it later—for example, to communicate understanding, make thematic connections between messages expressed at different times, prepare a written record, or develop an assessment.

EXERCISE 6-3 LISTENING

Recruit a friend or colleague to join you in a listening exercise. Indicate that the purpose of this exercise is to determine how well you can understand and remember what is said. Tell your partner that you would like to record (for example, audiotape or videotape) a conversation between the two of you and, following the conversation but before replaying the tape, you will attempt to remember what was said. Then you will compare what you remember with what was tape-recorded. Ask your partner to identify a topic of interest that the two of you might discuss for approximately 10 minutes. As the listener, your tasks are to encourage your partner to discuss the subject; hear, observe, and comprehend what she or he communicates; and remember what was said and done. Keep in mind that your partner's perspective is paramount. Withhold your own opinions. This is your partner's time. Let the discussion proceed in whatever way and direction your partner wishes.

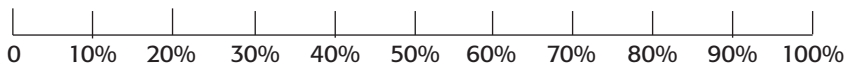
Encourage him or her to communicate freely and fully, and try not to interfere with the flow of expression. As your partner talks, listen attentively and observe carefully. At the end of the 10-minute period, thank your partner and proceed with the following.

1. Ask your partner to rate on a scale of 0 to 10 (where 0 = did not listen at all and 10 = listened extremely well) how well she or he thinks you listened to what was said. Then, explore with your partner the reasons for the rating. Thank your partner again and say goodbye. Record your partner's numerical rating and then in the space provided make note of his or her other comments, questions, and suggestions.



2. Now, before reviewing the audio recording, reconstruct from memory and word process an outline of the highlights of the interview. Make note of key passages in chronological sequence. Also, characterize your partner's predominant facial expression and body positions as well as any significant nonverbal changes or gestures that occurred during the course of the conversation. As you prepare the word-processed document, be absolutely certain to exclude any information that might reveal the identity of your partner. Title the document, "Listening and Remembering Exercise."

Now play the tape recording of the conversation. As you listen, compare it to the word-processed outline that you reconstructed from memory. Estimate the approximate percentage of your partner's comments that you accurately recalled and make note of significant passages that you missed. Record your rating here:



Reflect upon the experience and identify factors that helped and those that impeded your ability to remember the contents of the conversation. Outline a plan to practice the listening skills. Incorporate the factors and your outline into your word-processed document. When finished, add the file to your Social Work Skills Learning Portfolio.

Active Listening

Active listening combines the talking and listening skills in such a way that others feel understood and encouraged to express themselves further. It is a form of feedback. You listen carefully and communicate your understanding of a speaker's messages by reflecting or mirroring them back. In

essence, you paraphrase the client's message. Ideally, your words should be essentially equivalent to or synonymous with those of the client. If the client communicates factual content, your active listening response should convey that information. If the client expresses feelings, reflect those feelings in your active-listening response and do so at an equivalent level of intensity. If the client shares conceptual ideas, paraphrase them through active listening so that you accurately capture his or her meaning.

Active listening represents a clear and tangible demonstration that you have understood or at least are trying to understand what a client has expressed. It indicates that you want to comprehend fully and accurately the messages communicated. Active listening shows that you are interested in the client's views, feelings, and experiences. Because it conveys empathy and furthers understanding, there is simply no substitute for active listening. It constitutes a major element of the vital feedback loop between you and your client. If you do not listen actively, you are more likely to miss part of a client's message and thereby misunderstand, distort, or misrepresent it. Furthermore, if you fail to listen actively or if you paraphrase in a consistently inaccurate fashion, you discourage the client from free and full expression. You also significantly diminish your own value in the relationship. Clients look forward to being understood. If you do not accurately communicate understanding, clients may feel unheard, disappointed, and alienated. Experiences of oppression, discrimination, abuse, or exploitation have left many clients feeling profoundly misunderstood throughout their lives. When you, as a professional social worker, communicate sincere and accurate understanding, the effect can be positive indeed. However, if the clients feel that you too, like so many before, also misunderstand, a powerfully adverse effect may result. Experiencing yet another repetition of alienation, such clients may wish they had never sought your services in the first place.

Active listening combines the talking and listening skills into three steps:

- ◆ **Step 1: *Inviting*.** By your body position, facial expression, speech, and language, you indicate that you are prepared to listen. Often, you can invite the other person to express himself or herself by asking a question such as "What happened?" or "How did this all come about?" It is not always necessary, however, to ask a specific question. Many clients begin to talk about themselves and their concerns as soon as you begin to attend to them with your eyes, face, and body.
- ◆ **Step 2: *Listening*.** When a client responds to your invitation to speak and begins to talk, you listen carefully by attempting to hear, observe, encourage, and remember. In this step, you essentially use your ears and brain to receive and retain the messages sent by the other person.
- ◆ **Step 3: *Reflecting*.** Periodically, as the client pauses at the conclusion of a message segment, paraphrase his or her statement. For example, a client might say, "I'm really frustrated with my boss. He says he wants production, production, production! But then he comes down to my shop and spends hours shooting the breeze." In active listening, you could say in response, "You're annoyed with him because he tells you he wants you to work harder and harder but then he interferes when you're trying to do so." Here is another example. Suppose a client says, "Ever since I was 7 years old, I felt fat and ugly." You might say, in active listening, "From the time of your childhood up through the present time, you've thought of yourself as overweight and unattractive." By communicating an equivalent message, you demonstrate empathic understanding.

Active listening is, of course, most useful when you have accurately understood and paraphrased the client's message, but it can be helpful even when you have not. Sometimes you may misunderstand a message or miss part of it as your attention wanders; or the client may misspeak and send an incomplete or confusing message. In such cases, your sincere attempt to understand by active listening almost always elicits further expression from the client.

A client may spontaneously express confirmation when your active-listening response accurately reflects his or her message. The client may say something such as “Yeah, that’s right.” Then the client often simply continues to talk. On those occasions when your response is not entirely accurate but is close enough to demonstrate that you have heard some of the message and are genuinely trying to understand, the client may say, “Well, no. What I meant was . . .” He or she may then try to restate the message so that you can understand. However, when you are extremely inaccurate, perhaps due to your own lack of interest or attention, the client may very well respond with an emphatic “No!” and then become much less expressive. A similar phenomenon can occur when you do not listen actively often enough. If you only talk or only listen but do not actively listen, you may discourage clients from expressing themselves freely and fully.

When they are first developing skill in active listening, social workers tend to make several common errors:

- ◆ Using so many of the client’s own words that your paraphrased reflections sound like mimicry
- ◆ Repeatedly using the same lead-in phrases (for example, “I hear you saying . . .” “It sounds like . . .”)
- ◆ Trying to be clever, profound, or interpretive—playing the role of “brilliant analyst” or “clever detective” tends to indicate that you are listening more to your own thoughts and speculations than to the client’s message
- ◆ Responding only to facts, thoughts, and ideas or just to feelings and emotions rather than listening actively to all dimensions of the client’s expression
- ◆ Interrupting frequently to reflect the client’s message
- ◆ Using active listening following every short phrase or statement

EXERCISE 6-4 ACTIVE LISTENING

In the spaces provided, write the words you might say in active listening to the following statements:

1. CLIENT: My husband thinks I’m an alcoholic. I’m here because he made me come. Sure, I drink. I drink a lot. But he’s the reason I drink.

2. CLASSMATE: I’ve missed the last three classes and don’t know what’s going on in here. Today is the day of the midterm exam and I know I’m going to flunk. I’m so up-tight, I can’t think straight.

3. SUPERVISOR: I am disappointed that you did not follow up on the Sanchez case. You know that those children are at risk.

4. PROFESSOR: I wonder if the match between your personal values and those of the social work profession is a good one. From your comments in class and the papers you've written, it seems to me that your views differ quite a bit from those of most social workers.

5. COLLEAGUE: I am working with a family that is driving me up the wall. I know I have a problem here. I get so angry at this family for not trying to help themselves. I work so damn hard and they don't do a thing!

6. CHILD: Sometimes my mommy's boyfriend is mean to her. He hits her and she ends up crying a lot. I don't like him at all.

7. COMMUNITY LEADER: I appreciate your offer to help with our community organization and development efforts. However, the social workers we've had before have never worked out.

Summary

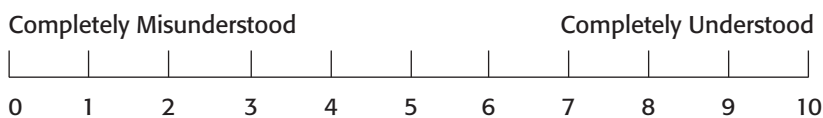
The basic interpersonal skills of talking and listening (that is, sending and receiving messages) are fundamental to all aspects of human interaction, including the phases and processes of social work practice. To communicate effectively as a social worker, you use all the sensory faculties at your command in sending and receiving messages. In addition, you regularly combine the talking and listening skills in the form of active listening. Active listening conveys empathy by overtly demonstrating that you are making a genuine effort to understand.

CHAPTER 6 SUMMARY EXERCISE

The following exercise should help you to refine your abilities in the talking, listening, and active listening skills.

1. With the consent of a friend or colleague from a diverse community or another cultural tradition, make a videotaped recording⁷ of a 15-minute conversation. Indicate that you are trying to practice your interviewing skills and would like to conduct an interview about his or her choice of career. Inform your partner that she or he will not have to answer any questions that evoke discomfort. Also, be sure to tell your partner that your professor and perhaps some of your classmates may review the tape to provide feedback about the quality of your interviewing skills. During the interview, explore with your partner how she or he came to make the career choice. Explore influential and motivational factors. Ask about your partner's hopes and aspirations as well as issues and concerns regarding the chosen career.

During the conversation, encourage your partner to share as much as possible about the career decision. Use the skills of talking, listening, and active listening. At the conclusion of the interview, ask your partner for feedback concerning the experience. Make note of his or her responses. Also, ask your partner to rate on a scale of 0 to 10 (where 0 = completely misunderstood and 10 = completely understood) how well you understood what was said. Ask your partner to identify those factors that contributed to the rating. Thank your partner again and say goodbye. Record your partner's numerical rating and in the space provided make note of other comments, questions, and suggestions.



⁷Maintain the anonymity of your partner as much as humanly possible—given the fact that the interview is recorded—and completely erase or destroy the recording as soon as you have completed the learning exercises.

2. Consider your own immediate reactions to the interview. How did you feel about the exchange? What did you like and dislike about your part in the conversation? What would you do differently if you were to engage in the conversation again? Summarize your reactions in the following space.

3. Next, play the videotape. Prepare a word-processed transcript that accurately reflects what was said and by whom—although do not use your partner’s name. Use *interviewee* to refer to his or her words. Title the document “Transcript of an Early Interview.” Identify the talking and the listening skills you used during the conversation. For example, identify as talking a statement you made or a question you asked that came from your frame of reference. Identify as active listening your attempts to communicate your understanding of your partner’s expressions. Use your word-processing software to organize the transcript in the format outlined in Table 6.1, but be sure to disguise the identity of the person you interviewed.

	Transcript	Skill Used
Interviewer	Record the words you said here.	Identify the talking and listening skill used—if any—here.
Interviewee	Record what your partner said here.	Use this space to make observations or comments to advance your learning.
Interviewer	Record the words you said here.	Identify the talking and listening skill used—if any—here.
Interviewee	Record what your partner said here.	Use this space to make observations or comments to advance your learning.

4. After you have prepared the transcript, use it to evaluate your use of the talking and active-listening skills. Word process a brief two- to three-page (500- to 750-word) report titled, "Evaluation of an Early Interview." In your paper, address questions such as the following: How would you characterize this sample of your speech and language? Evaluate your choice of words and your language usage, particularly as it relates to the individual and cultural characteristics of the person you interviewed. In this conversation, do you talk more or less than your partner? Do you tend to interrupt or does your partner tend to interrupt you? How many of your words are factual, descriptive, and informational in nature? What proportion suggests feelings or emotions? How often do you share your opinions or reveal your assumptions? Do you tend to use extraneous fillers such as "uhh" or "you know"? Are there indications of nervousness or tension? If so, what are they? Do your speech and language reflect interest in what your partner says? Does your colleague seem interested in what you have to say? What sources of evidence do you use to determine his or her degree of interest? If you could change anything about your speech and language, what would it be? How often do you engage in active listening? Do you do so too often or not often enough? How accurate are you in your attempts to communicate understanding through active listening? Do your words equate to those of your partner? Does your partner appear to feel understood? Does your partner communicate fully, freely, and easily? Does she or he pause or hesitate at points during the interview? How do your partner's sex, age, class, ethnicity, and cultural affiliation affect the communication process? How do yours?

Have the transcript available as you review the videotape again. Consider your body position, body language, and facial expressions. It may be particularly enlightening to view the videotape with the sound turned off. Evaluate the nonverbal dimensions of your communication during this interview. How well do you physically attend to your partner? What do you think your body position and body language communicate to your partner? What emotions do your facial expressions convey? What is the nature and extent of your eye contact? How comfortable and confident do you appear? How do factors such as your sex, age, class, ethnicity, religious beliefs, and cultural affiliation affect your nonverbal style?

As you review the videotape, consider your partner's nonverbal expressions. Make note of facial expressions, eye contact, body position and body language, gestures and movements, and the rate and nature of speech. Indicate what you think are your partner's overall mood, predominant feelings, and energy level. What is your impression of your partner's general attitude about you, this meeting, and the topic of conversation? Would you say your partner is involved and interested in the exchange? Active? Cooperative? Responsive? How do your partner's sex, age, class, ethnicity, religious beliefs, and cultural affiliation affect your impressions?

If you have a chance, ask a colleague or instructor from the school or department of social work to review the videotape and offer evaluative feedback about the nature and quality of your talking, listening, and active-listening skills. Incorporate the feedback and complete your report. Include it and the transcript in your Social Work Skills Learning Portfolio.

CHAPTER 6 SELF-APPRAISAL

As you conclude this chapter, please assess your proficiency in the basic talking and listening skills by completing the following self-appraisal exercise.

SELF-APPRAISAL: THE TALKING AND LISTENING SKILLS

Please respond to the following items to help you undertake a self-assessment of your proficiency in the basic interpersonal skills addressed in this chapter. Read each statement carefully. Then, use the following 4-point rating scale to indicate the degree to which you agree or disagree with each statement. Record your numerical response in the space provided:

4 = Strongly agree

3 = Agree

2 = Disagree

1 = Strongly disagree

4	3	2	1	Rating Statement
				<i>At this point in time, I can:</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Describe and discuss the talking, listening, and active-listening skills.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Engage diversity and difference through culturally sensitive communications.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Demonstrate proficiency in nonverbal communications and body language.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Demonstrate proficiency in the talking skills.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Demonstrate proficiency in the listening skills.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Demonstrate proficiency in active listening.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Assess proficiency in the talking and listening skills.
				Subtotal

Note: These items are identical to those contained in the Basic Interpersonal Skills section of the Social Work Skills Self-Appraisal Questionnaire presented in Appendix 3. If you completed Exercise 2-2 in Chapter 2, you have already responded to these items. You may now compare the responses you made on that occasion with those you made this time. Also compare the two subtotals. If you believe that you have progressed in your proficiency with the basic interpersonal skills, the more recent subtotal should be higher than the earlier one.

Finally, reflect on the skills addressed in this chapter and the results of your self-appraisal. Based on your analysis, word process a succinct one-page summary report titled “Self-Assessment of Proficiency in the Basic Skills of Talking and Listening.” In the report, be sure to identify those skills that you know and do well (for example, a score of 3 or 4). Also, specify those that need further practice (for example, scores of 2 or less) and briefly outline plans by which to achieve proficiency in them. When you have finished, include the report in your Social Work Skills Learning Portfolio.

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CHAPTER 7



PREPARING

This chapter (see Box 7.1) should help you learn the skills used in the preparing phase of social work practice. First meetings set the tone and influence the general direction of subsequent interactions. In fact, the nature of your initial contacts with people often determines whether they actually become clients. Preparation is essential for social workers. Without it, we can easily lose our cognitive and emotional equilibrium as we encounter individuals, families, groups, organizations, and communities of diverse cultural traditions struggling with highly complex and challenging issues in often extraordinarily difficult circumstances (Gleeson & Philbin, 1996; Kovacs & Bronstein, 1999; Reeves, 1997; Sar, 2000).

In a meta-analysis of some 125 research studies, Wierzbicki and Pekarik (1993) found that the average early-dropout rate for outpatient mental health services was approximately 47 percent—a remarkably high incidence. Client factors associated with early dropout included limited formal education, lower socioeconomic status, and racial-minority status. In a study of nearly 14,000 people served in 17 mental health centers, Sue (1977) discovered that when compared with white clients, a significantly greater percentage of minority applicants did not return following an initial visit. Differences between the personal and cultural expectations of clients and professional helpers represent the clearest explanation for early dropout or discontinuation of needed services. Indeed, when professional helpers fail to express accurate understanding of clients' views of the problem (that is, how clients conceptualize the issues), the rate of dropout triples (Epperson, Bushway, & Warman, 1983; Pekarik, 1991, 1993; Wierzbicki & Pekarik, 1993). Similarly, the actual length of service appears to be determined primarily by clients' expectations of anticipated duration (Pekarik, 1991; Wierzbicki & Pekarik, 1993).

Although several factors are undoubtedly involved with premature discontinuation, insufficient and ineffective preparation for first meetings is certainly part of the problem. Effective preparation and careful planning can make the difference.



BOX 7.1

Chapter Purpose

The purpose of this chapter is to help learners develop proficiency in the preparing skills.

Goals

On completing this chapter, learners should be able to demonstrate proficiency in:

- ◆ Discussing the purposes and functions of preparing
- ◆ Preparatory reviewing
- ◆ Preparatory exploring
- ◆ Preparatory consulting
- ◆ Preparatory arranging
- ◆ Preparatory empathy
- ◆ Preparatory self-exploration
- ◆ Centering
- ◆ Preliminary planning and recording
- ◆ Assessing proficiency in the preparing skills

Core Competencies

The skills addressed in this chapter support the following core EPAS:

- ◆ Identify as a professional social worker and conduct oneself accordingly (EP2.1.1).
- ◆ Apply social work ethical principles to guide professional practice (EP2.1.2).
- ◆ Apply critical thinking to inform and communicate professional judgments (EP2.1.3).
- ◆ Engage diversity and difference in practice (EP2.1.4).
- ◆ Engage . . . with individuals, families, groups, organizations, and communities (EP2.1.10[a]).

We need to be personally and professionally ready to perform competently from the first moment of contact. Use the preparing skills before the first meetings with individuals, families, groups, organizations, and communities with whom you interact as part of your professional responsibilities. Then continue to use them in advance of each subsequent encounter. The preparing skills include (1) preparatory reviewing, (2) preparatory exploring, (3) preparatory consulting, (4) preparatory arranging, (5) preparatory empathy, (6) preparatory self-exploration, (7) centering, and (8) preliminary planning and recording.

Preparatory Reviewing

Preparatory reviewing involves examining and considering information available to you and your agency before an initial contact with another person or people (Kadushin, 1983). When an individual, family, group, organization, or community has received service through the agency before, review the relevant case records. When a telephone contact or an intake interview has preceded the first meeting, examine notes concerning the nature and substance of that interaction. For first meetings with other people, such as an agency director, a client's medical doctor, or a new supervisee, thoughtfully review relevant materials concerning the general purpose of the meeting and any

topics likely to emerge. When meeting with a family system or subsystem, a group, an organization, or a community, preparatory reviewing becomes, if anything, even more important as you consider the intrasystem and intersystem factors and dynamics.

Preparatory reviewing helps you grasp significant facts and circumstances before meetings. This reduces the need for applicants, clients, or other people to repeat information they have previously provided. It allows for more efficient use of time and helps people feel that what they say is valued and remembered.

In some instances, failure to review available materials can constitute professional negligence. For example, suppose a teenage boy contacts the agency. He has a history of making serious suicide attempts following conflicts in romantic relationships. Your agency has served him off and on during the past several years, and the pattern of suicidal action is documented in his case file. He requests an appointment for some time later that day, indicating that he needs help because his girlfriend recently “dumped” him, deciding that she wanted to date another boy. If you fail to review the case record, you may decide to give the teenager an appointment several days later, not realizing the serious, immediate risk of suicidal behavior.

As another example, suppose you are about to interview a family with a history of both spousal and child abuse. Both patterns are well-documented in agency files. Imagine the risks associated with failure to review those materials before the meeting.

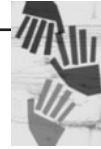
Groups, organizations, and communities may have factions or “histories” that pertain to the purpose for the meeting and our preparation. For instance, suppose you are about to meet with a small group of leaders to establish a direction and goals for your work with their community organization. Your agency has previously worked with the organization and the community it represents. Imagine if you did not know that since the last contact, the organization has split into two because of a conflict over its mission and the misuse of funds by its director. There are now two organizations—one led by the former director and another by former board members—purporting to serve the same community. What might happen if you remain unaware of these current circumstances?

There are also numerous practical reasons for reviewing relevant information before a visit. You may learn, for example, that a prospective client is hard of hearing or does not speak any of the languages spoken in your agency, so that an interpreter will be required. You might find out that a person uses a wheelchair and has a canine companion. Such knowledge could enable you to rearrange your office to allow enough open space for the wheelchair and dog.

Although many benefits are associated with the preparatory review of materials, there are potential dangers as well. Some records and related documents contain hearsay information or opinions written as if they were undisputed facts. You may inadvertently accept at face value information that is essentially false, distorted, biased, or incomplete. Some records contain profiles, assessments, or diagnoses that can lead you to form a stereotypical impression of a person or group before you actually meet. Such profiles may have been inaccurate when initially recorded, or they may have since become so. The person or people, the issue, or the situation may have changed, sometimes dramatically, since the last entry. In preparatory reviewing, recognize that information contained in case records or other forms of written material may be incomplete or erroneous. It is vital that you maintain an open mind during the preparatory reviewing phase.

EXERCISE 7-1 PREPARATORY REVIEWING

CASE EXAMPLE: At 10:13 AM on January 12, an agency intake worker received a telephone call from a woman identifying herself as Mrs. Nancy Cannon. The intake worker jotted a few notes



BOX 7.2

Telephone Contact

January 12, 10:13 AM Mrs. Nancy Cannon telephoned from her place of work (the Capital Insurance Company—phone 234-6213). She sounded concerned. She said that on the previous Saturday night, her 14-year-old daughter Amy had come home after her 9:00 PM curfew, smelling of alcohol. She says that she “grounded” her daughter but now wants to talk with a social worker about the situation. Mrs. Cannon requested an appointment for herself alone, indicating that she wanted to sort things out with someone before she dealt further with her daughter.

Mrs. C. reported that this was the first such incident. She said, “I’ve never had any trouble whatsoever from Amy. She’s been a wonderful child.” She stated that she had not sought professional help before and that this was her first contact with any social service or mental health agency. She indicated that her husband, Amy’s father, had recently filed for divorce and had left the home approximately 6 weeks ago. Mrs. C. wondered whether that might be connected with Amy’s misbehavior over the weekend.

Disposition: An appointment was scheduled with an agency social worker for tomorrow at 12:00 noon. Mrs. C. requested a lunch-hour appointment, if at all possible, to reduce the amount of time away from her job.

concerning the call on a form entitled Telephone Contact (see Box 7.2). The intake worker later gave the report to you, the social worker assigned to conduct the initial face-to-face interview and, if appropriate, provide needed professional services.

Demonstrate your use of the preparatory reviewing skill by examining this telephone contact report. Use a pen or marker to highlight information that you, as the social worker, would want to remember for a first meeting with Mrs. Cannon. Use the space below to make note of potential themes or issues.

Preparatory Exploring

The skill of preparatory exploring involves asking questions about a prospective client or others, the problem or issue, and the situation—prior to the meeting. This is an important but often neglected skill. Receptionists, intake workers, or executives from your agency may talk with people before you first meet with them. They often have useful information that can improve the quality of the first contact. Similarly, referral sources from outside your agency may have knowledge that can help. As part of making a referral on behalf of another person or group, family members, physicians, judges, teachers, ministers, other helping professionals, and governmental officials often contact

social service agencies. They may possess important information concerning the person or group, the presenting issue and situation, and sometimes even the nature of the service needs. As a natural part of the process of talking about the referral to your agency, you may appropriately inquire about the person or group, issue, and situation with those making a referral. Usually, you would not have permission to seek information from other sources. For that, you would need the informed consent of the client. However, when someone makes a referral for another person, family, group, organization, or community, you may explore the circumstances with the referring source. Regardless of the source of information, however, realize that what you hear from others tends to reflect their own perspectives. Other people may view things in quite a different way, and you may too.

Preparatory exploring is also applicable for people previously served by colleagues in your own agency. For example, by reviewing agency files, you may learn that another social worker in the agency, Ms. Castillo, had previously served a client you are about to see. Once you learn that, you could ask Ms. Castillo for pertinent information about the case.

The use of the preparatory exploring skill can result in a more positive and productive first meeting. However, information gained through the preparatory exploring process should not lead you to stereotype people or form fixed impressions about the nature of an issue and situation. You can resist such temptations by consciously distinguishing fact from opinion and recognizing that the views of one person usually differ from those of others.

In preparatory exploring, remain open to information that may help you be a more effective service provider. You may note names and relevant demographic data such as phone numbers, addresses, or special needs and circumstances. You may learn the preferred pronunciation of names. Details concerning the nature, severity, and urgency of the issue are, of course, extremely important, as are indications of the strengths and resources available to the people involved.

EXERCISE 7-2 PREPARATORY EXPLORING

CASE SITUATION: At 3:15 PM on Wednesday, you receive a telephone call from Father Julio Sanchez, a Catholic priest in a largely Mexican parish. He indicates that a family of seven needs help. He says that the parents and older children are migrant workers. He reports that the family had been traveling to a new work site when their automobile broke down.

In the space provided, write the questions you would ask and identify the information you would seek as you use the skill of preparatory exploring with Father Sanchez.

Preparatory Consulting

The skill of preparatory consulting involves seeking advice from a social work supervisor or colleagues concerning an upcoming visit with a prospective client or other people. Commonly, you would seek such consultation to identify tentative objectives for an interview, or to discuss other service related issues. The specific nature of the consultation, however, varies from situation to situation. On one occasion, you might discuss possible locations for the interview. In another, you might inquire about cultural customs of a particular religious or ethnic group about which you have limited knowledge. On occasion, you might seek advice concerning how best to ensure your own safety when you are about to interview people who have previously been physically violent toward people in positions of authority. In still another, you might focus on the agency policies or legal obligations that could apply in a particular case. By engaging in preparatory consultation, you can enhance the quality of initial meetings. The usually modest investment of time it takes to consult with a colleague or supervisor can pay significant dividends in effectiveness.

As you gain actual social work practice experience, you may begin to feel less need for preparatory consultation. Nonetheless, ongoing consultation with colleagues and supervisors after initial meetings and during the course of service is often useful and sometimes necessary. Even after years of experience, there are unexpected, unusually complicated circumstances where preparatory and ongoing consultation can make the difference between a helpful or unhelpful meeting.

EXERCISE 7-3 PREPARATORY CONSULTING

CASE SITUATION: You work in an agency serving an elderly population in the community. On Tuesday morning, a woman telephoned the agency and talked with you about her neighbor Mrs. Anderson. According to the caller, Mrs. Anderson is 82 years old and lives by herself in an apartment. The caller reported that Mrs. Anderson has not left her apartment in 3 days and would not answer her door or telephone. The neighbor did say, however, that she could hear someone moving about in the apartment.

Immediately following the phone call, you examined agency files and discovered that Mrs. Anderson had not previously received agency services. Use the following space to identify the information you would seek and the issues you would address as you consult with your supervisor before taking action concerning Mrs. Anderson.

Preparatory Arranging

The skill of preparatory arranging involves logistical preparation for a meeting. It includes scheduling an appointment, ensuring that there is adequate time and privacy, and organizing the physical environment. It may involve securing an interview room, locating an interpreter, or rearranging furniture. It includes considering the appropriateness of your apparel, appearance, and perhaps even hygiene. Some people are put off by a social worker's noticeable body odors; other people are allergic to perfumes or colognes and react adversely to such scents. Some cultures reflect preferences that we can easily respect—if we know about them and make the necessary accommodations ahead of time. Avoiding cultural faux pas is much easier than rectifying them.

Preparatory arranging could involve any number of considerations. For example, you might locate transportation for a family or secure temporary child care so that you can meet separately with a parent. You might reserve a large room in a school or community building to meet with a group or a neighborhood organization. Be sure to consider the significance of the environment for people when making visits outside your agency (Kadushin, 1983, pp. 141–148). Many people assign special meaning to their homes and might feel ill at ease should you arrive before adequate preparations have been made. Food may also have special significance to a family, and family members may reserve certain chairs in a home for specific people. Groups and organizations often reflect similar characteristics. Imagine the potential reaction if you sat in the chair reserved for the leader of a group or the CEO of an organization. Pay close attention so that you can convey respect for these special familial, cultural, and systemic meanings.

In agency settings, preparatory arranging includes considering the potential effects of the physical environment. Ensure that clients have a comfortable place to sit and children have a play area when they arrive at the agency. Check to see that interviewing rooms are sufficiently soundproofed so that privacy can be assured. When you have office space assigned to you, arranging involves selecting and displaying pictures, posters, and other items such as college degrees, professional certificates, and your social work license. It may also include selecting paints or wallpapers and placing furniture.

The office environment can have a powerful impact on people. Suppose, for example, that you provide social services in an area where firearms are widely prized. You would be unwise to decorate your office wall with a poster that reads, “Ban handguns.” The titles of books on your shelves can have a similar effect. You could needlessly alienate many people. Personal or political messages may interfere with others' ability to experience you as an objective professional who genuinely respects them.

In sum, preparatory arranging should facilitate communication and diminish interference and distraction. Although it requires some time and reflection, ultimately such preparation improves efficiency and increases the probability of a successful engagement.

EXERCISE 7-4 PREPARATORY ARRANGING

CASE SITUATION: Assume that you are a social worker in a high-security men's prison. You share an office with another worker. The office contains two desks, chairs behind and next to each desk, two bookcases, two telephones, and two file cabinets. In addition, there is a small area containing a sofa, two comfortable chairs, and a coffee table. You have a 10:00 AM appointment scheduled with Mr. Somes, a prisoner. The topic for conversation is the serious illness of his wife of 23 years. According to a report you have just received from her physician, it appears that Mrs. Somes will die sometime within the next few days.

As the appointment time approaches, you notice that your social work colleague remains at his desk, actively engaged in paperwork. You had expected him to be out of the office, as he usually is at this time of day.

Use the following space to discuss how you would use the skill of arranging before the meeting.

Preparatory Empathy

Preparatory or anticipatory empathy involves envisioning the world and the current circumstances from another person or group's perspective and experience. Try to anticipate what others are likely to sense, feel, think, imagine, and do as they meet with you—especially for the first time—but for later meetings as well. Even before an initial face-to-face meeting, anticipatory empathy heightens your sensitivity to possible agendas, thoughts, feelings about themselves, feelings about you, the presenting problems and issues, and the circumstances. Through preparatory empathy, you try to anticipate others' subjective experience related to seeking or receiving social service and to this particular meeting. You put yourself in others' shoes to gain increased appreciation for their motivation for and feelings about the contact, their thoughts and feelings about engaging with an authority figure, and potential issues related to factors such as gender, sexual orientation, stage of life, culture, ethnic background, and socioeconomic status.

Preparatory empathy regarding cultural and ethnic aspects is especially important. Members of some cultural groups may be ambivalent or conflicted about social workers. Some have adopted negative stereotypes of social workers—which you may need to transcend. Certain people may prefer a slow and informal beginning. Others might find it difficult to share personal information about themselves and their families. Some may be concerned that you might challenge or criticize their culturally traditional gender and family roles. In most instances, visiting an agency or meeting with a social worker is hardly a simple request for service. The meaning of such contact can be extraordinarily complicated for most people and especially members of many cultural groups. Therefore, as you engage in preparatory empathy with each person, family, group, organization, or community, be sensitive to the potential cultural implications of the upcoming meeting.

Preparatory empathy involves trying to experience what the other or others may be thinking and feeling before the meetings occur. Because you engage in preparatory empathy in advance of face-to-face contact and do so on the basis of often incomplete information, realize that you may well be off target. Preparatory empathy is therefore always tentative, always preliminary, and always

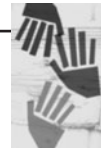
subject to immediate change based on others' actual communications. Even when your preparatory empathy proves to be inaccurate, however, it is a productive activity because it enhances your readiness to listen carefully to people when you finally do meet in person.

Let's return to the upcoming visit with the new client, Mrs. Nancy Cannon. A social worker engaging in preparatory empathy might review the telephone contact notes (see Box 7.2) and then go through a process such as described in Box 7.3.

Engaging in the skill of preparatory empathy helps to sensitize you to what others might experience as meetings begin. By empathizing in advance, you increase the likelihood that you will approach people as unique human beings with all of the complexity that entails. A major challenge in this form of anticipatory empathy, however, is resisting the temptation to narrow your view of people so that it leads to a kind of stereotype rather than to enhanced openness and sensitivity.

BOX 7.3

Preparatory Empathy: Example



If I were in Mrs. Cannon's shoes, I might feel anxious for, concerned about, and disappointed in my daughter. I would also love her a great deal. I might feel responsible for her behavior and perhaps even guilty about my own parenting. I might feel uncertain about how to proceed. I could very well feel inadequate and maybe frightened. I would be concerned about what the future might hold for Amy and for me. I am aware that my husband's divorce petition and his recent departure from the home may have adversely affected my daughter, and I might feel angry at him—on both my daughter's behalf as well as my own. If I believed I could have been a better spouse or taken actions to prevent his departure, I might also feel guilty about the separation and upcoming divorce proceedings. I might perceive the divorce as the result of some misbehavior of my own. Alternately, I may have initiated the divorce process and experience conflicted feelings about the decision to do so.

Regardless of how the separation and divorce process began, I would feel a great deal of stress during this period. I would probably feel confused about the present and fearful about the future. I might be concerned about finances, after-school supervision of Amy, and my ability to guide and discipline Amy under these new circumstances. I might wonder if there is another person in my husband's life and if there is now or ever will be someone else in my life. I might question my capacity to assume the roles of single person and single parent, my ability to deal with my husband around parental issues concerning Amy, and dozens of other issues provoked by my husband's departure and Amy's recent behavior. I would probably feel enormously stressed and perhaps overwhelmed by the events of recent weeks. If sadness and grieving have not yet occurred, I might begin to experience them soon. I may even have begun to anticipate that not only has my husband left the household, but eventually Amy will also leave. After all, she is already 14.

Mrs. Cannon seems to be of a different ethnic background than my own and I am at least 10 years younger. I have never been married and do not have children of my own. Mrs. Cannon may ask about my marital and parental status. Because of these cultural and status differences, she may experience me as unable to understand and appreciate her situation. She may even see me as less able to help her, because I have not personally experienced these same difficulties.

Rose Hernandez, BSW, LSW
Licensed Social Worker

EXERCISE 7-5 PREPARATORY EMPATHY

CASE SITUATION: Assume that you are a social worker in a general hospital. This morning, a physician contacts you and asks that you accompany her while she informs the mother and father of a 23-year-old man that their son has AIDS. The physician wants you to provide support and social services to the family after she informs them of the diagnosis and prognosis.

Use paper and pencil or a word processor to record how you would engage in the skill of preparatory empathy as if you were about to meet the parents of the AIDS patient in this situation.

Preparatory Self-Exploration

In addition to preparatory empathy, also engage briefly in preparatory self-exploration before meeting with others. Preparatory self-exploration is a form of self-analysis or introspection through which you, a human being who happens to be a social worker, identify how you might personally be affected by your interaction with this particular person, family, group, organization, or community; the specific issues of concern; and the unique circumstances. In self-exploring, you ask yourself questions such as: “How am I likely to feel about this person or these people? How are the cultural and demographic similarities or differences between us likely to affect me? Given what I know about the circumstances what personal reactions might I experience?”

The purpose of this skill is to identify the potential effects of your own personal history, characteristics, needs, biases, emotional tender spots, philosophical or religious views, and behavioral patterns. Self-exploration helps to bring into conscious focus those aspects of your personal self that might affect the nature and quality of your engagement with and service to people.

Preparatory self-exploration also involves identifying other personal factors that may affect your readiness to provide service. For example, there may be extraneous circumstances unrelated to the people or problems that might influence you personally. If you have a splitting headache, are dealing with the breakup of a significant relationship, are in the process of repairing your furnace, have just lost out on an opportunity for promotion, did not sleep last night, or are worried about a family member of your own, your readiness to engage could be affected. Identifying these factors and their effects on you constitutes the first step toward managing them so that they do not interfere with the high-quality professional service that all people deserve.

EXERCISE 7-6 PREPARATORY SELF-EXPLORATION

CASE SITUATION: Assume that you are a social worker in an agency that provides psychosocial counseling services to sexually abused children. You have recently begun to work with Cathy, a 7-year-old whose biological father molested her for a period of 4 years. About a month ago, Cathy's father forced her to perform fellatio. The incident led to his arrest and departure from the family home until his trial begins. You are about to interview Cathy's father for the first time. The general purpose of the interview is to gather information on which to base a tentative assessment of his potential to benefit from a pretrial counseling program.

Use the following space to note the results of your self-exploration before the meeting.

Centering

Preparatory self-exploration enables you to identify personal factors that might affect your ability to engage people and provide high-quality service. Once identified, you attempt to manage or contain them through centering. As part of this centering process, you ask yourself “What can I do to ready myself personally before the meeting begins?” Centering involves organizing your personal thoughts, feelings, and physical sensations so that they do not interfere with your professionalism, performance, and delivery of social services. Depending on the personal factors involved, centering might include various kinds of activities. Among the more common are brief stress-management exercises to reduce emotional reactivity and promote self-control. Positive self-talk, visualization, muscular relaxation, journal writing, and brief meditation may be useful.

Suppose, for example, you had once been the victim of date rape. At the time of the violation, you somehow minimized its significance. Now, however, you are aware that you still have strong feelings and some unresolved issues about the event. You have decided to seek out a social worker for help in this matter. As you review the intake form of a new client you will meet later today, you read that 2 weeks earlier a man raped her on their first date.

Through preparatory self-exploration, you might recognize that you remain unsettled about your own experience, even though it happened years earlier. You could also realize that you will probably not serve this client well if your own emotions about rape interact with hers. Therefore, you might center yourself by taking a few deep breaths, engaging in a brief relaxation exercise, and compartmentalizing (temporarily putting into an enclosed area of yourself) your personal experience so that you will be able to give your full attention to the client. As part of the process, you say to yourself, “I’m still tender about being raped but I’m able to manage my feelings of rage, shame, and fear so that they don’t get in the way of my service to this client. Because it is obvious, however, that I still have some unresolved issues, I hereby commit to schedule an appointment for myself with a social worker with expertise in the area. I promise to telephone her agency office at 11 o’clock, when I have a free hour.”

In centering, do not deny or minimize your personal issues and strong feelings. Rather, manage them temporarily and develop a specific plan to address them at another time and in a different place.

EXERCISE 7-7 CENTERING

CASE SITUATION: Assume that you have an appointment to meet with a client in approximately 10 minutes. While finishing a brief coffee break with a colleague, you learn that everyone else in the agency received a pay raise of 7 percent. Despite the fact that you have earned outstanding evaluations and recently received a promotion, you know that you received only a 3 percent raise.

In the following space, describe how you would center yourself before the meeting.

Preliminary Planning and Recording

Social workers engage in preliminary planning before meetings, contacts, and interviews with individuals, families, groups, organizations, and communities with whom we interact as part of our professional responsibilities. Begin the process of formulating a preliminary plan by asking and answering questions such as: “Why is this meeting occurring? What is its overall purpose? What do I hope to accomplish through this meeting? What is my tentative agenda? What might be the agenda of the people who will be involved or affected by the meeting? What might they hope to accomplish? What would I consider a successful meeting? What might they? What are my functions or roles in this meeting? How do I wish to begin? What things should I say? What questions should I ask? What might they want to ask of me? What kind of interactional process would I like to see? What kind might they? How would I like the meeting to conclude? How might they like to see it end?”

The specifics of preliminary planning for meetings vary somewhat according to whom and how many people are involved. In general, the number of potential considerations increase as size and complexity grow. They also differ according to the purpose for the meeting.

Kadushin (1983) suggests that the “general purposes of most social work interviews can be described as informational (to make a social study), diagnostic (to arrive at an appraisal), and therapeutic (to effect change)” (p. 21). In information-gathering interviews, you encourage people to discuss their views and feelings about themselves, their preferences and strengths, issues and goals, and the situation. In effect, you gather data that may help you and the people involved to reach a better understanding of the circumstances. In information-giving interviews, you share needed or useful knowledge. You might offer information about a program, policy, or resource in your attempt to respond to a request or address a perceived need. In assessment-forming interviews, your overall purpose is to arrive at an appraisal, evaluation, or conclusion. Often, you would follow such an interview by preparing an assessment report or perhaps formulating a recommendation. In change-making interviews, you attempt to influence movement or change somewhere within a

targeted system. Change might occur within an individual person (for example, thoughts, feelings, or actions), within a group of people (for example, a family, organization, or community), or in the interactional processes that occur between people and other social systems (for example, communication practices or feedback mechanisms).

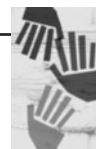
Most of the time, you should be able to identify a tentative, general purpose for a given interview. Sometimes, of course, a meeting serves more than one purpose. Once the purpose or purposes are identified, you may sketch out a preliminary plan for the meeting.

Many first meetings have as their primary purpose the gathering of information. In such cases, you might formulate a general but flexible plan concerning what data to seek and from whom. For example, in planning for a first meeting with a family, you may have to decide whether to see all family members together or to see some of them separately. If you plan to see members individually or in the form of smaller subsystems (for example, mother–daughter dyad or parental dyad), you determine whom to interview first, second, and so forth. The same questions apply in work with groups, organizations, and communities.

Consider the case of a prospective client who telephoned expressing an interest in resolving a family problem. Your tentative plan might look something like the one depicted in Box 7.4.

Preliminary planning enables you to begin meetings in a coherent and purposeful fashion. The process yields a flexible structure, which can help you come across as organized, professional, and competent.

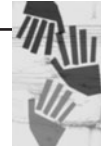
The written record that results from preparation in advance of meetings may take several forms and include various components. Many agencies use a telephone contact form (see Box 7.2) to make relevant notations about the caller, the reason for the call, the substance of the conversation, and any agreed-upon goals and plans. A more extensive intake form provides space to record identifying characteristics of the people involved (for example, name, gender, age, occupation, family role, address, and phone numbers), the presenting problem or issue (for example, reason for contact, preliminary description of the issue of concern, indication of desired goals or outcomes),



BOX 7.4

Preliminary Plan: Example of a Help-Seeking Family

- ◆ Engage in introductions.
- ◆ Identify a general purpose and direction for the meeting (information gathering).
- ◆ Establish the ground rules for the process.
- ◆ Address any questions or uncertainties concerning the agency, you as the social worker, the purpose, the process, or the ground rules.
- ◆ Determine the identities and characteristics of the family or household members.
- ◆ Explore the presenting problem/issue that stimulated the phone contact.
- ◆ Explore the history and development as well as the consequences of the problem/issue.
- ◆ Explore risk and protective factors (that is, those factors likely to increase and decrease the probability of an occurrence of the problem/issue).
- ◆ Examine how the family has attempted to address this and other issues and determine the outcomes of those efforts.
- ◆ Explore strengths within the family or household system and identify available resources that might contribute to a resolution of the problem/issue.
- ◆ Explore the client's quality of life.
- ◆ Establish a preliminary goal for service.
- ◆ Conclude the interview with some sense of what will happen next in the process.



BOX 7.5

Preliminary Notes: Mrs. Nancy Cannon

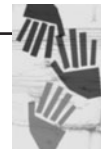
January 13

Mrs. Nancy Cannon—seems to prefer “Mrs.” Presenting concern: 14-year-old daughter Amy alleged to have drunk alcohol and come home after her 9:00 PM curfew. First such incident; may be related to separation and divorce petition by Mrs. Cannon’s husband (Amy’s father). He left the home about 6 weeks ago. I am uncertain who initiated the separation and divorce process. Mrs. Cannon wants a noontime appointment to avoid time away from work. Could there be financial constraints or concerns about keeping her job?

and the circumstances. Although you should always view notes based on telephone conversations as preliminary and tentative, they often provide valuable information when you subsequently engage a person, family, group, or organization in a face-to-face meeting. Many workers also develop, often in outline form, a summary of their preliminary plan for the meeting.

For example, Rose Hernandez, the social worker assigned to interview Mrs. Cannon (see Exercise 7.1), might make a few notes in advance of her first meeting (see Box 7.5). Notice how useful these brief notes could be in helping her to be prepared from the very first moment of contact.

Ms. Hernandez might also prepare a preliminary plan such as that depicted in Box 7.6. She will be ready to engage Mrs. Cannon. Imagine the likely differences in interview quality, efficiency, and effectiveness between their meeting and one in which a social worker did not engage in preliminary planning.



BOX 7.6

Preliminary Plan: Mrs. Nancy Cannon

- ◆ Introduce myself, my professional affiliation, and my role or function with the agency. Use “Mrs. Cannon” as initial reference to her and ask how she would prefer to be addressed.
- ◆ General purpose for the meeting appears to be information gathering. Collect relevant information related to Mrs. Cannon, her daughter, her estranged husband, the issue of concern, and the situation.
- ◆ Make sure that Mrs. Cannon understands the limits of confidentiality, including duty to report indications of child abuse or neglect. Indicate the mutual nature of this working relationship and invite her active participation.
- ◆ Explore the apparent presenting issue (that is, Amy’s drinking) as well as the related concern of the separation and divorce. Track the history and development of Amy’s drinking behavior and the Cannons’ marital conflict. Attempt to identify risk and protective factors vis-à-vis the drinking problem/issue.
- ◆ Clarify Mrs. Cannon and Amy’s current household situation and their quality of life; inquire about Mr. Cannon’s circumstances as well. Identify significant others who are involved with the three family members.
- ◆ Explore strengths of Mrs. Cannon, Amy, and perhaps Mr. Cannon. Identify available resources that might relate to a resolution.

(continued)



BOX 7.6 *(continued)*

- ◆ Explore in detail how Mrs. Cannon, Amy, and Mr. Cannon have attempted to deal with the separation and divorce processes and with the issue of drinking or other “misbehavior” by Amy. Identify approaches that have been helpful and those that have been ineffective.
- ◆ Explore what Mrs. Cannon would consider an optimal resolution to the problems of concern.
- ◆ Conclude the interview with a specific next step. Consider the possibility of a second appointment, perhaps with Amy and Mrs. Cannon together, Amy alone, Mr. Cannon alone, or possibly Mr. and Mrs. Cannon together.

Rose Hernandez, BSW, LSW
Licensed Social Worker

EXERCISE 7-8 PRELIMINARY PLANNING AND RECORDING

- ◆ **CASE SITUATION:** Assume that you are a social worker who works in conjunction with a court handling child custody disputes. You are responsible for collecting information and formulating a recommendation about the placement of a 12-year-old boy whose parents are divorcing. Each parent wants custody of the child.

1. Use paper and pencil or a word processor to prepare notes and a preliminary plan for the meeting or meetings you would have with the various parties involved in this situation.

CASE SITUATION: Assume that you are a social worker with a military veterans’ center. You receive a telephone message from Ms. Francine Rivera concerning her brother Hector. Ms. Rivera reports that Hector is 32 years of age. He completed two tours of combat duty in Iraq and one in Afghanistan. She reports that, since his discharge from the Army, he drinks a great deal of alcohol (beer) every day, has nightmares, and occasionally has violent outbursts. He has been unable to keep a job for more than a few weeks and has lost most of his friends. Ms. Rivera has become especially concerned lately because her brother has begun to talk about ending “his own miserable life.” She says that he refuses to go to an agency but he might be willing to talk with someone if a counselor came to the house. You agree to go for a first visit at 5:30 PM on the next afternoon.

2. Use paper and pencil or a word processor to prepare notes and a preliminary plan for the meeting or meetings you would have with the various parties involved in this situation.

CASE SITUATION: Assume that you are a social worker with a community outreach agency. Five mothers in a low-income neighborhood want your help in organizing the community in an effort to reduce violence, crime, and drug dealing and use. Two of the mothers have lost children through drug-related violence and the other three are concerned that their children might be at risk. You agreed to meet with them in a private room at a nearby church. They are concerned about what might happen if the drug gangs learn about their efforts before they’re ready for the gangs’ likely threatening or

violent response. They want to keep everything as quiet and low-key as possible. The meeting is scheduled for 7:00 PM on the following evening.

3. Use paper and pencil or a word processor to prepare preliminary notes and a preliminary plan for the meeting or meetings you would have with the various parties involved in this situation.

Summary

The preparing skills enable you to provide professional social work services efficiently and effectively from the first moment of face-to-face contact. The preparing skills are used extensively before initial meetings and in advance of subsequent ones as well. The preparing skills include (1) preparatory reviewing, (2) preparatory exploring, (3) preparatory consulting, (4) preparatory arranging, (5) preparatory empathy, (6) preparatory self-exploration, (7) centering, and (8) preliminary planning and recording.

CHAPTER 7 SUMMARY EXERCISES

1. **CASE SITUATION:** Presume that you work as an agency-based social worker. You are scheduled to meet with a family who has recently immigrated to this country. You know the family speaks Chinese in a dialect you neither know nor understand. Indeed, presume that you are not of Asian heritage. As you talk with your colleagues and supervisor, you realize that as part of the preparation process, you should learn something about (a) recent immigrants, (b) intercultural communication with people from Asia in general and China in particular, and (c) the use of interpreters. Through your consultation with colleagues, you've learned that although agency professionals have not regularly used interpreters, the need is growing because of the influx of immigrants from diverse parts of the world. As part of your preparation, search for, locate, and review one or more book chapters or articles that addresses intercultural communication with Asian, preferably Chinese, families (see, for example, Balgopal et al., 2008; Fong, 2003; Leung & Cheung, 2001; Lum, 1995; Ross-Sherriff & Husain, 2001; Shek, 1998; Wodarski, 1992a). You might also learn something about the use of interpreters (see, for example, Lee, 1997). Of course, if you were actually in such a situation, you would also incorporate knowledge about immigration policies, procedures, and issues (see, for example, Segal, 2008). Use paper and pencil or a word processor to prepare for an initial meeting with the Chinese family. In doing so, engage in the process of preparatory empathy, and through preparatory self-exploration, identify those personal factors that might affect you as you provide service to the family. Then describe how you might center yourself to diminish any potentially adverse responses. Finally, outline a preliminary plan that reflects the results of your preparation activities before meeting with the family.

2. **CASE SITUATION:** Presume that you are a social worker with a town that borders a Native American Indian reservation. Also presume that you do not have a Native American heritage. The tribal council is considering the pros and cons of building a casino on tribal land. The mayor has asked you to work with the tribal council as part of the process. In particular, the mayor wants you to collaborate with and coordinate between the town government and the tribal council to ensure that potential effects of a nearby casino on the town and its citizens are identified, recognized, and addressed. You've arranged for a meeting with the tribal council at the reservation in about 1 week and are beginning to prepare. As part of your preparation, search for, locate, and review one or more book chapters or articles that addresses intercultural communication with Native Americans (see, for example, Hicks, 2008; Mokuau, 2008; Weaver, 2004; Weaver & Bearse, 2008). Of course, if you were actually in such a situation, you would also research the topic of casinos and their effects on Native Americans (see, for example, Napoli, 2002) and nearby cities or towns. However, for our purposes, let's focus primarily on general planning for an initial meeting with the tribal council. Use paper and pencil or a word processor to outline your preliminary plans for this first meeting.
3. **CASE SITUATION:** Presume that you are a social worker in a family service agency in a city with a substantial Arab population. Most are Muslim. Presume that you are not of Arabian, Middle Eastern, or Muslim heritage. Recently, Mrs. Qasim called the agency seeking help with a teenager who has begun to drink alcohol. She is very concerned as alcohol consumption violates the family's religious beliefs. She is also concerned about how her husband might respond if and when he finds out about their son's behavior. She mentioned that her husband is very traditional in his views despite the fact that he has lived in this country for more than 25 years. She says she was born and raised in this country—as was her son. Mrs. Qasim and her son are scheduled to meet with you in a few days' time. As part of your preparation, search for, locate, and review one or more book chapters or articles that addresses intercultural communication with Arab American Muslim families (see, for example, Ajrouch, 2008; Hodge, 2005b; Nadir & Dziegielewska, 2001; Nassar-McMillan, 2003). Of course, if you were actually in such a situation, you would also research the topic of teenage alcohol use, intergenerational family tension, practice with families, and differences in degree of acculturation or assimilation (see, for example, Resnicow, 2000; Stanton, 2005; Straussner, 2001). For our purposes, however, let's focus primarily on planning for an initial counseling meeting with Mrs. Qasim and her son. Use paper and pencil or a word processor to engage in the process of preparatory empathy, and through preparatory self-exploration, identify those personal factors that might affect you as you provide service to the mother and son. Then describe how you might center yourself to diminish any potentially adverse responses. Finally, outline a preliminary plan that reflects the results of your preparation activities before the meeting.
4. **CASE SITUATION:** A family of seven (two parents and five children, ranging in age from 1 to 7) have been sleeping in the family's dilapidated Chevy in a rest area on the highway. En route to another city where they hoped to find work, they ran

out of money and food and nearly out of gas. A highway trooper referred them to your agency. Use paper and pencil or a word processor to engage in the process of preparatory empathy, and through preparatory self-exploration, identify those personal factors that might affect you as you provide service to the family. Then describe how you might center yourself to diminish any potentially adverse responses. Finally, outline a preliminary plan that reflects the results of your preparation activities before the meeting.

5. **CASE SITUATION:** Accused of molesting his girlfriend's 13-year-old daughter, a 33-year-old man is required to undergo counseling to stay out of jail while the judge considers whether to proceed with felony charges. Mr. Havers was living with his girlfriend but has now been required to leave the house. Use paper and pencil or a word processor to prepare for an initial meeting with Mr. Havers. In doing so, engage in the process of preparatory empathy and, through preparatory self-exploration, identify those personal factors that might affect you as you provide service to the man. Then describe how you might center yourself to diminish any potentially adverse responses. Finally, outline a preliminary plan that reflects the results of your preparation activities before the meeting.
6. **CASE SITUATION:** You are a social worker with Child-Protection Services (CPS), the agency that investigates allegations of child abuse or neglect. You receive a telephone report from a neighbor of the Smith family that the parents have neglected and abused their two children (ages 1 and 3). According to the neighbor, the mother sleeps while the children play in a filthy yard (which contains animal waste, junk, and potentially dangerous materials—glass and sharp metal objects). The neighbor also reports that the man in the house drinks heavily and beats both mother and children. Following the telephone call, you prepare to make a home visit to the family in question. Use paper and pencil or a word processor to engage in the process of preparatory empathy and, through preparatory self-exploration, identify those personal factors that might affect you as you visit the family. Then describe how you might center yourself to diminish any potentially adverse responses. Finally, outline a preliminary plan that reflects the results of your preparation activities before making the visit.
7. **CASE SITUATION:** You serve as a medical social worker on the cancer ward of a children's hospital. A physician asks that you join her as she informs the parents of an 8-year-old girl that their daughter has terminal leukemia. Use paper and pencil or a word processor to prepare for the meeting with the family and the physician. In doing so, engage in the process of preparatory empathy and, through preparatory self-exploration, identify those personal factors that might affect you as you provide service to the parents. Then describe how you might center yourself to diminish any potentially adverse responses. Finally, outline a preliminary plan that reflects the results of your preparation activities before the meeting.
8. Access the Internet and use a search engine to locate the "Say Hello to the World" project of the Internet Public Library (2009). Use the following space to write how you would say "Hello, my name is (insert your name)" in each of the following

languages: (a) Arabic, (b) Cherokee, (c) Chinese, (d) Hindi, (e) Spanish, and (f) Swahili. Also, look to see how the phrase “Hello, my name is” appears in Braille and in American Sign Language.

9. Suppose you were about to meet with a family that recently entered the United States from another country. Because of a preliminary telephone call, you know that they are interested in learning about immigration laws and procedures for obtaining a “Green Card” (Form I-551). Access the Internet and search for the “Lawful Permanent Residence” (“Green Card”) section of the U.S. Citizen and Immigration Services (USCIS) website (2009) to become familiar with key requirements. Use the following space to outline what is involved.

CHAPTER 7 SELF-APPRAISAL

As you conclude this chapter, please assess your proficiency in the preparing skills by completing the following self-appraisal exercise.

SELF-APPRAISAL: THE PREPARING SKILLS

Please use the following items to help you undertake a self-assessment of your proficiency in the preparing skills addressed in this chapter. Read each statement carefully. Then, use the following 4-point rating scale to indicate the degree to which you agree or disagree with each statement. Record your numerical response in the space provided:

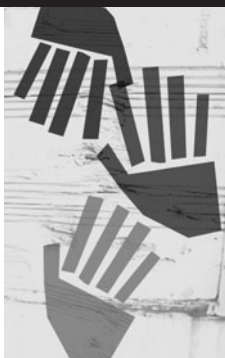
4 = Strongly agree 2 = Disagree
3 = Agree 1 = Strongly disagree

4	3	2	1	Rating Statement
				<i>At this point in time, I can</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Discuss the purposes and functions of preparing.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Describe and perform the skill of preparatory reviewing.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Describe and perform the skill of preparatory exploring.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Describe and perform the skill of preparatory consulting.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Describe and perform the skill of preparatory arranging.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Describe and perform the skill of preparatory empathy.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Describe and perform the skill of preparatory self-exploration.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Describe and perform the skill of centering.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Describe and perform the skills of preliminary planning and recording.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Assess proficiency in the preparing skills.
				Subtotal

Note: These items are identical to those contained in the Preparing Skills section of the Social Work Skills Self-Appraisal Questionnaire presented in Appendix 3. If you completed Exercise 2-2 in Chapter 2, you have already responded to these items. You may now compare the responses you made on that occasion with those you made this time. Also compare the two subtotals. If you believe that you have progressed in your proficiency with the preparing skills, the more recent subtotal should be higher than the earlier one.

Finally, reflect on the skills addressed in this chapter and the results of your self-appraisal. Based on your analysis, word process a succinct one-page summary report titled “Self-Assessment of Proficiency in the Preparing Skills.” In the report, be sure to identify those skills that you know and do well (for example, a score of 3 or 4). Also, specify those that need further practice (for example, scores of 2 or less) and briefly outline plans by which to achieve proficiency in them. When you have finished, include the report in your Social Work Skills Learning Portfolio.

CHAPTER 8



BEGINNING

This chapter (see Box 8.1) should help you learn skills needed during the beginning phase of social work practice. This phase formally begins when you, in your role as a social worker, and another person or people first encounter each another. Because first impressions are so important, the initial contact often affects all future encounters. The beginning portion of each subsequent interview tends to influence the course of those meetings as well.

BOX 8.1

Chapter Purpose

The purpose of this chapter is to help learners develop proficiency in the beginning skills.

Goals

Following completion of this chapter, learners should be able to demonstrate proficiency in:

- ◆ Discussing the purposes and functions of beginning
- ◆ Introducing yourself
- ◆ Seeking introductions
- ◆ Describing initial purpose
- ◆ Orienting clients
- ◆ Discussing policy and ethical factors
- ◆ Seeking feedback
- ◆ Assessing proficiency in the beginning skills

(continued)



BOX 8.1 *(continued)*

Core Competencies

The skills addressed in this chapter support the following core EPAS:

- ◆ Identify as a professional social worker and conduct oneself accordingly (EP2.1.1).
- ◆ Apply social work ethical principles to guide professional practice (EP2.1.2).
- ◆ Apply critical thinking to inform and communicate professional judgments (EP2.1.3).
- ◆ Engage diversity and difference in practice (EP2.1.4).
- ◆ Engage . . . with individuals, families, groups, organizations, and communities (EP2.1.10[a]).

Competent use of the beginning skills helps ensure that meetings are purposeful and productive, and that relationships are positive. An effective beginning results when you and a prospective client or others accomplish the purpose for which you first meet (for example, information gathering, information giving, assessment forming, or change making) and reach a mutual agreement concerning a next step in the process (for example, conclude your relationship, continue to work together, or arrange for service from another professional or agency).

Typically, you make contact with people in one of these ways:

- ◆ Individuals, families, groups, organizations, and communities may reach out to a social worker or agency for help with a problem they have identified as being beyond their means of solution.
- ◆ A social worker may reach out to offer services to people who are not initially seeking help.
- ◆ Someone else may conclude that an individual, family, group, organization, or community is affected by a serious problem that threatens their own or others' welfare and request that a social worker or agency intervene to provide services. (B. R. Compton, Galaway, & Cournoyer, 2005, pp. 165–166.)

We may make contact in other ways as well. For example, a supervisor or agency executive may assign you responsibility for organizing and leading a task force or committee; or a judge may order that a defendant or someone convicted of a crime or misdemeanor receive services from you and your agency. In addition, the nature of the contact may vary somewhat according to the number of people involved and their relationship to one another. First contacts with individuals differ somewhat from those with families and groups, which in turn differ somewhat from those with organizations and communities. Similarly, initial encounters via telephone, e-mail, instant message, texting, Twitter, webcams, or assorted web-based social networks differ from those that involve face-to-face interaction in the same physical space. Nonetheless, during the early part of most first meetings with systems of all size via various modes of communication, we hope to facilitate an exchange of introductions, establish a tentative direction or purpose for the meeting or exchange, outline the usual expectations of clients or involved others, describe the policies and ethical principles that might apply during this and any subsequent encounters, and ensure that prospective clients and others understand the parameters within which the meeting takes place. This is a crucial part of the beginning process because it addresses your legal and ethical obligations

with respect to informed consent. Commonly, at this point in the process, you give prospective clients and others an overview of relevant agency policies, as well as information about pertinent laws and ethical principles. That way, the people involved can thus understand the context within which helping endeavors take place. Throughout the beginning phase, regularly seek feedback concerning information discussed. Prospective clients and others sometimes need additional clarification about complex or confusing policies and principles.

The beginning skills are commonly used quite extensively during the first few meetings. Whether the meetings involve clients or other people, be clear about purposes and expectations. Such clarity and transparency facilitate engagement and communication with referral sources, colleagues from your own or other agencies, government officials, parents, community representatives, and others with whom you interact as part of your professional responsibilities. Typically, you also use several beginning skills during the early portions of later encounters. The beginning skills include (1) introducing yourself, (2) seeking introductions, (3) describing initial purpose, (4) orienting clients or others, (5) discussing policy and ethical factors, and (6) seeking feedback.

Introducing Yourself

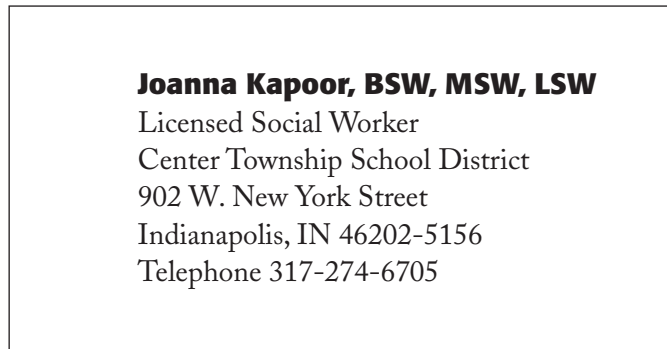
At the beginning of any first meeting, be sure to identify yourself by full name and profession, and by agency or departmental affiliation. For example, at the beginning of a meeting in the agency where he works, a social worker might say as he holds out his hand in greeting, “Hello Mr. and Mrs. Adabu. My name is Dan Majors. I’m a social worker here at the family service agency. I specialize in helping people who are dealing with family issues of one kind or another.”

At the start of a visit to the home of a prospective client, another social worker might say, “Hello Ms. Perez [offers hand to shake]. I’m Joanna Kapoor. I’m a social worker with the local school system. I specialize in service to families of the students in our school district. Please call me Joanna.” In meeting a bilingual Mexican-American family for the first time, an English-speaking social worker might nonetheless say a few words of greeting in Spanish along with a brief statement of regret that she is not fluent in that beautiful language. At first contact with some Asian clients, a respectful lowering of the head to approximate a modest bow may augment the introductory ritual.

At the start of a community group meeting, a social worker might say, “Welcome everyone! My name is Leslie Nguyen. I’m a social worker with the city. I work with people in neighborhoods interested in developing a sense of community and increasing both safety and well-being throughout the area. Please call me Leslie.”

In most circumstances, a friendly facial expression and a warm handshake serve as helpful welcoming gestures. A few informal comments about everyday topics (for example, the weather, transportation, parking) may also help people feel more at ease; but do not overdo it. Spending too much time with chitchat may frustrate clients who are grappling with serious concerns and urgently wish to discuss them. Always consider your introduction and informal remarks in light of the context. Be especially sensitive to cultural factors. People that you meet for the first time fully realize that you do not yet truly know them as individuals. Too much informality or excitement with some clients may be premature and, in some cultures, quite rude. Sometimes people experience professionals who display exaggerated informality and effusive friendliness as disingenuous and affected.

In addition to identifying yourself by name, profession, and agency affiliation, you might also want to provide formal identification. For example, as part of her introduction to families, Joanna Kapoor routinely gives out her business card.



In office settings, a display of your university degrees, social work license, and professional certificates can contribute to the introductory process. Clients may notice where you earned your college degree and that you have a license to practice social work in your locale. Indeed, some licensing laws specifically require the public display of the license. Along with pertinent agency brochures, you might offer clients a brief printed summary of your professional background, training, and expertise.

EXERCISE 8-1 INTRODUCING YOURSELF

The following exercises afford you with opportunities to practice the skill of introducing yourself. In the spaces provided, write the words you would say and describe the actions you would take in introducing yourself in the following circumstances.

1. Assume that you are a social worker in a residential nursing facility for elderly people. You have an appointment with family members concerning the possibility of placing an 85-year-old parent there. What would you say and do in introducing yourself?

2. Assume that you serve as a social worker in a training center for intellectually challenged children and young adults. Today you are about to lead a group of six or eight teenage residents. You've reviewed their case records and know that each has numerous talents and reflects intelligence in various ways. In terms of traditional IQ, they score between

about 60 to about 70. The students have already taken their seats by the time you arrive. Although a few of them may have seen you walking around campus, none of them actually knows you and you do not know any of them. What would you say and do in introducing yourself?

Seeking Introductions

People's names tend to hold special significance. Early in first meetings, encourage people to say their names, and then try to pronounce them correctly. Thereafter, periodically throughout the interview, refer to them by name. For example, after introducing yourself, you might say, "And your name is . . . ?" If you already know the person's name, you might ask, "And you're Mr. Nesbit? Is that right? Am I pronouncing your name correctly?" Then ask how the person prefers to be addressed (Miss, Ms., Mrs., Mr., Reverend, first name, or nickname). People from cultural groups that have experienced oppression may be especially sensitive to premature informality. In the United States, for example, white slave owners commonly addressed slaves by first name or by calling them "boy" or "girl" even as adults. Over time, the slave owners' surnames replaced the slaves' original African names. In a similar vein, some European Americans called male Native Americans "chief" in a form of rankism and sometimes ridicule. Although most social workers would never intentionally insult another person, sometimes ignorance and insensitivity leads to just such a result.

Frequently, clients may share additional forms of identification during the exchange of introductions. Suppose, for example, a new client introduces herself by saying, "I'm Mrs. Jones. I'm the mother of this mob of children." From her words, you might infer that she prefers to be called "Mrs. Jones" and that the role of parent represents a significant part of her personal and social identity. In some organizational contexts, a person's title or role may be preferred. For instance, if you testify in a court or in a legislative committee meeting, you would be wise to refer to the judge as "your honor" or "Judge Sanchez" and to the legislative representatives as "Madam Chairperson," "Senator Yung," or "Representative Jabbar."

In family and group contexts, you may find it useful to ask members to introduce themselves in a "go around." Because initial group meetings often provoke anxiety, you could incorporate a stress-reducing, ice-breaking dimension to the introduction process. For example, you might ask group members to introduce themselves and share a few of the thoughts they had as they anticipated coming to this first meeting.

EXERCISE 8-2 SEEKING INTRODUCTIONS

For these exercises, assume that you are a social worker at a family social services agency. Respond in the spaces provided by writing the words you would say in each situation.

1. You are about to begin a first meeting with a recently divorced 55-year-old man. As you walk together to your office, you smell a strong odor of alcohol. How would you introduce yourself and seek an introduction from him? Why do so in that way?
2. You are about to begin an interview with a 77-year-old widow who has a hearing impairment. She can make out most words if they are spoken clearly, distinctly, and at a low pitch. How would you introduce yourself and seek an introduction from her? Why do so in that way?
3. You are about to begin a first interview with a family of seven members. You know that it is a blended family and that not all of the children have the same last name. However, you do not actually know which children are from which relationships. How would you introduce yourself and seek introductions from the family members? Why do so in that way?
4. You are about to begin a first meeting with a group of community leaders from different neighborhoods throughout the city. You know that they do not all know each other and, indeed, you do not know all of them. How would you introduce yourself and seek

introductions from the other participants? What else would you say or do? Discuss your rationale for the words you choose and the action you propose.

Describing Initial Purpose

As part of the process of preparing for a meeting (see Chapter 7), identify a tentative general purpose (Schwartz, 1976, pp. 188–190; Shulman, 1992, pp. 79–101). Then, when you actually begin, you can suggest that purpose as a possible focus for the meeting. Especially in initial meetings, prospective or actual clients typically tend to look to you, as the professional person in a position of authority, for leadership. The same holds true if you are convening a group of community members or chairing a committee meeting or task force. Therefore, clearly but succinctly discuss your view of the purpose for the meeting. Without some beginning guidance from you, people are likely to feel quite uncertain about a process that is usually quite stress provoking. By tentatively sharing a general purpose, other participants usually feel a sense of relief as they conclude that you do, in fact, know what you are doing.

Building on the work of Vinter (1963) and Hansenfield (1985), Garvin (1997) identified the following overarching purposes for most social work agencies, programs, and services:

- ◆ *Socialization* “involves helping persons viewed as ‘normal’ and who are progressing from one status to another. Examples of this are assisting adolescents to assume adult responsibilities, middle-aged persons to plan for retirement, and school children to make better use of their learning environments” (p. 40).
- *Identity development* is an aspect of a socialization service in which social workers help people to clarify their own goals and roles. Supporting adolescents as they explore social identity issues or consider career goals, facilitating a women’s consciousness-raising group, or helping gay, lesbian, or bisexual people decide whether or not to “come out” are examples of identity development purposes.
- *Skill development* involves helping people develop the abilities needed to achieve the goals they establish. Educational counseling, training or “coaching” activities (for example, assertiveness training, social and communication skills, parenting skills, budgeting skills, time-management skills, study skills), and transition facilitation activities (for example, retirement preparation, divorce adjustment for both adults and children, helping adults entering or returning to college) contribute to skill development. Such socialization activities help people to acquire the knowledge and skills associated with the roles and goals to which they aspire.

- ◆ *Resocialization* involves “helping people viewed as not experiencing ‘normal’ phases of development or role transitions. Such people are often labeled ‘deviant,’ and therefore experience conflict with others” (p. 40).
- *Social control* activities may occur in agencies that have a relationship with one or more aspects of the criminal and juvenile justice, child and adult protection, educational, and some medical systems. Typically, the “targets” of social control activities have not yet decided to accept a nondeviant, socially acceptable role. Although many social workers are reluctant to consider themselves agents of social control, the purpose of such activities and the objectives of the agencies that sponsor, and the constituencies that fund, them involve the control and management of undesirable behavior. Activities offered in prisons, training schools, alcohol and drug treatment centers, many residential organizations, and some hospitals are often solely or primarily social control in nature. People associated with crime and delinquency, sexual offenses, violence, substance abuse, and deviance often receive services intended to serve the purpose of social control. Indeed, in many educational, mental health, and social service agencies, social control is frequently an unspoken but strong element of the, sometimes hidden, agenda.
- *Rehabilitation* services and activities may occur in agencies and institutions such as psychiatric facilities, mental health centers, social service agencies, and the treatment programs of correctional settings. Typically, people who voluntarily seek rehabilitation services identify certain behavior patterns as problematic (for example, deviant, maladaptive, dysfunctional, or sick) and choose to pursue a more functional, healthful, or socially acceptable path. Rehabilitation services help the members develop the knowledge, skills, and attitudes necessary to fulfill functional, accepted, and socially desirable roles. Many social, psychiatric, educational, and substance abuse services fall into this category, as do many self-help programs where members openly acknowledge their faults, failures, or addictions (for example, sex, relationship, drugs, alcohol, and so on) and undertake personal efforts to overcome them.

These overarching social work purposes may provide a context for the general reasons for initial meetings with clients. For example, when it is clear from a preliminary contact that a main issue requires rehabilitation or recovery services, you might identify that your purpose involves helping people develop new ways of thinking, feeling, and behaving so that they can prevent past problems from recurring.

In some instances, the general purpose for the meeting is clear, and so are the professional social work roles that support that purpose. When such a strong degree of clarity exists, you may also appropriately describe one or more of the professional social work roles that you expect to assume during the course of your work together (Schwartz, 1976, pp. 188–190; Shulman, 1992, pp. 79–101).

Among the more common social work roles are *advocate*, *broker*, *case manager*, *counselor*, *educator*, *evaluator*, *facilitator*, *investigator*, *mediator*, or *therapist*. In serving as an advocate, you represent, defend, or champion the rights of clients and others who might be in need or at risk. As a broker, you help to locate community resources and link people with them. As a case manager, you coordinate delivery of several different services provided by personnel from one or more agencies or programs. As a counselor, you provide support and guidance to people in their efforts to address and resolve problems and accomplish goals. As an educator, you provide information, teach, train, coach, or socialize people in the development of knowledge, attitudes, or abilities to enhance their psychosocial functioning. As an evaluator, you make judgments and recommendations based on careful, fair, and systematic collection and analysis of pertinent information (for example,

recommending child custody arrangements, determining the effectiveness of a social service program, or assessing an applicant's eligibility for services). As a facilitator, you help bring people together, enhance their interaction and communication, and encourage them to cooperate in their efforts and actions. As an investigator (for example, child- or adult-protective services worker), you carefully and systematically search to uncover hidden or secret information pertaining to the safety and well-being of potentially vulnerable people. As a mediator, you serve as a communication link or go-between to help various parties address differences or conflicts and to interact more productively. As a psychotherapist or social therapist, you use advanced knowledge, extensive training, and specialized strategies and techniques to help people cope with or resolve specific social, physical, or psychological problems, symptoms, illnesses, or disabilities.

In beginning with involuntary, nonvoluntary, or reluctant participants, both the purpose for the meeting and your roles warrant more complete and lengthy description. This is also the case in situations where clients seek a specific service offered through your agency. For example, your agency may sponsor an educationally oriented 6-week group experience for teenagers considering marriage. Because such structured groups follow a predictable agenda, your social work roles are clear: educator and group facilitator. Therefore you may appropriately describe to prospective members both an initial purpose and the professional roles that you expect to fulfill during the group experience.

Frequently, however, the exact nature of your professional role is unclear at the time of the first meeting. This often occurs with voluntary clients who seek service from organizations that have several programs and serve a variety of functions. When the professional roles you might assume remain uncertain, the tentative description of general purpose should suffice.

In the following examples, a social worker tentatively describes an initial purpose for a first meeting.

CASE SITUATION: The client is a 30-year-old woman who called the agency a few days earlier to ask for help with a troubled marriage. The worker and client have already exchanged introductions. The worker begins to describe a tentative general purpose for this initial meeting.

WORKER: When you phoned the agency the other day, you said that your marriage is on the brink of collapse. You also mentioned that you and your husband argue all the time. Is that correct? Yes? During our meeting today, I'd like to explore in detail with you what's going on in your marriage and how it developed to this point. As we both gain a better understanding of the circumstances, together we consider what to do next.

CASE SITUATION: The divorcing parents of a 9-year-old boy are involved in child custody proceedings. The juvenile court hires a social worker to make recommendations to the judge about the placement of the child. At an initial meeting with the boy's father, the worker exchanges introductions and describes a purpose and role.

WORKER: Judge Bloom asked me to meet with you, your wife, and your son Kevin about the issue of custody arrangements. My job will be to gather information from all parties and make recommendations to the judge about the best possible arrangements for Kevin. I'll be meeting with Mrs. Brown [spouse] this afternoon

and with Kevin [son] tomorrow morning. After these three meetings, I should have a reasonable understanding of the situation. At that time, I'll let you know if any additional meetings will be needed.

I certainly recognize that this is a difficult time for you and for everybody involved. You may feel a bit like you're on trial here. It may seem that way. I'll try my best to make it as reasonable a process as possible. You should know, however, that your son Kevin will be fully considered in these processes. His well-being will be our primary focus. I will gear my efforts toward determining what is best for him and his development. I'm sure that you are also concerned about the consequences of the divorce and the upcoming court proceedings for Kevin too. I'd like to approach this interview with Kevin in mind as we try to determine the best custody arrangements.

CASE SITUATION: This is the first meeting of an educational group for people arrested for driving under the influence (DUI) of alcohol. The participants range in age from 16 to 62 and cross gender, ethnic, and socioeconomic-class lines. The group experience involves 12 weekly meetings of approximately 2 hours each. Members participate to decrease the chance of a jail sentence. The worker and group members have exchanged introductions and engaged in some small talk. The worker now proceeds to describe an initial purpose and role.

WORKER: The county prosecutor asked me to lead this educational group for the next 12 weeks. I understand that each of you was arrested for driving under the influence of alcohol and that you have chosen to participate in the group in order to reduce the chances of a term in the county jail. I imagine that you all have other places that you would rather be at this time. Some of you may be grateful for this opportunity to avoid a jail sentence. Others may be annoyed that you have to attend these meetings. If I were in your shoes, I'd probably have mixed feelings too. Whatever you feel, I hope the series of group meetings will help you learn a great deal about alcohol use and its consequences. Most importantly, however, I hope the experience will help you refrain from driving while under the influence of intoxicating substances.

CASE SITUATION: The interview setting is the front doorstep of the Frankel residence. It is a large home in an upper-middle-class neighborhood. The social worker knocks on the door. A woman who appears to live there opens the door. Employed by the Child-Protection Service (CPS) Division of the Department of Human Services, the worker is visiting the home unannounced because the agency received a complaint that Mrs. Frankel had severely beaten her 4-year-old son. At the door, the worker exchanged introductions, learned that the woman is indeed Mrs. Frankel, and gave her a business card along with a brochure about CPS.

WORKER: Child-Protection Services is responsible for investigating all allegations of abuse or neglect of minor children in this county. We have received a complaint concerning the treatment of your 4-year-old son. I'd like to discuss this situation with you and meet your son. May I come in?

EXERCISE 8-3 DESCRIBING INITIAL PURPOSE

Use the following case situations to practice the skill of describing a tentative initial purpose for the meeting and, where you think appropriate, describing your social work roles. Please respond to each situation in the spaces provided.

1. Assume that you are a social worker with a public housing agency. You are currently in the process of interviewing all residents of a building in an effort to determine their social service needs. You have just knocked on the door of Mrs. Strong, a single mother with five children who range in age from 6 months to 9 years. Write the words you would say to her as you describe an initial purpose for the meeting. If you think your social work roles would be clear in this situation, describe them as well.

2. You are a social worker in the emergency room of a general hospital. Paramedics have just brought in the victim of an automobile accident. Doctors and nurses are providing life support as the patient's family members arrive. It is your function to find them a private place to wait and to inform them in general terms about what is happening to the patient. You go up to the family, introduce yourself, and guide them to a more private waiting area. Write the words you would say in describing an initial purpose for the meeting. In this case, your roles are likely to be quite clear. Describe them as well.

3. You are a social worker in a nursing home for elderly people. A new resident arrived over the weekend, and you go to her room for a first visit. You intend to introduce yourself and get acquainted. You realize that you will need to complete a social history and professional assessment before the week is out. You want to set the stage for that subsequent interview. Write the words you would say in describing an initial purpose for that forthcoming meeting.

4. Along with other professional duties, you lead counseling groups for sexually abused children. You are about to begin working with a new group of five girls ranging in age from 7 to 10 years. You have met individually with each of the five before and talked with them at length. However, the girls have not met each other before and none has had any group experience. You ask each girl to share only her first name with the others. They all do so, although several introduce themselves in a subdued and tentative manner. You want to begin the group in a warm, safe, and secure manner. Write the words you would say in describing an initial purpose of the meeting. Then identify the professional role or roles that you might assume.

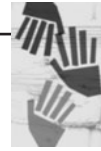
Orienting Clients

During the beginning phase of the working relationship, many clients are quite unclear about what to expect. Certain aspects of the anxiety and ambiguity may be the result of cultural factors, but others may be associated with potential vulnerability. Prospective clients are certainly concerned about the issues that led to the contact, but many are also worried that they may not be able to do what is needed to address those issues (Garvin & Seabury, 1997, pp. 80–82). In particular, prospective clients may be confused about how they can best help you help them. Ambiguity about what they are “supposed to do” is probably associated with the relatively high discontinuation or dropout rates of clients generally, and particularly of members of minority groups (Sue, 1977).

Although the mass media have contributed to popular familiarity with some facets of psychological and social services through television series such as *Judging Amy*, reality programs such as *Intervention* and, of course, countless talk radio and television “psychotherapists” such as *Dr. Phil*, the actual history of formal “for hire” helping relationships with professionals is quite short indeed. Throughout the centuries, family, friends, community leaders, and shamans or religious leaders have helped people deal with various psychosocial issues. Indeed, the family and local community addressed problems of all kinds. Except for visiting religious leaders and indigenous healers, outsiders provided service only on rare occasions.

Although social norms and mores have changed dramatically during the last several decades, most people still find it an essentially anxiety-provoking experience to receive help for psychological and social issues from paid strangers. Such interactions are sometimes associated with a sense of shame and perhaps stigma. You may help clarify the situation by describing how clients can join you as active, collaborative participants in the helping process (Garvin, 1987, pp. 72–74, 1997, pp. 145–148). Indeed, orienting clients to the process and preparing them for likely activities may lower the early dropout rate and improve service outcomes (Atkins & Patenaude, 1987; R. G. Lambert & Lambert, 1984; Shuman & Shapiro, 2002; Yalom, Houts, Newell, & Rand, 1967).

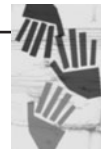
For example, in the first meeting of a group for adolescents having school problems, you might orient group members in a manner such as the one illustrated in Box 8.2.



BOX 8.2
Orienting Clients (Group Members)

We all have problems at some point in our lives. It's part of being human. We've found that talking with other people who are in similar situations often helps resolve those problems. We've planned this group so you can share with each other your issues and concerns as well as your hopes and dreams. Although you are not required to say anything that you wish to keep to yourself, we hope that you will talk openly with one another, listen carefully to what others say, and offer suggestions about how things could be better. We expect all group members to follow the rule of confidentiality. That means that whatever any of you say in the group setting stays here. Things we talk about in the group should not be discussed outside this room.

You might attempt to orient an individual client in the following way:



BOX 8.3
Orienting Clients (Individual)

You can best help in this process by sharing your thoughts and feelings as freely and as fully as you possibly can. Please ask questions when you do not understand, offer suggestions about what might work better, and give feedback about what helps and what does not. Finally, you can be helpful in this process by trying as hard as you can to take the steps that we plan together. If we work together as a team, there is a good chance we will be able to resolve the issues that led to this visit.

In orienting clients, recognize that expectations necessarily vary according to the reasons clients seek or receive social work services. They also differ according to the agency setting, its mission and programs, and the composition of the client system—its size and the ages, capabilities, and motivations of its members. As you can imagine, the expectations for an adult client about to begin an intensive 3-month therapeutic and educational group experience for men who batter women would be quite different from those for an 8-year-old child who witnessed her father shoot and kill her mother.

When serving as convener or chairperson of committees, task forces, boards, or community groups or leader of an organization, we engage in a similar process of orienting fellow members to the roles and expectations associated with participation. After introductions and a description of initial purpose, we help others identify and consider how they may contribute constructively and work together toward desired outcomes.

problem. They agree with the suggested purpose. You now want to orient them to the process. What would you say?

Discussing Policy and Ethical Factors

An extremely important beginning skill involves discussing potentially relevant legal, policy, and ethical factors. Understanding the ground rules is a critical element in developing an authentic, honest, and trusting relationship. This constitutes part of the informed consent process and is an essential element of professional service to clients. Failure to discuss relevant policy and ethical factors with clients may be grounds for malpractice action.

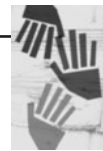
Meetings with people who are not, formally, “clients” may not require detailed description of the legal and ethical factors associated with client status. However, agency policies and usual operating practices warrant discussion. In general, when meeting with people, describe the parameters and ground rules that do or might apply. It helps make things more transparent and less mysterious, and conveys respect to participants in the process. In a sense, such disclosure relates to the honesty, integrity, and fairness aspects of professionalism.

As a social worker, you are guided by certain policies and procedures in the performance of your duties (see Chapter 3). Some of these originate with the agency with which you are affiliated (for example, agency policies and procedures), others are promulgated by the social work profession (for example, ethical codes and standards), and still others are formulated by governmental bodies and courts (for example, laws and regulations). People have a right to information about the policies and ethical principles that may apply to them during the course of your work together. Many agencies wisely provide prospective clients with brochures and other publications describing relevant policies. Box 8.4 shows a sample document that social workers might provide to prospective clients and use to complement discussion of policy and ethical issues. However, some clients do not or cannot truly understand the full meaning of such written material. You should therefore discuss key policies with most or all prospective clients.

BOX 8.4 **Agency Policies**

As a general guideline, whatever clients say during sessions remains confidential among agency personnel. There are, however, a few exceptions. If a client wants the agency to provide information to another person or agency (for example, to a medical doctor), he or she may sign a *Release*

(continued)





BOX 8.4 (continued)

of *Information* form specifying which information to transfer and to whom. Also, as required by law, indications of possible child abuse or neglect will be reported to child-protection authorities. Similarly, we will not keep confidential information that a person represents a danger to himself or herself or to others. In such cases, we will take action to protect the lives of the people involved. In potentially life-threatening circumstances, the value of human life takes precedence over that of confidentiality.

The agency operates on a *sliding fee* basis. This means that the cost of each individual or family session varies according to clients' ability to pay: the higher the family income, the higher the cost—to a maximum of \$55 per session. Group sessions are lower. Reimbursement from insurance companies, where applicable, is the responsibility of the client, but agency staff will help clients complete the necessary claim forms.

If you must cancel a scheduled meeting, the agency should be notified at least 1 day before the appointment.

In this agency, we have a procedure for expressing concerns about the nature and quality of the services clients receive. If, for any reason whatsoever, you are uncertain about or dissatisfied with the services you receive, please discuss it with your social worker. If you do not receive an adequate explanation, if the service remains unsatisfactory, or if you feel uncomfortable talking directly with your social worker about the issue, please contact our agency's client representative, Ms. Sheila Cordula, in Room 21 (telephone 789-5432). She will attempt to address your concerns.

Suppose, for example, an adult male client assumes that everything he says to you will remain confidential. During a counseling session, he tells you that he sometimes uses a wire coat hanger to “discipline” his 2-year-old child. Operating on the assumption of “absolute confidentiality,” he is likely to feel profoundly betrayed when you report to local child-protection authorities what he told you about the “spankings.”

Social workers tend to be very concerned about protecting children from abuse and may sometimes wonder if discussion of policy and ethical factors may unnecessarily inhibit people from revealing information. Although such discussion probably has little adverse effect on communications, some social workers believe that it does and consequently skim over policies that might provoke client anxiety. A few may even avoid them altogether. These are risky practices that not only endanger the basic rights of clients, but also place social workers at risk of malpractice action. In the long run, failure to discuss policy and ethical factors may even reduce the likelihood of learning about reportable activities such as child abuse. If consumers conclude that social workers cannot be trusted to tell the whole truth or to keep our promises, they may well avoid seeking professional help altogether.

In discussing relevant policy and ethical factors, however, you would consider several aspects of the person-issue-situation, including relative urgency, timing, and context. Suppose, for example, you serve as a social worker in the emergency room of a hospital. An ambulance delivers a severely injured young child who has been in an automobile accident. When the visibly distraught parents arrive, you decide to defer discussion of policy and ethical factors while you provide information about their child and try to comfort them. In such instances, their immediate needs take precedence over your obligation to discuss policies. Actually, you should consider all social work skills within the context of the person-issue-situation. Often, a skill that is perfectly applicable in one

circumstance is completely inappropriate in another. Because social work practice is a professional rather than a technical endeavor, you must continually make judgments about when and how to best use your social work knowledge and skills.

EXERCISE 8-5 DISCUSSING POLICY AND ETHICAL FACTORS

Use the following case situations to practice the skill of discussing policy and ethical factors. Please respond to each situation in the spaces provided.

1. Assume that you are a social worker in a public housing agency. You are currently in the process of interviewing all residents of a building to determine their social service needs. You have just introduced yourself and described an initial purpose and role to Mrs. Strong, a single mother with five children ranging in age from 6 months to 9 years. Write the words you would say in discussing policy and ethical factors.

2. You are a social worker in a nursing home for elderly people. A new resident had arrived during the previous weekend. Earlier in the week, you introduced yourself, and now you are about to undertake a complete social history and psychosocial assessment. Following a reintroduction of yourself and a description of purpose and role, you want to outline the ground rules for the working relationship. Write the words you would say in discussing policy and ethical factors with this new resident.

3. You are a social worker for an agency that serves sexually abused children. You are about to begin working with a new group of girls ranging in age from 7 to 10 years. You have introduced yourself, sought introductions from them, described an initial purpose for the group, and outlined your professional roles in the process. You have taken extra time to lessen their anxiety and encourage them to view the group experience as a “place of safety.”

Continue this beginning process by writing the words you would say in discussing policy and ethical factors as they might relate to this group of girls.

Seeking Feedback

In using the skill of *seeking feedback* (Schwartz, 1976, pp. 188–190; Shulman, 1992, pp. 79–80), you encourage clients to comment about the proposed purpose for the meeting and your roles, their roles, policy or ethical factors, or any other aspects of your introductory remarks. An important part of communicating effectively involves checking whether others have understood your messages and you have understood theirs. Seeking feedback serves this function. As a social worker, you routinely seek feedback throughout the entire course of your work with people. By asking for feedback about your initial description of purpose and roles, and your discussion of policy and ethical factors during the beginning phase, you continue the process of informed consent. You also invite clients to identify areas that are unclear, share thoughts that have occurred to them, introduce a new topic, or express any disagreement with your comments. By seeking feedback, you effectively send a message that this is a mutual, reciprocal, and collaborative process of equals. You convey that you are genuinely interested in what they have to say about what you have said and that you hope they will actively contribute their thoughts, reactions, and suggestions throughout the process.

Typically, social workers seek feedback about purpose, roles, and policy factors through questions such as: “How does that sound to you? What do you think about what we’ve talked about so far? What questions or comments do you have?” Often, people respond to requests for feedback by asking for clarification. This gives you an opportunity to elaborate about purpose, roles, or policy and ethical factors. In general, people who clearly understand these ground rules and believe that you sincerely want their feedback are likely to feel both informed and respected.

EXERCISE 8-6 SEEKING FEEDBACK

Use the following case situations to practice the skill of seeking feedback. Please respond to each situation in the spaces provided.

1. You, a social worker in an agency that serves children and their families, are meeting for the first time with a 32-year-old mother and her 8-year-old daughter. They have voluntarily sought help regarding problems with the child’s schoolwork. At this time you do not know anything more about the school or family situation. You have introduced yourself and elicited introductions from them. You have learned that Ms. Pomerantz prefers to

be called “Joan” and that her daughter prefers “Emily.” You have asked them to call you by your first name. You have also outlined an initial purpose for this first meeting by saying, “In today’s meeting I hope that we’ll gain a beginning understanding of the concerns that led to this visit. Then, together, we’ll try to find out how best to address those concerns.”

Write the words you would use in seeking feedback from Joan and Emily regarding your proposed purpose for the meeting.

2. As you continue to interact with Joan and Emily, you state, “Everything that you and Emily say during our meetings will be treated as confidential. No one outside the agency will have access to information you share. The major exception to this policy of confidentiality is when you specifically and in writing request that we provide information to someone else. Of course, when someone’s life is in danger or there are indications of possible child abuse or neglect, we’ll take action to protect the safety of those involved—even if that means violating our basic rule of confidentiality.”

Write the words you would use in seeking feedback from Joan regarding these policy and ethical factors.

3. You are a social worker in an agency that serves adults and children who have been involved in child abuse. You are meeting for the first time with a 22-year-old man who has been charged with severely beating his 4-year-old son. He has come to this first meeting on an involuntary basis. He is required to receive counseling as part of an adjudicated court agreement that, depending on the results of the counseling, may enable him to avoid incarceration. Thus far, you have introduced yourself and elicited an introduction from him. You sense from the nature of his body position that you should address him in a formal manner. You refer to him as “Mr. Battle” and indicate that he may call you by your first name if he prefers. You have also outlined an initial purpose for this first meeting by saying, “In today’s meeting I hope that we will be able to gain a beginning understanding of your current situation and identify some preliminary goals for our work together. It is my understanding that you are required by Judge Koopman to participate in counseling sessions at least once per week for a minimum of 6 months.”

Write the words you would use in seeking feedback from Mr. Battle concerning your statements thus far.

4. As you continue to interact with Mr. Battle, you say, "I hope that we will be able to identify some of the reasons for the violence toward your son and that together we will work toward eliminating any future violent actions. You should know that in situations such as this, where the court is involved, I regularly provide reports to the judge. I will report to the judge the number of sessions you attend, the degree of your cooperation in the process, my evaluation of your progress, and my assessment concerning the risk of further violence."

Write the words you would use in seeking feedback from Mr. Battle concerning these statements.

Summary

During the beginning phase, you introduce and identify yourself and seek introductions from prospective clients and involved others. Following the exchange of introductions, you describe a tentative initial purpose for the meeting, possibly identify one or more professional roles that you might undertake, orient participants to the process, and identify relevant policy and ethical factors that might apply. Throughout this beginning process, you regularly seek feedback concerning others' understanding of and reactions to your introductory comments. By using the beginning skills, you help to clarify the nature and boundaries or ground rules of the helping process, lessen the initial ambivalence people often experience, and establish a tentative direction for work.

CHAPTER 8 SUMMARY EXERCISES

Assume that you are a social worker with a human service agency that offers a broad range of social services. Prepare for a first meeting in each of the following situations. In the spaces provided, write the words you would say and the actions you would take as you meet for the first time.

Among the skills useful for this series of exercises are introducing yourself, seeking introductions, describing an initial purpose and (sometimes) your professional social work role, orienting clients, discussing policy and ethical factors, and seeking feedback. Please *label* each of the beginning skills you use in each case situation.

1. Earlier in the day, a woman telephoned the agency and said she wanted to talk with someone about a recent incident. About a week earlier, she met a man in a bar. He drove her home and then raped her. She thought that she would be able to manage her feelings about the crime by herself. However, she now realizes that she needs professional help to cope. She said, "I'm falling apart." You have an appointment with her shortly. What would you do and say in beginning?

2. The agency receptionist informs you that in the waiting room there is a 55-year-old man who is rapidly pacing back and forth in an agitated fashion, saying, "I have to die. I have to die." You are the social worker responsible for interviewing all people who come to the agency without appointments. You proceed to the reception area and ask him to accompany you back to your office. What would you do and say in beginning?

3. Recently, a 14-year-old African American girl told her schoolteacher that she was pregnant by her white boyfriend. She also told the teacher that she needs to get an abortion quickly, or "my parents will kill me if they find out I'm pregnant." The teacher urged her to talk with you, the school social worker, and secured the girl's permission to tell you about the situation. The teacher did so and arranged for a meeting at this time. What would you do and say in beginning?

4. An 8-year-old victim of sexual molestation seems to be in a state of emotional shock. She has not spoken a single word or expressed feelings since the incident several days earlier. The child-protection caseworker tried to encourage the child to talk about what happened, but her efforts were unsuccessful. As a social worker who specializes in work with victimized children, you received a request to help the child and family.

You are now about to make a scheduled home visit. You drive to the girl's home, where she resides with her mother. The alleged perpetrator, a 15-year-old neighbor, is under arrest in a juvenile detention center while awaiting a judicial hearing. The child's mother answers the door. What would you do and say in beginning, first with the mother and then with the 8-year-old girl herself?

5. A 42-year-old woman, beaten nearly to death by her husband several times over the past 10 years, wants help in dealing with her situation. After the most recent episode, she sought refuge in a shelter for battered women, where you serve as a social worker. You are about to meet her for the first time. What would you do and say in beginning?

6. Recently, a 14-year-old boy committed suicide. Several family and community members, and some teachers and school administrators believe that the boy may have been subject to harassment and bullying from some of the other students in the school. About 10 parents and teachers have decided to meet at the school to discuss the problem of bullying. They asked you to lead the group. What would you do and say in beginning?

7. In the space below, identify a situation when you would defer discussion of policy and ethical factors until later. Provide a rationale; identify risks.

CHAPTER 8 SELF-APPRAISAL

As you finish this chapter, please assess your proficiency in the beginning skills by completing the following self-appraisal instrument.

SELF-APPRAISAL: THE BEGINNING SKILLS

Please use the following items to help you undertake a self-assessment of your proficiency in the beginning skills addressed in this chapter. Read each statement carefully. Then, use the following 4-point rating scale to indicate the degree to which you agree or disagree with each statement. Record your numerical response in the space provided:

4 = Strongly agree

3 = Agree

2 = Disagree

1 = Strongly disagree

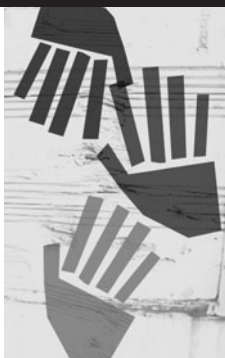
4	3	2	1	Rating Statement
				<i>At this point in time, I can</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Discuss the purposes and functions of beginning.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Describe and perform the skill of introducing myself.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Describe and perform the skill of seeking introductions.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Describe and perform the skill of describing initial purpose.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Describe and perform the skill of orienting clients.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Describe and perform the skill of discussing policy and ethical factors.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Describe and perform the skill of seeking feedback.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Assess proficiency in the beginning skills.
				Subtotal

(continued)

Note: These items are identical to those contained in the Beginning Skills section of the Social Work Skills Self-Appraisal Questionnaire presented in Appendix 3. If you completed Exercise 2-2 in Chapter 2, you have already responded to these items. You may now compare the responses you made on that occasion with those you made this time. Also compare the two subtotals. If you believe that you have progressed in terms of your proficiency with the beginning skills, the more recent subtotal should be higher than the earlier one.

Finally, reflect on the skills addressed in this chapter and the results of your self-appraisal. Based on your analysis, word process a succinct one-page summary report titled “Self-Assessment of Proficiency in the Beginning Skills.” In the report, be sure to identify those skills that you know and do well (for example, a score of 3 or 4). Also, specify those that need further practice (for example, scores of 2 or less) and briefly outline plans by which to achieve proficiency in them. When you have finished, include the report in your Social Work Skills Learning Portfolio.

CHAPTER 9



EXPLORING

As the beginning phase ends, you engage others in a mutual exploration of the person-issue-situation. This chapter (see Box 9.1) should help you develop proficiency in the exploring skills, which encourage people to share information, thoughts, and feelings about themselves; the problems or concerns that led to the contact; and the social and environmental context in which they function. Through this collaborative process of exploration, you and clients usually learn a great deal. You and they derive a more complete and realistic understanding of the person-issue-situation from social, psychosocial, biopsychosocial, or environmental perspectives. Clients often enhance their own self-understanding. Indeed, greater self-awareness is a common result, because talking openly with other people also involves listening to oneself. As people share their thoughts, ideas, and feelings, they not only perceive your reactions to them and what they say, but also more fully experience their own. In group contexts, the effects are enhanced as people experience the reactions of others as well. Through this process, you collaboratively consider information regarding the people themselves, involved others, issues, and circumstances. You review risk and protective factors. This helps you both identify factors associated with the origin, development, and maintenance of the problems or issues of concern, as well as those strengths, attributes, and resources that may later be useful in working toward resolution. Such information, in conjunction with your own professional knowledge and, of course, the full participation of your clients, contributes to the development of an assessment and a plan for work.

The skills most applicable to the exploration phase are (1) asking questions, (2) seeking clarification, (3) reflecting content, (4) reflecting feelings, (5) reflecting feeling and meaning, (6) partializing, and (7) going beyond what is said. Consistent with a person-in-environment perspective, we use these skills in exploring the person or people involved; the identified issues, problems, or goals; the circumstances; and relevant strengths and assets in the people or the environment.



BOX 9.1

Chapter Purpose

The purpose of this chapter is to help learners understand and apply the exploring skills within the context of contemporary social work practice.

Goals

Following completion of this chapter, learners should be able to:

- ◆ Discuss the purposes and functions of exploring.
- ◆ Explore relevant aspects of the person-issue-situation and look for strengths.
- ◆ Ask questions.
- ◆ Seek clarification.
- ◆ Reflect content.
- ◆ Reflect feelings.
- ◆ Reflect feeling and meaning.
- ◆ Partialize.
- ◆ Go beyond what is said.
- ◆ Assess proficiency in the exploring skills.

Core Competencies

The skills addressed in this chapter support the following core EPAS competencies:

- ◆ Identify as a professional social worker and conduct oneself accordingly (EP2.1.1).
- ◆ Apply social work ethical principles to guide professional practice (EP2.1.2).
- ◆ Apply critical thinking to inform and communicate professional judgments (EP2.1.3).
- ◆ Engage diversity and difference in practice (EP2.1.4).
- ◆ Apply knowledge of human behavior and the social environment (EP2.1.7).
- ◆ Respond to contexts that shape practice (EP2.1.9).
- ◆ Engage . . . (and) . . . assess, . . . with individuals, families, groups, organizations, and communities (EP2.1.10[a–b]).

In undertaking the exploration process with clients or other people, we enlist them in a collaborate examination of the current state of the presenting problems and issues of concern as well as an overview of their origin and history. We also review previous attempts to address or overcome them along with the outcomes of those efforts. In addition to needs, problems, or issues, we also engage clients in collaborative consideration of wants, aspirations, and goals. In terms of goals, we seek clients' conception of two kinds: (1) goals that, if achieved, would naturally result in the elimination, reduction, or management of the presenting problems, and (2) goals that, if achieved, would contribute to a better quality of life and an enhanced sense of well-being.

As social workers, we are interested in each client as a unique and significant individual, family, group, organization, or community that functions within the context of a social and physical environment. The characteristics and attributes of the client and those of the environment bear upon the presenting problems and goals. Therefore, we adopt a person-in-environment¹ (or client-in-environment) perspective (see Figure 9.1) and attempt to learn about both the client

¹In the context of a “person-in-environment” perspective, a person is a client. In social work, a client can be an individual, family, group, organization, or community. However, the PIE perspective suggests that all people—clients and nonclients alike—can truly be understood only within the context of their social and physical environment.

and the situation. In exploring the client-in-environment, we seek information about strengths or assets as well as the challenges or obstacles in both the person or people involved as well as within the environment. In doing so, we also gather information about both the problematic issues as well as the two kinds of goals (that is, problem resolving and life quality enhancing) that emerge within the client's biopsychosocial life spheres (see Figure 9.2) and the physical environment.

FIGURE 9.1

Person-in-Environment/Client-in-Environment



FIGURE 9.2

Biopsychosocial Life Spheres

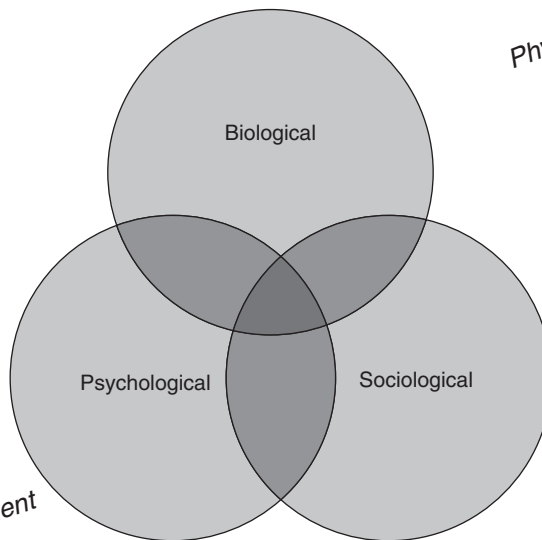


Physical Environment

Physical Environment

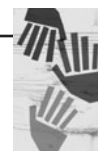
Physical Environment

Physical Environment



Problems and goals may reside partly or wholly within the person or people involved, and partly or wholly within the social or physical environment. Similarly, clients and social workers may conceptualize problems and goals as partly or completely sociological, psychological, or biological in nature. Of course, the particular biopsychosocial aspects or dimensions of the problems and goals, and the life spheres or domains within the ecological or environmental context, vary from client to client. Social workers, however, frequently engage clients in considering *biological dimensions* such as heredity (for example, genetic factors), health and wellness, illness, injury, physiological sensations, and chemical substances (for example, medicines, nonprescribed substances such as alcohol and drugs, environmental chemicals such as lead, pesticides, air and water pollutants); *psychological dimensions* such as perceptions, cognitive beliefs, attitudes, expectations (for example, cultural views, religious and spiritual beliefs; beliefs about problems and problem solving), need comma after closing parens images, and individual behavior; and *social dimensions* such as interpersonal encounters and relationships that occur within the context of primary and secondary social systems (for example, families, households, various groups, organizations, neighborhoods, communities, cultures, and societies) as well as practices and traditions common within the client’s social environment. Of course, problems and goals within the *physical environment* (for example, housing, air and water quality, noise levels, access to food and clothing, personal privacy, and physical safety) are common. Indeed, as social workers, we must always consider the physical as well as the social context; and we also recognize that policies and practices of relevant systems may affect, for better or worse, the biological, psychological, social, and environmental aspects of peoples lives.

As you and your clients explore problems and goals from a person-in-environment perspective, you might consider biopsychosocial and environmental dimensions such as those outlined in Box 9.2.



BOX 9.2

Outline of Selected Biopsychosocial Dimensions

Biological	Psychological	Sociological	Environmental (Physical)
<ul style="list-style-type: none"> ◆ Hereditary Predispositions ◆ Health and Physical Ability ◆ Illness, Disease, Injury ◆ Chemical Substances ◆ Bio-Ecological Conditions 	<ul style="list-style-type: none"> ◆ Individual Behavior ◆ Feelings and Emotions ◆ Cognitive Beliefs and Expectations ◆ Images and Visualizations ◆ Perceptions ◆ Sensations 	<ul style="list-style-type: none"> ◆ Friendship Systems ◆ Family Systems ◆ Employment Systems ◆ Neighborhood System ◆ Cultural Systems ◆ Educational Systems ◆ Religious or Spiritual Systems ◆ Health Care Systems ◆ Organizational Systems ◆ Community Systems ◆ Legal Systems ◆ Societal Systems 	<ul style="list-style-type: none"> ◆ Safety/Danger ◆ Air ◆ Water ◆ Food ◆ Shelter/Housing ◆ Clothing ◆ Privacy ◆ Noise/Quiet ◆ Transportation ◆ Stimulation: Intellectual, Emotional, Social, Physical

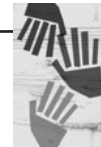
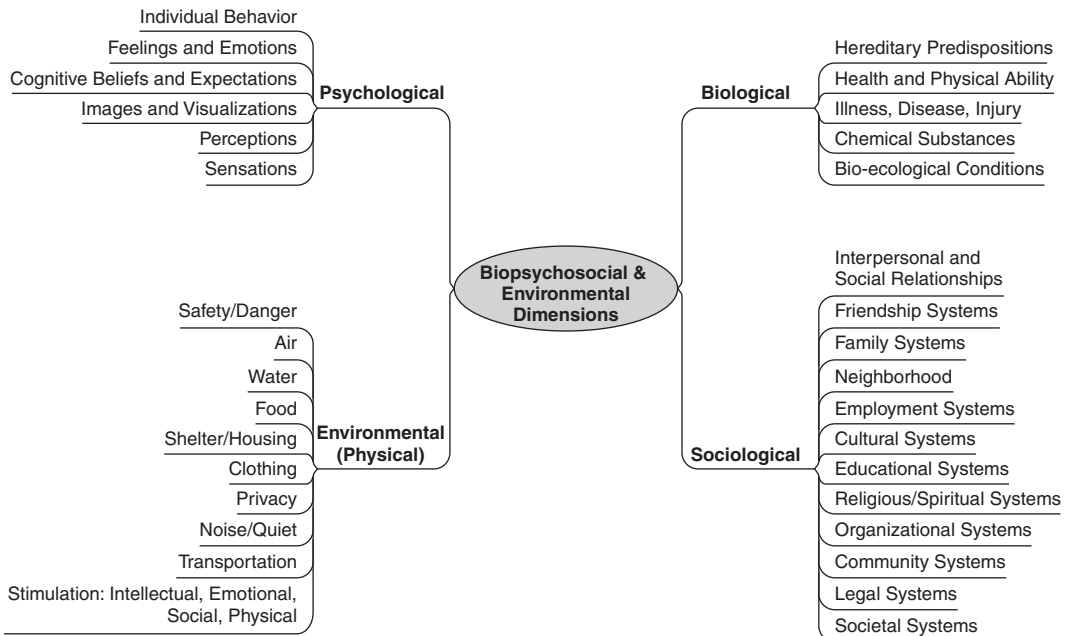


FIGURE 9.3

Concept Map—Selected Biopsychosocial & Environmental Dimensions



As an alternative or addition to such an organizational outline, you could create a concept map (Mueller & others, 2005) to illustrate potentially relevant biopsychosocial and environmental dimensions.² Figure 9.3 contains selected dimensions of a concept map that social workers and clients might use to guide the process of exploring key biopsychosocial and environmental dimensions of problems and goals from a client-in-environment perspective.

When you prepare an actual concept map, the dimensions would be replaced with client-specific information. Figure 9.4 depicts a partially completed concept map of a homeless man who lives under a bridge by a small river just outside the city center. He has declined to provide his name, so we refer to him as the “homeless pacer” because he constantly moves—walking, pacing, or, if seated, rocking back and forth.

Following the introductions and other parts of the beginning phase, people often feel a strong wish to discuss the most pressing problems or issues³ of concern. As the matrix shown in Table 9.1 suggests, you often begin by exploring an issue as currently experienced (cell 1). You might then trace its emergence, history, and development (cell 2). As you do so, many people naturally begin to describe aspects of themselves personally as well as dimensions of the situation. As needed, you

²Many word processors allow you to create conceptual maps and graphic illustrations of various kinds. You could use a dedicated mapping software program such as FreeMind (available at <http://freemind.sourceforge.net>).

³We use the term *issue* to refer to a topic of concern or interest to the client, the social worker, or other interested parties. In this context, an issue may be a problem, need, dilemma, symptom, aspiration, goal, or objective of relevance to participants in the professional relationship.



FIGURE 9.4

Concept Map—“The Homeless Pacer”

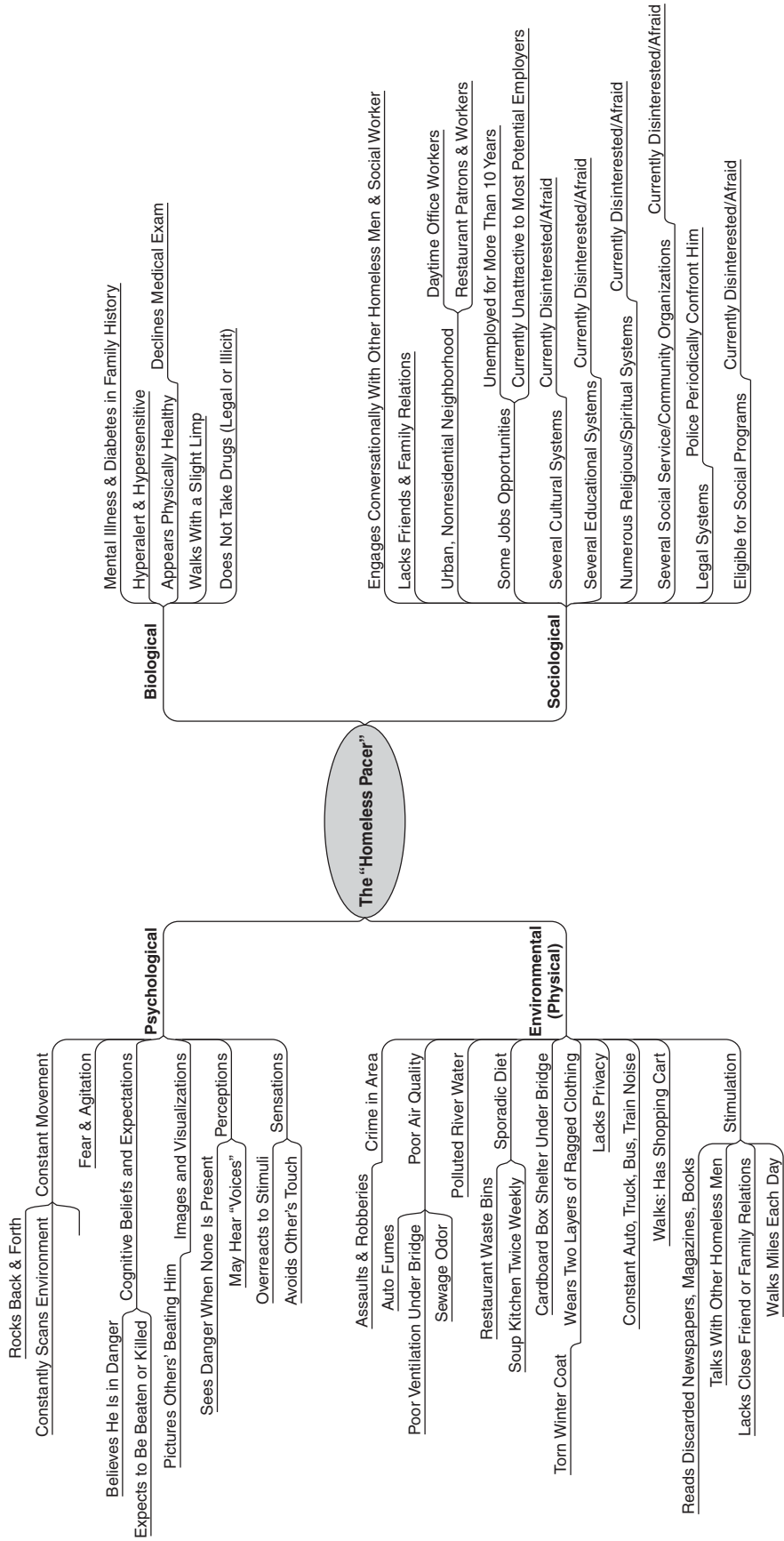


TABLE 9.1			
Exploration Matrix			
	Present	Past	Future
Problem/Issue & Goal	1	2	7
Person/Client (Biopsychosocial)	3	4	8
Situation (Social & Physical Environment)	5	6	9

may next explore their present view of themselves (cell 3), followed by a review of past experiences (cell 4). Then, to the degree that further information is needed, you can return to the present situation, including the social context and physical environment (cell 5), before exploring the situation as it has been in the past (cell 6). Finally, encourage clients to envision what the future might be like if they, the issue of concern, and the situation were to continue as before; and how the future might be if things were to change for the better or for the worse (cells 7, 8, and 9).

Of course, these nine dimensions overlap—and they naturally involve consideration of relevant biopsychosocial and environmental factors. As you explore an issue, clients often share information about themselves and their situations. While exploring the present, clients may reveal material from the past or hopes and fears about the future. You do not need to interrupt to maintain a particular order or sequence. Generally, you may simply encourage people to share relevant information in their own way.

Resist any temptation to view the exploration matrix as a fixed interview schedule. Instead, see it as a flexible guide to help you organize the exploration of relevant aspects of the person-issue-situation over time.

Exploring the issue involves examining the present status of the problem or issue of concern—its intensity, frequency, and duration—and the context in which it tends to happen (see Table 9.2). As a social worker, you seek to explore what happens before, during, and after an occurrence or episode of the problem. In addition, you would commonly explore the issue as it has been in the

TABLE 9.2	
Exploration of the Problem/Issue	
Onset	Explore the origin of the problem; the circumstances under which it first occurred.
Evolution	Explore the development and course of the problem/issue; when and how it was better or worse; and when and how the client addressed or coped with the problem/issue.
Frequency	Explore how often episodes of the problem/issue occur.
Situational Context	Explore when, where, and how episodes of the problem/issue emerge.
Intensity/Severity	Explore the severity or intensity of the problem/issue.
Duration	Explore how long each episode of the problem/issue lasts.

past. Trace or track its development from the time of its initial occurrence to the present. In your exploration, include a careful examination of clients' attempts to resolve, cope with, or avoid the issue (see the discussion on looking for strengths, later). Encourage exploration of efforts that have been successful, those that were partially successful, and those that were unsuccessful. Identify strengths and resources that clients used in earlier attempts at resolution. As part of this exploration, encourage people to share any thoughts, feelings, and actions associated with the issue or problem of concern.

The exploration process also typically involves identification and review of those factors that function to increase or decrease the probability that a problem/issue will emerge. Jessor (1991; see also Jessor, Bos, Vanderyn, & Turbin, 1995), for example, developed a conceptual scheme for viewing risky behavior among adolescents. He postulated the existence of "a relationship between risk and protective factors in five domains (biology/genetics, social environment, perceived environment, personality, and behavior)" (Astatke, Black, & Serpell, 2000).

We can define risk factors "as individual or environmental markers that are related to the increased likelihood that a negative outcome will occur" (Small, 2000, para. 2). The concept of risk factors has been common in epidemiological and public health research related to disease, injuries, and risky behaviors (for example, unprotected sex, inadequate diets, limited physical or mental exercise, poverty, violence). Indeed, the U.S. Centers for Disease Control and Prevention (CDC) sponsors a Behavioral Risk Factor Surveillance System (BRFSS) to identify and monitor risk factors (Centers for Disease Control and Prevention, 2006).

In addition to risk factors, we may also identify protective—sometimes called "resilience"—factors. Protective or resilience factors are:

individual or environmental safeguards that enhance a person's ability to resist stressful life events, risks or hazards and promote adaptation and competence. An important but often overlooked aspect of protective processes is that they only operate when a risk factor is present.

Risk and protective factors can exist both within individuals and across various levels of the environment in which they live. Diverse problems can share common risk factors.

Risk factors often co-occur, and when they do, they appear to carry additive and sometimes exponential risks. It is often the accumulation of multiple risks rather than the presence of any single risk factor that leads to negative outcomes. (Small, 2000, paras. 3–5)

Research involving risk and protective factors associated with various social problems has been quite extensive over the course of the past several decades. Factors associated with the development of psychopathology received early attention (Garmezy, 1985; Garmezy & Masten, 1986; M. Rutter, 1979, 1987; Werner, 1986, 1989). Those associated with contraction of HIV/AIDS have received more recent research attention (Amaro, Raj, Vega, Mangione, & Perez, 2001; Langer, Warheit, & McDonald, 2001; Mullen, Ramirez, Strouse, Hedges, & Sogolow, 2002; Ramirez-Valles, 2002). Substance abuse also has a similarly rich research base (Botvin, 1998; Catalano, 2002; Center for Substance Abuse Prevention, 2001; Hawkins, 1992; Petraitis, 1998; Wright, 2004). As you can readily imagine, the concepts of strengths, competencies, resilience, and quality of life relate to the notion of protective factors. As you explore problems and issues with clients, you may organize risk and protective factors in tabular format such as suggested by the sample provided in Table 9.3 (Centers for Disease Control and Prevention, 2006). Clients, of course, are often able to identify risk and protective factors based upon their own experience. In addition, scholarly social workers may also consider specific risk and protective factors based upon their familiarity with epidemiological research studies.

TABLE 9.3 Selected Risk and Protective/Resilience Factors Table for HIV/AIDS	
Risk Factors	Protective/Resilience Factors
Unprotected sex (for example, oral, anal, vaginal)	Sexual abstinence
	Sex with a single partner who is HIV-negative and monogamous
	Protected sex (for example, sex with condom)
Sharing needles, syringes, drug equipment or “works,” or other objects that could retain blood or bodily fluids	Single use of needles and syringes (including those used to inject medicine, steroids, or vitamins; body piercing; and tattooing)
	Exclusive use of drug equipment or “works,” or other objects that could retain blood or bodily fluids
Blood transfusions from HIV-positive blood supply	Tested, safe blood supply

In exploring issues and problems, people often share their hypotheses or “theories” about causes and sometimes about “solutions.” Indeed, once we have a solid grasp of the person or people involved, the issues, and the circumstances, we encourage clients to share their ideas, hypotheses, or theories about the problems and issues. Many clients readily offer ideas and explanations about “why” something happens or “how” a problem might be resolved. Let’s refer to these as “explanatory hypotheses” and “change-oriented hypotheses,” respectively. Of course, social workers also generate hypotheses based upon their knowledge of theoretical models of human behavior and the social environment, their practice experience, and their familiarity with relevant research studies. However, as Figure 9.4 illustrates, we seek to identify clients’ as well as our own “hypotheses.”

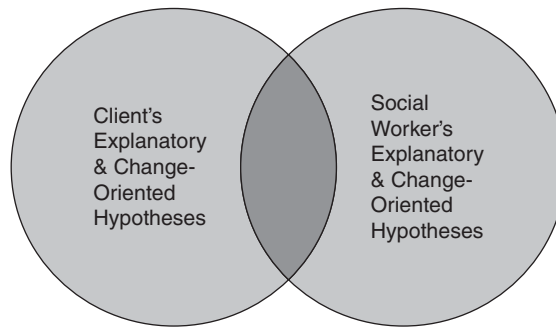
Clients’ explanatory and change-oriented hypotheses are often extremely useful and frequently contribute to our understanding about risk and protective factors, as well as clients’ ways of viewing problems and goals, themselves, and their circumstances. Sometimes, however, the hypotheses appear unrelated to actual events or potential solutions. Regardless of their relevance, make a mental note about clients’ explanatory and change-oriented hypotheses, because they may contribute to or hinder progress toward resolution. Indeed, some clients have fixed views about causes or solutions that represent genuine obstacles to change. For example, a teenage boy might view his mother’s nagging as the cause of the problems for which he wants your help. He also sees the solution in terms of his mother’s behavior: “If she would change, things would be better.” If the

TABLE 9.4 Clients’ and Social Workers’ Explanatory and Change-Oriented Hypotheses		
	Explanatory Hypotheses	Change-Oriented Hypotheses
Client’s		
Social Worker’s		



FIGURE 9.5

Clients' and Social Workers' Explanatory and Change-Oriented Hypotheses



youth retains that fixed view—or if you unquestioningly accept the validity of the hypothesis—the locus of responsibility and control shifts from the adolescent to his mother. From his perspective, the boy's mother becomes a “persecutor,” the boy becomes a “victim,” and you as the social worker are left to serve as “rescuer.” Imagine the difficulties if a more accurate understanding of the “real issue” involves the boy's severe substance abuse. What the boy refers to as his “mother's nagging” could actually reflect her concerned attempt to help him acknowledge and recover from the substance misuse. If a social worker reactively confirmed the boy's hypothesis, it might inadvertently contribute to his continued substance abuse.

Ideally, the client's and the worker's explanatory and change-oriented hypotheses are similar or at least compatible with each other. The greater the overlap between the two sets of hypotheses (see Figure 9.5), the more likely it is that the client will have a positive and productive working relationship with the social worker. The greater the difference in hypotheses, the higher the probability that the client will have a negative and unproductive working relationship, and prematurely discontinue work with the social worker.

In exploring hypotheses, however, remember that excessive attention to speculation about possible reasons for problems and issues may limit the exploratory process. Some clients and social workers prefer intellectual analysis over factual description and emotional expression about events and circumstances. Unfortunately, this preference for ideas may contribute to inadequate exploration of details or expression of feelings about the issues of concern. Through a process called intellectualization, people sometimes attempt to protect themselves from or defend against perceived powerful feelings and awareness by engaging in abstract, cognitive thought. In most cases, clients and social workers wisely explore descriptive information before examining possible reasons for phenomena. The quality of analysis tends to improve when a solid understanding of the facts and circumstances serves as a foundation. The worker postpones questions such as “Why do you think that happens?” or “What do you think causes that?” until both the client and the worker have explored the person-issue-situation in sufficient depth and breadth to warrant analysis. In general, descriptive exploration precedes and forms the basis and context for analysis.

Exploring the person involves encouraging clients to explore aspects of themselves as individual human beings and, when relevant, as members of a family, group, organization, or community. Of course, we do so within the context of the problems and issues of concern. In this dimension,

we are especially interested in the *thinking, feeling, and doing* aspects of clients' experiences. Seek information about strengths and assets, as well as weaknesses and deficiencies. Explore both the substance of clients' thoughts—whether they occur as beliefs (the words people say to themselves) or as images (the mental pictures people have)—and the thought processes (the cognitive steps people take as they move from one thought or idea to another). Within the dimension of feeling, consider clients' emotions (for example, anger, fear, or sadness) as well as physical sensations (for example, energy, fatigue, muscular tension, nausea, or light-headedness). Within the dimension of doing, explore overt behavior (for example, walking, speaking, hitting, looking) as well as the absence of behavior (for example, behaviors, such as assertive statements that clients might express but fail to do so in applicable situations).

Sometimes the nature of the problem or issue warrants exploration of personal style or personality characteristics. Clients may discuss traits or attributes that contribute to understanding. For instance, a middle-aged woman may describe herself as being “extraordinarily sensitive to criticism” or remark that “my feelings are easily hurt.” An older man might report that he is “emotionally shut down” or perhaps that he has “lost the ability to feel.” An appreciation of these characteristics may help in understanding the person-issue-situation and in developing plans to pursue goals.

In addition, the biological or medical history and condition of clients may be pertinent to the exploration process. For instance, diabetes, epilepsy, cardiac problems, and addictions are among the health-related factors that often contribute to an understanding of the person-issue-situation. Similarly, a deeper understanding of the issue may require exploration of clients' spiritual or religious beliefs. Indeed, some religions prohibit the application of certain medical procedures. Others may sometimes consider misfortunes to be the result of sinful behavior. Core beliefs about life's meaning and how to live a good and proper life often influence clients' understanding of themselves and others, their circumstances, and the issues they confront.

Because most if not all issues have social aspects, social workers usually encourage clients to explore their significant relationships and their typical ways of relating to others. For example, clients may explore their preferred relational styles (for example, aggressive, assertive, passive) and how they react socially during encounters involving conflict or intense emotion (for example, confrontation, immobilization, withdrawal).

Clients' preferred coping processes and their problem-solving strategies are also often relevant. Questions such as “How do you cope with stress, disappointment, or frustration?” may lead to deeper understanding and reveal potential directions for work or perhaps avenues for resolution. Similarly, queries such as “When you confront problems such as this one, how do you usually go about trying to solve them?” may contribute to an understanding of problem-solving patterns and strategies.

Exploring the situation involves examining current and, when applicable, past circumstances. Collect pertinent information about social and cultural factors, as well as economic, environmental, and legal aspects of situations that may relate to the issue of concern, or to those assets or resources that might be useful for resolution. Gather information about significant other people, family systems, communities, ethnic affiliations, religious involvement, housing, education, employment, and finances.

Exploring the future involves examining the issue, the person, and the situation as they may emerge in the future. Explore a continuum of possible future scenarios. For example, you might first explore with the client how the issue, person, and situation would probably be if everything continued along as before. Then, you might examine how they might be in a “worst possible case” scenario, where things seriously deteriorated. Finally, you could explore a “best possible case,” where the issues are completely resolved. The latter process is often extremely revealing, as it helps you and your clients identify possible directions for work. Exploring the future has the additional value of helping identify potential indicators of a successful outcome.

As you and clients explore the person-issue-situation together, you may recognize an imbalance in the degree of attention to problems and troubles versus strengths and resources. Occasionally, clients deny or minimize problems and stridently assert that everything is “just fine.” Nonvoluntary clients sometimes exhibit just such a “rosy” view—at least at first. Other clients, however, seem to focus primarily on problems, dilemmas, and distressing events. This is quite understandable. Many clients are so distraught that they focus almost exclusively on things that cause them the greatest distress. Helping professionals are frequently educated to do much the same, that is, to attend primarily to symptoms, problems, illnesses, pain, or disorders. Several factors contribute to this “tilt toward troubles.” As a social worker, however, ensure that you and clients adequately explore strengths and resources—as well as problems and needs. Otherwise, you and your clients could conclude the exploration process with an incomplete understanding of both the factors associated with the development and maintenance of the issue, as well as the potential resources that might be used to address them.

By *looking for strengths*, you gently—without denying or minimizing the client’s reality—explore the strengths, capacities, assets, and competencies of the person-in-environment. Looking for strengths overlaps with the process of identifying “protective factors” (Fraser, Richman, & Galinsky, 1999; Gilgun, 1998, 2004a, 2004b). You may look for strengths by asking questions, seeking responses to “incomplete” or “fill-in-the-blank” sentences, or through active listening. As they cope with challenging problems and circumstances, clients often reflect extraordinary strength and resilience. Indeed, the term *heroic* applies to many clients.

Of course, there are risks associated with a strengths perspective—just as there are with other conceptual models. A major danger arises when social workers prematurely force clients to look for positive attributes before they have explored the problems and circumstances of greatest concern. You may recall a brief reference in Chapter 5 to dramatically increased dropout rates when helping professionals do not communicate an accurate understanding of clients’ view and experiences of the presenting problem/issue (Epperson et al., 1983; Pekarik, 1988; Wierzbicki & Pekarik, 1993). Determined searches for strengths that prevent or impede clients’ ability to describe and discuss issues of concern in their own way can leave them feeling unheard, misunderstood, and extremely frustrated. Many may not return following an initial visit. Paradoxically, a premature search for strengths may leave clients feeling diminished rather than supported. The effects can be similar to those experienced by a child who has just scraped her knee. It hurts and she is just about to cry. Suppose an adult (for example, a parent or teacher) were to say, “You’re so grown-up! You just skinned your knee and I’m sure it hurts a lot. But you’re such a big girl you’re able to keep yourself from crying!”

That statement might motivate the girl to control her tears and, as a result, she might feel more grown-up. However, she would not feel understood. Indeed, the position “I know what you think and feel better than you do” is anathema to empathic understanding. The girl would almost certainly inhibit full and accurate expression of what she really experiences in order to avoid the censure of the adult or perhaps to maintain the image of herself as a “big girl.”

Imagine how this pattern might play out between a social worker and a client of any age. Minimizing or denying the other’s feelings and experiences—even in an effort to identify strengths—can negatively affect clients’ willingness to share. Incomplete exploration of experiences, events, and circumstances—including the feelings associated with them—may interfere with the development of a constructive working relationship and a positive outcome.

Therefore, as you look for strengths, keep the client’s perspective and the timing of the exploration in mind. Typically, looking for strengths should occur after the worker has accurately communicated understanding of the client’s view of the problems and issues and explored pertinent aspects of the person and situation.

TABLE 9.5
Looking for Strengths

	Person	Situation	Issue
Competencies			
Social Support			
Successes			
Life Lessons			

Strengths may appear in people, situations, or in responses to challenges. We may look for strengths in the areas of competencies, social support, successes, and life lessons (see Table 9.5).

All clients have many actual abilities, capacities, and talents. They also hold various beliefs about them. Social workers seek to help clients identify and explore strengths in both dimensions—*beliefs* as well as *realities*. For example, an optimistic attitude, a basic belief in one’s own value and goodness, or a religious or philosophical perspective can contribute to a sense of inner peace or contentment under the most trying of circumstances. By *looking for competencies*, you and your clients may discover an incredible array of useful traits and attributes. Unless you consciously seek them out, however, they may never become apparent.

You can look for competencies by asking questions such as: “When people praise or compliment you about your talents and abilities, what things do they mention?” “If people were to brag about your special qualities and characteristics, what would they say?” “Some people have special talents or abilities that they keep pretty much to themselves; what are some of yours?” You can also help clients explore competencies by using “incomplete” sentences. You could ask clients to complete sentences that begin with phrases such as “I am very good at . . .” or “I am especially talented when it comes to. . .” Try to extend the exploration by considering how clients’ talents, abilities, and competencies become manifest in social roles and situations (for example, family, work, and other social systems). “Of all the things you do with your family, what gets you the most praise or credit?” “What qualities or abilities do you possess that you wish your boss knew about?” “When it comes to relationships, which of your personal qualities help you the most?” Competencies also relate to the issue of concern. “Over the course of time that you’ve been dealing with this issue, what talents or abilities of yours have been most helpful?” “What things do you say to yourself that help you address or cope with problems such as these?”

Social workers tend to recognize the importance of social support in all aspects of human life.⁴ By *looking for social supports*, we encourage clients to identify and reflect on those individuals and groups within the social environment that have been or could be resources. Ask questions such as, “Over the course of your life, who have been the people that provided the greatest support?” or “Where do you feel the most support?” Of course you would also consider how those social supports have been helpful in the past or might yet favorably affect the person and contribute to resolution of the issue of concern.

Experiences of accomplishment and achievement tend to contribute to feelings of competency and optimism. *Looking for success* involves specific recognition of those events and may lead

⁴Please refer to the discussion of social support and to the Social Support Appraisal Scale presented in Chapter 2.

to the creation of a “success timeline.” Try asking questions such as: “When you reflect back upon your life, what do you consider your greatest successes or achievements?” “When you were a child, what were your biggest accomplishments? When you were a teenager? When you were a young adult?”

Over time, people tend to gain perspective and make their significant life experiences meaningful in some way. Successes and failures, good times and bad, pain and pleasure, all become part of a personal philosophy. By *looking for life lessons*, you encourage clients to consider what they have learned and realized. In effect, you help clients to acknowledge their own wisdom. Frequently, lessons learned earlier, perhaps in different circumstances, can be applied to current issues and concerns. You can look for life lessons by asking questions such as: “You’ve been through a great deal and somehow survived. What have you learned about life from these experiences? What have you learned about yourself? What have you learned about people?” As you proceed, you may find opportunities to look for life lessons that might apply to the current issue of concern. “Of all the things you’ve learned from these experiences, which lessons might help you address this issue?”

Usually, within one or two meetings, you and the client have discussed the more pressing issues, explored a good deal about the client system and the circumstances, identified relevant risk and protective factors, and discovered various strengths, assets, and resources. At this point in the process, you can decide whether you and your agency have the authority, resources, and expertise necessary to provide the needed social work services to this particular client system. Because of a lack of familiarity with social service, health, and mental health networks, prospective clients sometimes contact providers and organizations that are not well prepared to help them address their particular issues. Through exploration of the person-issue-situation, you may be able to determine that another organization in the community would be better prepared to provide helpful service. Then, if the client concurs, you could contact the other agency to initiate a professional referral. Of course, you should conduct the referral process with great care, so that the client does not feel rejected by you or your agency. Furthermore, treat the other agency’s personnel with professionalism and courtesy. The nature of your relationships with other community professionals often determines whether prospective clients receive a warm or cool reception. Therefore, relate to your colleagues in other agencies with the same high degree of professionalism you show to clients.

When the issue of concern is congruent with your agency’s function and range of services and falls within your areas of expertise, you and your clients may appropriately continue the exploring process. Before long, the collaborative process of exploration should lead to a clear sense of direction for the work that you will do together.

Asking Questions

Questions serve to elicit facts, ideas, and feelings concerning the person, the issue, the situation, and potential means or processes for resolution. Questions help identify strengths, competencies, assets, and resources. They often yield information necessary for mutual understanding, assessment, decision making, planning, working and evaluating, and ending. Indeed, we use questions throughout the entire process of work with and on behalf of clients.

The first primary use of the questioning skill typically occurs as you and the client conclude the beginning phase. By this time, you have introduced yourselves, reached a tentative understanding of the purpose for meeting and your respective roles, discussed relevant policies and ethical principles, and sought feedback. The initial exploratory question represents the first substantive consideration of the issue or problem that led to the contact (Perlman, 1957, p. 88). Commonly, we phrase the question in such a way as to allow clients maximum opportunity to

express themselves freely, fully, and in their own way. For example, you might ask, “When you telephoned the other day, you mentioned something about family problems. What’s happening with the family that concerns you?” It may also be useful to ask about precipitating events related to the presenting concern. For instance, you might ask, “What led you to contact us about the family problems at this time?”

Helping professionals occasionally phrase questions as requests or directives. For example, you could say, “Please share your concerns about the difficulties that trouble you at this time.” In the case of an involuntary client, you might say, “I understand that the judge required you to come here for counseling. I know quite a bit about the situation, but I’d like to hear the full story from you. Please describe what happened.” In general, questions are preferred over directives because of the suggested power imbalance. “Tell me . . .” or “Describe . . .” is, in effect, a command that may subtly suggest that the social worker is the most important person in this encounter.

“Tell me . . .” requests also tend to imply that the primary reason for clients’ sharing is for you, the social worker, to acquire information that you will then use to formulate an assessment and prescribe a treatment plan. In most circumstances, social workers hope to foster a collaborative working relationship where clients are full participants in the process. Indications that the social worker is the expert authority who provides answers and solutions often lead clients to assume a passive, subordinate role akin to the “doctor–patient” relationship, rather than the “client–social worker” partnership.

As you might expect, the questioning skill is applicable at many points throughout the exploration phase and, of course, all other phases as well. We use questions to explore relevant aspects of the person–issue–situation, including the circumstances surrounding the origin, development, and status of the presenting concerns. Examples of some common questions include: “How did these difficulties begin?” “Who were the members of your family as you were growing up?” “What were your parents like?” “Who lives with you now?” “What did you feel when she left?” “What were you thinking about when that happened?” “What would you like to be different?” “What did you do then?”

The questions you ask derive from your active pursuit of information regarding the person–issue–situation over time. There are two general types of questions: *closed-ended* and *open-ended*. Closed-ended questions (Goodman & Esterly, 1988, pp. 123–127) are phrased to elicit short responses, sometimes simply yes or no. Closed-ended questions yield a great deal of information in a brief amount of time. They are especially useful in crises, when we need to gather vital information quickly.

Here are a few examples of closed-ended questions: “What is your phone number?” “What’s your address?” “Do you have a car?” “Do you live at home?” “When were you born?” “How old are you?” “Where do you work?” “Who is your family doctor?” “When was your last physical exam?” “Does anyone live with you?” “Is somebody there in the house with you right now?” “Which do you prefer?” “Have you taken some medicine?” “How many pills did you take?”

“Either–or” and “multiple-choice” questions are also usually closed-ended: “Is your mother or father more supportive?” “Do you prefer Mr. Johnson or Mrs. Xavier?” “How difficult is it to complete: (1) Extremely difficult, (2) Difficult, (3) Somewhat difficult, (4) Not at all difficult?” Answers to such questions are usually quite brief. This can be advantageous or not, depending on the purpose of the meeting and the needs of the situation. Sometimes the rapid collection of specific information is so important that you postpone free and full exploration of other aspects of the person–issue–situation. However, too many closed-ended questions, asked one after another, may lead clients to feel like suspects in a criminal investigation. They may feel interrogated rather than interviewed, and the quality of the professional relationship may suffer. Therefore, unless the situation is immediately life threatening or otherwise urgent, you would usually be wise to mix closed-ended with open-ended questions and active-listening responses.

Some closed-ended questions are, in legal terminology, leading. A leading question is phrased in a way that elicits (that is, “leads to”) a specific answer—one that the questioner wants to hear. For example, suppose a social worker asked a client, “Haven’t you experienced lots of pain in your pelvic area? Yes? Haven’t you felt that pain since you were a young child? Yes? Aren’t these painful symptoms common among people who were sexually abused as children? Yes? So, isn’t it likely that you were sexually abused as a child?” Such a series of questions would clearly lead or suggest to a client that a certain conclusion held by the social worker was the right and valid one. During the exploration phase, such leading questions are generally counterproductive because they tend to narrow a process that should usually be quite open and expansive. In particular, whenever you serve an investigative function in your service as a social worker, choose your words and the phrasing of questions carefully. If you frequently ask leading questions in such interviews, your courtroom testimony could easily be challenged and perhaps disallowed. During the exploring phase especially, try to avoid leading or suggestive questions.

Open-ended questions (Goodman & Esterly, 1988, pp. 127–137) are phrased in a manner that encourages people to express themselves expansively and extensively. Open-ended questions tend to further exploration on a deeper level or in a broader way. They are usually not leading questions because they enable the client to respond in any number of ways. We may phrase them as “how” questions, which nearly always yield open responses from clients. For example, “How did that come to happen?” “How did he react?” “How do you feel right now?” “How did he act in that situation?”

We may also use “what” questions to elicit expansive expressions from clients. “What is the nature of your concern?” “What is she like?” “What happened then?” “In what way did you . . . ?” “What did you say then?” Recognize, however, that certain “what” questions are closed-ended. “What is your phone number?” “What is your date of birth?”

Unless you specifically request a feeling response, “what” questions usually elicit much-needed descriptive information. In seeking feelings, you often have to ask for them. For example, “What feelings did you experience when he left?” encourages clients to identify and perhaps share emotions. Indeed, some evidence indicates that open questions about feelings may encourage clients to share more emotion than do active-listening responses (Hill & Gormally, 1977). In exploring emotions, it may help to combine active-listening responses with specific open questions about feelings.

Directives can serve the functions of open- or closed-ended questions. For example, “Please say more about that,” “Please elaborate,” “Please continue,” “Please share more about that part of your life,” all encourage open responses. “Please spell your name,” “Please tell me your street address,” serve as closed-ended requests for brief responses. Remember, however, the earlier caution about the potential effects of directives on the working relationship. In most circumstances, you seek to develop a collaborative partnership rather than a hierarchical relationship in which you are the “expert in charge.” Use directives sparingly and try to avoid indications that you are the superior party in this relationship.

“Why” questions may encourage clients to express themselves in a full and open fashion. However, they can also generate defensiveness. Clients may conclude that you are judging them negatively and feel compelled to defend or justify some aspect of their behavior or circumstances. Therefore, be cautious about the use of “why” questions. Use them in a tentative fashion and adopt a gentle tone of voice combined with a warm, open, and accepting facial expression. The way you phrase “why” questions can also help. For example, you may moderate the defensiveness-eliciting quality of a “why” question by qualifying phrases such as “I wonder why (that is)?” or “Why do you think that happens?” In asking “why” questions, be certain to communicate nonverbally an attitude of interest and acceptance.

During the exploration process, intersperse your questions with active-listening responses. Otherwise, an interview can quickly turn quite unpleasant. When clients must answer one question

after another—even when they are open questions—they often begin to feel interrogated rather than interviewed. Realize that questions can suggest blame, judgment, evaluation, or advice. They are not always simply neutral requests for information. For example, “Have you talked with your mother yet?” might imply that you expected the client to talk with his or her mother. “Have you completed that form?” may convey a similar message. Although it is sometimes useful to express a statement of opinion or preference in the form of a question, be aware that you are doing so. Sharing your personal or professional views within the context of a question does not relieve you of responsibility for the substance of the message. Also, try to avoid asking a string of questions at the same time. For example, “Are you still going with Jackie or have you given up on her and are now dating only Jill? And what about Cathy?” would confuse most clients. They would not know whether to respond to your first, second, third, or fourth question. Try to ask one question at a time.

Questions can be extremely useful for providing a sense of coherence and continuity to the exploration process. As clients talk about themselves as people, the issue of concern, and the situational contexts in which they function, they sometimes (quite understandably) focus a great deal on one topic while avoiding or only briefly touching on important related information. When that occurs, you can ask questions that guide clients toward an exploration of other pertinent aspects of the person-issue-situation. For example, in order to gather information about an aspect of a client’s family and social situation that had been neglected, you might ask, “Currently, how is your relationship with your older sister?” Be careful, however, to respect clients’ psychological and interpersonal sensitivities. This is particularly important during the exploring phase. When a client is especially sensitive about a particular topic or theme, you would usually postpone inquiry into that specific dimension until your working relationship becomes more established. Then, when the client feels more secure, you may return to delve into areas that require further exploration.

You may use the exploring skill of asking questions to gather and consider information about the person-issue-situation and to look for strengths and resources. As you might imagine, however, we commonly ask questions in all phases of work throughout the entire helping process.

EXERCISE 9-1: ASKING QUESTIONS

For these exercises, assume that you are a social worker with a social service agency for families and children. In the spaces provided, write the words you would say in each situation.

1. You are in the midst of the first interview with Mr. K., a recently divorced 55-year-old man. You have introduced yourself and have addressed the other aspects of the beginning phase of practice. You are now ready for an initial exploratory question. At this point, you know only that Mr. K.’s concern relates in some way to the divorce. Therefore, you want to encourage him to explore that topic in depth. Write the words you would say in asking this first question. Once written, decide whether the question is open- or closed-ended. What was your rationale for choosing this particular question? How do you think Mr. K. would respond?

2. As an outreach worker for elderly people, you have just met Mrs. O., a 77-year-old widow, for the first time. You have introduced yourself and have described some of the services you and your agency provide that might be of interest to Mrs. O. For instance, you have discussed the availability of transportation; daily activities for seniors at the agency; regular group visits to libraries, museums, movies, and theaters; help with Medicare and Social Security issues; and counseling services. You are now ready for an initial exploratory question. Write the words you would say in asking this first question. Once written, decide whether the question is open- or closed-ended. What was your rationale for choosing this particular question? How do you think Mrs. O. might react to this question?

3. You have begun the first interview with the S. family, a seven-member blended family that sought your help with problems of family tension and conflict. You have gone through the introductions and addressed other aspects of the beginning phase. Your initial question was “What do you see as the major issues within the family?” The father responded to this question first. Then the mother answered, followed by other family members. Although the specific nature of the responses varied somewhat, there appeared to be considerable agreement that the strained relationship between the two teenage boys (biological children of the father) and their father’s wife (the boys’ stepmother) is a major issue. Their relationship appears to involve a great deal of tension, conflict, and anger. As the social worker, you now want to explore the origin and development of the difficulties in this relationship. Use the space below to write the words you would say in doing so. After you have written your question, determine whether it is open- or closed-ended. Are you directing the question to the boys, the other children, Mrs. S., Mr. S., or the entire group? What was your rationale for asking this question and selecting the person or people you decided to address? What do you anticipate would be the boys’ reaction? How might Mrs. S. respond?

Assume that you continue to explore the issue, the family, and the situation. What would you say in formulating three additional questions? For each one, determine whether it is open- or closed-ended. Which aspect of the exploration process (person, family, issue, situation; present, past, future) does each question address. Finally, anticipate how various family members might react to each question.

4. You have begun to interview a prospective client of Latino background who speaks both Spanish and English fluently. You have completed the introductions, addressed the policy and ethical factors, and established a tentative purpose for the meeting: to explore the concerns Mrs. F. has about her two children, 7 and 9 years old. According to Mrs. F., they are the only Latino children in their school, and several teenage boys have periodically harassed them. Mrs. F. is worried that her children might be in physical danger. She is also concerned that these experiences may undermine their positive attitude toward school.

As the social worker, you are now ready to explore the issue further. Write the words you would say in an initial exploratory question. What might you say in asking three additional questions concerning the issue, the children, Mrs. F., the family system, or the school situation? Identify whether each question is closed- or open-ended. What was your rationale for the questions you created? Finally, predict the reaction that Mrs. F. might have to each question.

5. You have begun a first meeting with a group from a local social service agency. The participants include several members from the agency's board of directors, the director of the agency, three program directors, four social workers, and two administrative staff members. The agency has hired you to serve as an organizational consultant to help them address several problems within the agency. Apparently, there are several areas of conflict and tension, poor communication, and low morale. Sometimes, clients of the agency are negatively affected by these problems. Indeed, some were scheduled for appointments with social workers who were not informed of the meetings. Other clients' records have been lost. Clinical supervision of social workers is sporadic if it occurs at all, and a systematic audit of case records has not taken place in more than a year.

You have completed the introductions, addressed the policy and ethical factors, and established a tentative purpose for the initial meeting: to explore the concerns about the agency that participants in the group identify. As a consulting social worker, you are now ready to explore the issue further. Write the words you would say in an initial exploratory question. What might you say in asking three additional questions concerning the agency, the problems, or the circumstances? Identify whether each question is closed- or open-ended. What was your rationale for the questions you created?

Seeking Clarification

During an interview, clients sometimes make statements that seem unclear or that you do not fully understand. They may communicate in an apparently contradictory fashion, skim over a relevant issue, or neglect some significant aspect of themselves, the issue, or the circumstances. Such indirect, unclear, or incomplete messages often involve important aspects of the client's experience. Therefore, the manner in which you respond may substantially affect the nature of the relationship, the direction of your work together, and the outcome of the helping endeavor. In such instances, you may use the skill of *seeking clarification*. That is, you attempt to elicit a more complete expression of the meaning of previous words or gestures. In effect, you ask the client to elaborate about something he or she has just said or done. During the early portion of an interview, you seek clarification to generate more complete and comprehensible information about particular aspects of the person-issue-situation. Seeking clarification also subtly suggests that a particular term or topic may be of some special relevance.

Of course, social workers do not always completely understand everything that clients say. Sometimes this is because we are not listening well. At other times, clients do not clearly express themselves because they are uncertain about what they actually think and feel. After all, one purpose of exploring is to help clients understand themselves better. Also, clients sometimes send subtle or indirect messages that, at some level, they may hope you will notice. Many people are reluctant to ask directly for help. Such hesitancy is quite common among members of some cultural groups. This reluctance may be intensified if the social worker happens to be a person of majority status and the clients are from a different culture. In addition, many issues are so embarrassing or emotional in nature that clients find it difficult to talk openly about them. Therefore subtle communications are common. Be sensitive to indirect expressions in the form of hints, nonverbal gestures, or incomplete or mixed messages, and recognize that considerable anxiety may be associated with such communications. Some clients may send extremely significant messages in an indirect manner because they are not yet fully aware of or comfortable with some aspects of their thinking or feeling, or because they fear that you might disapprove.

In responding to indirect expressions, move carefully toward a greater degree of specificity and clarity by asking for further information about the term, phrase, or topic. For example, during a first meeting, a 50-year-old client says to a 25-year-old social worker, "I've never had much luck with young social workers. You're all so innocent. You're still wet behind the ears." The worker might respond to such a statement by asking, "When you talk about not having 'much luck' with other young social workers, it sounds like there have been some problems. What sorts of difficulties have you had with young social workers?"

You may use the skill of seeking clarification to encourage clients to explain a term or elaborate about the specific aspects of a thought, feeling, action, or situation (Shulman, 1992, pp. 115–123). People often communicate in vague or general terms. Seeking clarification about detailed aspects of an experience or the specific meaning of a term may enable you and the client to gain a more complete and realistic understanding.

Seeking clarification may be especially helpful in circumstances where the social worker and client reflect cultural differences. Words, phrases, and gestures commonly used in one culture may be nonexistent in another, or their meaning may differ dramatically. Although the client may know exactly what she or he means by a particular term, you may not—at least when it is first used. Even when a client uses standard English, a term may have a unique meaning to him or her. Clients may use words that you have never heard before, or they may use a familiar term in an unusual manner. The skill of seeking clarification can help in these circumstances. In seeking clarification, you are looking for additional specific information about a particular word or phrase or some other aspect of a client's verbal or nonverbal communication.

Seeking clarification is a discrete form of questioning. Rather than encouraging clients to provide more general information about a current or new topic, its purpose is to gain further understanding of specific aspects of a previous message. Seeking clarification may appear as an open or closed question or as a directive. To practice this skill, use the following formats.

PRACTICE FORMATS: SEEKING CLARIFICATION

What, specifically, do you mean when you say _____?

or

Could you be more specific about _____?

or

Would you please elaborate on _____?

or

Please explain what you mean by _____?

EXAMPLE: SEEKING CLARIFICATION

CLIENT: My spouse and I just don't get along. We haven't for years. The relationship stinks.

WORKER: What do you mean when you say "The relationship stinks"?

As is the case with most exploring skills, seeking clarification is useful throughout the entire helping process. It is especially relevant when clarifying problems or issues, establishing goals, and during the working and evaluating phases, and the ending processes. Often, you can effectively precede your request for clarification with an active listening or reflective response.

EXERCISE 9-2: SEEKING CLARIFICATION

For these exercises, assume that you are a social worker with an agency that serves families and children. Respond in the spaces provided by writing the words you would say to seek clarification in each situation.

1. You are in the midst of the first interview with Mr. K., a recently divorced 55-year-old man. You have introduced yourself and addressed other aspects of beginning. You are currently exploring the person-issue-situation. Mr. K. says, "I feel so bad. It really hurts. I miss her terribly. I'm not sure I can go on." Write the words you would say in seeking clarification of what he has just said. What was your rationale for the words you chose? How do you think he might react to this question? Now try preceding your attempt to seek clarification with an active listening response. What effect does that have?

2. As an outreach worker for elderly people, you are in the midst of an interview with Mrs. O., a 77-year-old widow who lives alone. At one point in the conversation, Mrs. O. abruptly stops talking and looks blankly away. For perhaps 45 seconds, she does not respond to any of your questions. Then, suddenly, she shakes her head slightly and redirects her attention to you. Write the words you would use to seek clarification in this situation. What was your rationale for the words you chose? How do you think Mrs. O. might react to this question?

3. You have begun the first interview with the S. family, a seven-member blended family. You are in the midst of exploring the nature and development of the issue when one of the teenage boys (biological children of the father) angrily refers to their father's wife (their stepmother) as a "home wrecker." In reaction, Mrs. S. lowers her eyes and becomes very quiet. Write the words you would say in seeking clarification from the teenager. What was your rationale for the words you chose? How do you think the teenager who made the remark might react? How might Mrs. S.? Mr. S.? The other members of the family? What would you say in seeking clarification from Mrs. S. concerning her non-verbal reaction to the term *home wrecker*? How do you think she and the other family members might react to your request for clarification from Mrs. S.?

4. Assume that you are exploring issues with Mrs. F., who is of Latino background and speaks both Spanish and English fluently. Mrs. F. is concerned about her children's safety at school. During the course of the exploration, Mrs. F. says angrily, "White men control this whole country and don't care about anybody but themselves!" Write the words you might say in seeking clarification. What was your rationale for the words you selected? How do you think Mrs. F. might react to your question? What is another way you might seek clarification in this situation?

5. You are serving as a consulting social worker for a local social service agency that has a number of organizational problems (for example, conflicts, tensions, poor communication, low morale). Your first meeting involves a group of about 14 people: 4 members

from the agency's board of directors, the director of the agency, 3 program directors, 4 social workers, and 2 administrative staff members. Early in the meeting, the agency director says, "As you probably know, these problems are not new. They did not suddenly emerge when I became director about 3 months ago. Most of these issues began long ago under the previous administration." Use the space below to write the words you might say in seeking clarification. What was your rationale for the words you selected? What is another way you might seek clarification in this situation?

Reflecting Content

Reflecting content (Carkhuff, 1987, pp. 95–97) is the empathic skill of communicating your understanding of the factual or informational part of a message. In exercising this skill, a form of active listening, you paraphrase or restate the client's words. By accurately reflecting content, you demonstrate that you have heard and understood what the client is trying to convey.

This skill is most applicable when a client communicates factual or descriptive material or shares ideas that lack an emotional dimension. When reflecting content, if the client does not express feelings, you do not add them to the message. Indeed, accurately communicating understanding of what clients say is crucial for several reasons. For example, if clients do not believe that the social worker understands their view of the issues of concern, they may prematurely discontinue services. Accurate restatement of clients' expressions about problems or issues that led to the contact demonstrates that you understand their concerns. Accurate reflections of content also contribute to the development of a positive working relationship and can promote a sense of collaborative partnership between client and social worker. Without accurate reflections, clients are likely to assume a passive, subordinate role in the process and view the social worker as an expert who asks questions, collects information, diagnoses problems, and prescribes solutions for clients to complete.

To practice this skill, use the following format:

PRACTICE FORMAT: REFLECTING CONTENT

You're saying _____?

EXAMPLE: REFLECTING CONTENT

CLIENT (Mr. C.): I'm a househusband. Every day, I cook the meals, clean the house, and do the laundry. That's my job now.

WORKER: You're saying that your current responsibilities include taking care of the family needs and doing the household chores.

In using the practice format for practice, recognize that repeated use of the same lead-in phrases might begin to sound artificial and mechanical. Imagine how it would seem to you if someone started six or seven sentences in a row with the words, “You’re saying.” Indeed, the phrase “I hear you saying” has become a cliché. Therefore vary the lead-in phrases or avoid them altogether. If you accurately reflect the content of the person’s message, such lead-in phrases are usually unnecessary.

Try to use your own words to reflect, restate, or mirror the information the client has conveyed. If you repeat too many of the client’s words, he or she may begin to feel that you are “parrotting” or “mimicking” rather than truly listening. You can sound more like a tape recorder than a concerned human being.

EXAMPLE: REFLECTING CONTENT

CLIENT (Mr. C.): Several years ago, I lost my job. They closed the plant where I had worked for years and years. There was a huge layoff. Most of my buddies and I were let go. Since then, my wife has worked part-time, and that keeps some food on the table. My unemployment compensation ran out long ago. We’ve not been able to pay the mortgage on the house for about the last 6 months. I think the bank is going to foreclose on us soon.

WORKER: You haven’t had an adequate income for a long time and it’s beginning to look like you may lose your home.

Mr. C. is probably experiencing some emotion as he expresses himself. Although he has not actually mentioned his feelings, he may do so nonverbally by shedding tears or dropping his head and shoulders. In using the skill of reflecting content, you stay with the factual content of the message. Even when a client does explicitly express feelings along with facts or opinions, you might occasionally choose to use the skill of reflecting content rather than a more complete form of active listening that includes feelings. By reflecting only the content of the message rather than both content and feeling, you highlight your understanding of the informational portion of the message. You might do so when the urgency of a situation requires you to elicit facts, ideas, or preferences quickly, when you determine that the meaning of a client’s message is more relevant at that particular point than feelings, or when you are trying to help a client maintain emotional self-control. In general, during the early stages of the exploration process, you should carefully respect clients’ defensive and coping mechanisms. Follow their lead. If a client is expressing primarily facts and opinions in an unemotional or intellectualized fashion, use the skill of reflecting content. At this stage, there is usually no pressing need to reflect feelings that clients have not directly expressed. Mr. C., for example, may be trying to maintain control of his emotions by expressing himself in a matter-of-fact, businesslike fashion. He may not yet trust the worker enough to risk full and free expression of his true feelings. The worker could further develop the relationship by accurately reflecting the content of Mr. C.’s stated message and then, perhaps later during the interview, return to an exploration and reflection of his feelings.

EXERCISE 9-3: REFLECTING CONTENT

For these exercises, assume that you are a social worker with an agency for families and children. Respond in the spaces provided by writing the words you would say in reflecting content in each situation.

1. You are in the midst of the exploration process with Mr. K., a recently divorced 55-year-old man. He says, "The divorce was final about 3 weeks ago. She said she'd had enough of my constant criticism and sarcastic comments and that she was leaving me." Write the words you would say in reflecting the content of what he has said. What was your rationale for the words you chose? How do you think he might react to your reflection?

2. You are in the midst of an interview with Mrs. O., a 77-year-old widow who lives alone. Following an episode in which she appeared to lose awareness of her surroundings, Mrs. O. says, "I do occasionally have these spells. I don't pass out or fall down or anything like that. I just kind of wake up after a while." Write the words you would use in reflecting the content of Mrs. O.'s message. What was your rationale for the words you chose? How do you think Mrs. O. might react to your content reflection?

3. You are in the midst of an interview with the seven-member blended S. family. During the course of the exploration, Mrs. S. says, "I fell in love with Hank [Mr. S.], and when we married I hoped that his children and mine would come to love one another as brothers and sisters. I also wanted his kids to know that I would love and treat them as if I had given birth to them myself." Write the words you would say to reflect the content of Mrs. S.'s message. What was your rationale for the words you chose? How do you think Mrs. S. might react? What is another way you might reflect the content of her message in this situation?

4. You are interviewing Mrs. F., a Latina mother of two children who have been harassed at school by several boys. During the course of exploration, Mrs. F. says, “I have talked to the teachers and the guidance counselor. They listen politely but they don’t care about what this does to my children. They won’t do a thing about it.” Write the words you might say in reflecting content. What was your rationale for the words you selected? How do you think Mrs. F. might react to your response? What is another way you might reflect the content of Mrs. F.’s message in this situation?

5. You are serving as a consulting social worker for a local social service agency that has a number of organizational problems (for example, conflicts, tensions, poor communication, low morale). Your first meeting involves a group of about 14 people: 4 members from the agency’s board of directors, the director of the agency, 3 program directors, 4 social workers, and 2 administrative staff members. During the first few minutes of the meeting, one social worker says, “I haven’t had a clinical supervision meeting in more than a year. In fact, unless it is my program director, I don’t even know who my clinical supervisor is.” Write the words you might say in reflecting content. What was your rationale for the words you selected? How do you think the social worker would react to your response? What is another way you might reflect the content of the social worker’s message in this situation?

Reflecting Feelings

Reflecting feelings (Carkhuff, 1987, pp. 99–110) is another of the empathic, active listening skills. It usually consists of a brief response that communicates your understanding of the feelings expressed by a client. Some of the more effective responses consist of a simple sentence containing a single feeling word. For example, phrases such as “You feel ashamed,” “You’re really hurting,” or “You’re terrified!” can be powerful empathic reflections of feeling. Despite the brevity and utility of such phrases, some workers are hesitant to reflect clients’ emotions. The skill of reflecting feelings requires that you, at least to some extent, feel those same emotions yourself. Empathy can be uncomfortable, even painful. Partly because of such discomfort, you may be tempted to convert feeling reflections into content reflections by neglecting to use words that convey emotions. For instance, suppose a client says, “I am devastated.” You might

reflect the feeling by saying, “You feel crushed.” If, however, you were to respond by saying, “It feels like you’ve been hit by a freight train,” you imply the feeling; you do not actually say it. The message conveys an idea rather than a feeling. Although *hit by a freight train* is an apt phrase to amplify the feeling of devastation, it is much more effective when used in conjunction with one or more feeling words. For example, “You feel crushed. It’s like you’ve been hit by a freight train” includes both a feeling word and a powerful idea that amplifies the emotion. Certain lead-in phrases, such as “You feel like . . .,” tend to be followed by ideas, analogies, or metaphors rather than words that connote actual feelings. Therefore, until you develop proficiency, practice by using a format such as the following:

PRACTICE FORMAT: REFLECTING FEELINGS

You feel (*insert appropriate feeling word*).

The single most important aspect in reflecting feelings is to capture accurately the primary emotion experienced by a person and mirror it back so that she or he *feels* your empathic understanding. When two feelings are in evidence, you may respond to both. For example: “You feel ___ and _____.” Sometimes, you may be able to identify a single word that communicates both feelings. For example, *burdened* and *discouraged* might be reflected as *overwhelmed*.

EXAMPLE: REFLECTING FEELINGS

CLIENT: (His former wife remarried about a year ago. Last month she and her current husband left the area with the client’s 5-year-old son. They moved 2,000 miles away. The client tried to stop their relocation by filing a motion with the court, but his former spouse won the right to move with her son.) I just can’t stand it. I miss my son terribly, I know that he’ll gradually lose interest in me and I can’t do a thing about it.

WORKER: You feel sad and powerless.

EXAMPLE: REFLECTING FEELINGS

CLIENT: (16-year-old girl who wanted desperately to be selected to the school’s cheerleading team but was not chosen) It’s awful. I can’t go back to school. I can’t face them. I wanted to be on the team so bad. It hurts. It really hurts.

WORKER: You feel terribly rejected and you’re awfully disappointed.

During the early portions of our work together, we typically reflect only those feelings that clients verbally express. After establishing a foundation of accurate reflections, or when the nonverbal, emotional message is very clear, try to reflect what you perceive as the unspoken feeling message. Nonverbal messages in the form of facial expressions, body positions and movements, gestures, and tone of voice are important means for communicating emotions. Notice them. As forms of expression, you may appropriately use the reflecting feelings skill. However, when you

do so, recognize that you are taking a modest risk. Use the skill in an especially tentative fashion because the client has not actually expressed the feelings in words. Also, a client may not be ready to acknowledge certain feelings even though she or he expresses them nonverbally. Of course, members of certain cultural groups may feel especially vulnerable when feelings are directly recognized. Therefore please be cautious when reflecting unspoken emotions, particularly early in the working relationship. When you do so, use a gentle, tentative tone of voice. Be prepared to return to the skills of reflecting content, questioning, or seeking clarification if the client overtly or covertly indicates that your feeling reflection is premature or off target.

Effective use of the reflecting feelings skill requires a large and sophisticated vocabulary of terms that connote emotions. Without such a vocabulary, we would find it extremely difficult to mirror back or paraphrase the feelings, emotions, and sensations experienced and expressed by clients. Of course, there are hundreds of words used to communicate feelings. Several scholars have proposed organizational schemes and some have attempted to identify fundamental emotions that are universal to humans from all cultures and societies. For example, Ekman⁵ suggests that there are six universal emotions reflected in humans' facial expression: (1) happiness, (2) anger, (3) surprise, (4) sadness, (5) disgust, and (6) fear (Ekman, 1982; Ekman & Friesen, 1975).

As a social worker attempting to reflect clients' feelings accurately and at various levels of intensity, you should be familiar with a wide range of feeling words commonly used by the cultural groups in your community. Otherwise you could find it difficult to mirror the feelings expressed. For example, everyone experiences anger to one degree or another. A person who is mildly annoyed or irritated would probably not feel understood if you were to say, "You feel enraged." The words you use should match both the kind as well as the intensity of the feelings expressed by clients. As in other forms of active listening, your reflection should be essentially equivalent to the client's message.

EXERCISE 9-4: REFLECTING FEELINGS

To begin to develop a feeling vocabulary of your own, consider the six categories of emotional experiences listed in Table 9.5.

Identify at least 10 feeling words that connote some degree of the emotion listed for each of the six categories of feelings. For example, under the happiness category, you might include the word *satisfied*; under the fear category, you might list *stress* as an associated term. If you become stuck, review the alphabetized list of feeling words in Appendix 4. That should help you generate 10 English feeling words for each category. Once you have listed them, rate each one in terms of relative intensity (1 = mild; 2 = moderate; 3 = strong). For example, under the anger category, you might assign a 3 (strong) rating to the words *enraged* and *furious*. Similarly, you might assign a 2 (moderate) to the term *irritated*, and a 1 (low) to *annoyed*.

Next, develop feeling vocabularies for different cultural groups. For example, you might develop separate lists of feeling words for contemporary North American teenagers or people of African, Hispanic, Asian, Middle Eastern, or European ancestry. You might do the same for feeling words commonly used among inner-city youth; elderly people in the hill country of the Carolinas, Virginia and West Virginia, Tennessee, and Kentucky; or urban gays and lesbians. Focus your efforts on one or two of the cultural groups you would most like to serve as a social worker in your community.

⁵Ekman (1999, p. 52) also identified 15 basic emotions: anger, contempt, contentment, disgust, embarrassment, excitement, fear, guilt, pride in achievement, relief, sadness/distress, satisfaction, sensory pleasure, and shame.

2. In the midst of an interview with Mrs. O., a 77-year-old widow, she says, “I feel just fine. Sure, I have my low points, but everybody does. I still cook my own meals and care for myself. I’m proud of that—but, with these spells, I’m afraid I won’t be independent much longer.” Write the words you would use to reflect the feelings contained in Mrs. O.’s message. What was your rationale for the words you chose? How do you think Mrs. O. might react to your reflection? What are two alternative feeling reflections that might also apply in this situation?

3. You are interviewing the seven-member, blended S. family. Mrs. S. has just said, “I fell in love with Hank [Mr. S.], and when we married I hoped that his children and mine would come to love one another as brothers and sisters. I also wanted his kids to know that I would love and treat them as if they were my own children.” Following her statement, she hangs her head as tears fall down her cheeks. Mr. S.’s eyes are also watery. Although specific feeling words were not used, write the words you would say in reflecting the feelings suggested by Mrs. S.’s nonverbal messages. Then do the same for Mr. S. What was your rationale for the words you chose for each feeling reflection? How do you think Mrs. S. might react to your response? Mr. S.? What is another way you might reflect the feelings suggested by their communications in this situation?

4. You are interviewing Mrs. F., a Latina mother who is concerned about the safety at school of her two children. At one point, Mrs. F. says, “I’m so angry. Talking with the teachers and the guidance counselor does not help at all. It’s so frustrating having to fight so hard for fair treatment. My kids deserve to be protected.” Write the words you might say in reflecting her feelings. What was your rationale for the words you selected? How do you think Mrs. F. might react to your response? What is another way you might reflect the feelings indicated by Mrs. F.’s message in this situation?

5. You are serving as a consulting social worker for a local social service agency that has a number of organizational problems (for example, conflicts, tensions, poor communication, low morale). Your first meeting involves a group of about 14 people: 4 members

from the agency's board of directors, the director of the agency, 3 program directors, 4 social workers, and 2 administrative staff members. During the first few minutes of the meeting, one administrative assistant says, "The other secretaries and I are blamed for everything that goes wrong around here. The so-called professionals treat us like dirt. I cannot tell you how many times I've been yelled at for something that isn't my responsibility. I love the clients but every morning I dread coming to work!" Use the space below, to write the words you might say in reflecting feelings. What was your rationale for the words you selected? How do you think the administrative assistant would react to your response? What is another way you might reflect the feelings of the staff person's message in this situation?

Reflecting Feeling and Meaning

Reflecting feeling and meaning (Carkhuff & Anthony, 1979, pp. 78–82) is probably the most complete form of active listening. It is certainly the most complex. By reflecting both emotional and informational or ideational elements of a message, you convey a great deal of empathy.

For practice purposes, use the following formats:

PRACTICE FORMAT: REFLECTING FEELING AND MEANING

You feel _____ because _____.

or

You feel _____ and _____.

or

You feel _____ but/yet/however _____.

Reflecting feeling and meaning mirrors clients' emotions along with the facts or beliefs associated with them. As with other reflections, your response should represent an accurate and equivalent form of the message expressed by a client. Do not speculate or interpret. Rather, paraphrase or mirror the feeling and meaning as expressed. Even when you personally believe that clients' views about the causes of feelings they experience are incomplete or inaccurate, reflect their perspectives anyway. Often the meanings that clients convey suggest external or situational causes for their feelings (for example, "My mother makes me feel guilty"). At other times, clients refer to aspects of themselves (for example, attitudes, habits, traits, psychological patterns, fears, or physiological conditions) as the reason for their feelings (for example, "I'm basically a lazy person"). Whether the meaning associated with the feelings is externalized or internalized, try to remain congruent with the client's expressed experience when you reflect feeling and meaning. Resist the temptation to modify the meaning of the message. As with other empathic reflections, accuracy is fundamental. Your response should be essentially equivalent to the message communicated by the client. Here are two examples:

EXAMPLE: REFLECTING FEELING AND MEANING

CLIENT: (60-year-old man who has just lost his job after 35 years of employment) I have nowhere to turn—no job—no income—no nothing. They just let me go after 35 years of pain and sweat for them. I'm scared and angry.

WORKER: (reflecting feeling and meaning) You feel desperate because the company has turned you out after so many years of hard work, and it does not look like you'll be able to find something else.

EXAMPLE: REFLECTING FEELING AND MEANING

CLIENT: I'm a wreck. I can't sleep or eat; I can't concentrate. I know my head is really messed up.

WORKER: (reflecting feeling and meaning) You feel awful. You're anxious and confused, and you know you're not thinking straight right now.

EXERCISE 9-5: REFLECTING FEELING AND MEANING

For these exercises, assume that you are a social worker with a social service agency. In the spaces provided, write the words you would say in reflecting feeling and meaning in each situation.

1. In the midst of your first interview with Mr. K., a recently divorced 55-year-old man, you are exploring his feelings about his situation. He says, "I was so used to her being there. I needed her but I never told her so. Now that she's gone, I realize just how much she meant to me." Write the words you would say in reflecting the feeling and meaning contained in what Mr. K. has said. What was your rationale for the words you chose? How do you think Mr. K. might respond? What are two additional feeling and meaning reflections that could also apply to Mr. K's statement?

2. You are in the midst of an interview with Mrs. O., a 77-year-old widow who lives alone and occasionally has blackouts. During the conversation she says, "I'm afraid of being a burden to somebody. I'd rather be dead than be treated like a small child who cannot care for herself." Write the words you would use to reflect the feeling and meaning contained in Mrs. O.'s statement. What was your rationale for the words you chose?

How do you think Mrs. O. might react to your response? What are two alternative feeling and meaning reflections that could also apply to her statement?

3. You are interviewing the seven-member, blended S. family. Following a moment when both Mr. and Mrs. S. began to cry, one of Mr. S's teenage sons says, "Well, it just seems that she came into the house expecting to be Mom. She'll never be my mother, and I resent it when she tries to be." Write the words you would say in reflecting the feeling and meaning contained in his statement. What was your rationale for the words you chose? How do you think the teenager might react to your response? Mr. S.? Mrs. S.? What is another way you might reflect the feeling and meaning suggested by the boy's words?

4. You are interviewing Mrs. F. While exploring the issue, Mrs. F. says, "I'm frustrated with the whole system! This society is racist to the core! Money and power are the only things they respect." Write the words you might say in reflecting feeling and meaning. What was your rationale for the words you selected? How do you think Mrs. F. might react to your response? What is another way you might reflect the feeling and meaning indicated by Mrs. F.'s words?

5. You are serving as a consulting social worker for a local social service agency that has a number of organizational problems (for example, conflicts, tensions, poor communication, low morale). Your first meeting involves a group of about 14 people: 4 members from the agency's board of directors, the director of the agency, 3 program directors,

4 social workers, and 2 administrative staff members. During the first the meeting, a social worker says, “I’ve worked here about 5 years now. When I first arrived I noticed that many of the social workers were way behind in their record keeping. In fact, some didn’t even keep records. I asked the program directors and the agency director about the policies about record keeping and was told that ‘all professionals are responsible for maintaining their own case records and that if they are not doing so, they should be.’ During that first year, I tried several times to organize staff meetings to discuss the issue of record keeping. I even developed a format and a sample to show everyone. Well, nothing happened. I continue to keep good-quality case records, but it’s frustrating and frightening to know that not everybody does.” Use the space below to write the words you might say in reflecting feeling and meaning. What was your rationale for the words you selected? How do you think the social worker would react to your response? What is another way you might reflect the feelings of the social worker’s message in this situation?

Partializing

The skill of *partializing* (Perlman, 1957, pp. 144–149; Shulman, 1992, pp. 141–143) is used to help clients break down multiple or complex aspects and dimensions of the person-issue-situation into more manageable units so you can address them more easily. Partializing is especially helpful during the exploration phase. If you and a client tried to deal with a multitude of facts, ideas, or feelings simultaneously, one or both of you would probably end up quite confused. Sometimes, there are simply too many phenomena to address effectively all at once. The partializing skill helps you and clients to maintain a sense of coherence by exploring smaller, more manageable units of information one at a time. For practice purposes, please use a format such as the following:

PRACTICE FORMAT: PARTIALIZING

You’ve addressed a number of topics here. You’ve talked about _____, _____, _____, and _____. There are so many aspects of what you’ve said that we could lose track if we try to consider them all at once. Could we explore them one at a time?

(Yes) Which would you like to consider first? (or) Would it make sense to start with _____? That seems to be very important to you right now.

(continued)

EXAMPLE: PARTIALIZING

CLIENT: (40-year-old mother and wife) My whole life is a mess. My husband drinks two six-packs every night and even more on weekends. I think he's an alcoholic. He's out of work—again! My teenage son smokes dope. I've found marijuana in his room. And he's just been expelled from school for stealing money from another kid's locker. So, both of them are at home now. I'm the only one working and I'm falling apart. I'm a nervous wreck. And, I'm angry as hell!"

WORKER: You sure have a lot happening all at once. It sounds like everybody in the family has their own share of problems—and you're affected by all of them. I wonder, because there are so many issues to address—your husband's behavior, your son's, and your own feelings about it all—could we start by looking at them one at a time? Does that make sense to you? Okay? Which piece of this concerns you most right now? Let's start with that one."

EXERCISE 9-6: PARTIALIZING

Assume that you are a social worker at a social service agency. In the spaces provided, write the words you would say in using the skill of partializing in each situation.

1. You are interviewing Mr. K., a recently divorced 55-year-old man. He says, "I think I'm on the brink of a nervous breakdown. I can't do my work. I can't sleep at night. I don't eat. All I do is think about her. I wonder what she's doing and whether she ever thinks of me. It's affecting my job. I think my boss is getting tired of my mistakes. I've also forgotten to pay some bills. Creditors are calling all the time. My whole life is a mess." First, separate and identify each of the elements in the client's message. List them in outline fashion. Which do you think is most important? Now write the words you would say in attempting to partialize what Mr. K. has said. What was your rationale for the words you chose? How do you think Mr. K. might react?

2. You are in the midst of an interview with Mrs. O., a 77-year-old widow who lives alone. During the conversation, Mrs. O. says, "Sometimes I get so lonely. All my friends have moved away or died. And my children don't visit me anymore. One of them lives in town, but he doesn't even telephone me. I don't get birthday cards from them. It's like I'm already dead. And I'm really worried about these spells. I don't know what's going to happen to me." First, separate and identify each of the elements in the client's message.

List them in outline fashion. Which do you think is most important? Now write the words you would use in attempting to partialize Mrs. O.'s statement. What was your rationale for the words you chose? How do you think Mrs. O. might react to your words?

3. You are interviewing the seven-member blended S. family. During the course of the exploration, Mr. S. says, "Since we married, we've had troubles with both my kids and hers. Basically, they dislike each other, they seem to hate us, and lately my wife and I have begun to fight. Finances have become a problem, and there's no time for anything. I don't think I've had a single minute to myself in 6 months. My wife and I haven't been out of the house on a weekend evening since our wedding." First, separate and identify each of the elements in the client's message. List them in outline fashion. Which do you think is most important? Now write the words you would say to partialize the complex message communicated by Mr. S. What was your rationale for the words you chose? How do you think Mr. S. might react?

4. You are interviewing Mrs. F. During the conversation, she says, "I've had troubles ever since I moved into this community. The school system is totally insensitive to the Latino population. My kids have begun to disrespect me and berate their own heritage. All the neighbors are white and haven't even introduced themselves to us. My mother is seriously ill in Peru, but I don't dare leave the children here while I feel they're in danger." First, separate and identify each of the elements in the client's message. List them in outline fashion. Which do you think is most important? Now write the words you might say in partializing this message. What was your rationale for the words you selected? How do you think Mrs. F. might respond?

5. You are serving as a consulting social worker for a local social service agency that has a number of organizational problems (for example, conflicts, tensions, poor communication, low morale). Your first meeting involves a group of about 14 people: 4 members from the agency's board of directors, the director of the agency, 3 program directors, 4 social workers, and 2 administrative staff members. At one point, one of the agency board members says, "As I see it, our agency has a long history of laissez-faire leadership, unprofessionalism at all levels of the organization, some incompetence, and a nearly complete absence of mission-driven, purposeful, and focused effort." Use the space below to separate and identify each of the elements in the client's message. List them in outline fashion. Which do you think is most important? Now write the words you might say in partializing this message. What was your rationale for the words you selected? How do you think the board member might respond? How might other participants?

Going Beyond

Going beyond what is said (Hammond et al., 1977, pp. 137–169) occurs when you use your empathic understanding of the client to extend slightly what was expressed. Instead of mirroring exactly what clients have said, you use your knowledge, experience, logic, and intuition to add modestly to the feelings or meanings actually communicated. Through a process called additive empathy, you take a small leap beyond the expressed message to bring into greater awareness or clarity information that a client already knows. Your responses "go beyond what the client has explicitly expressed to feelings and meanings only implied in the client's statements and, thus, somewhat below the surface of the client's awareness" (Hammond et al., 1977, p. 137).

Going beyond sometimes involves combining what clients say verbally with what they express nonverbally. In this process, however, continue to remain congruent with clients' overall direction and perspective. Although departing somewhat from their actual words, stay within their frame of reference. Rather than changing directions, build on the agenda your client has previously established.

For example, during the early part of a first meeting, a client who recently immigrated to the United States from Haiti might say to a white worker, "Do they have any black social workers at your agency?" This may be an indirect communication (Shulman, 1999, pp. 42–44) by a client who wonders whether a white worker has the capacity to understand him and to value his culture. He might prefer a black social worker. Perhaps he has had a negative experience with a white social worker at some point in the past. A white worker might respond to this question by saying something such as "Yes, we have several black social workers [sharing information], although not as many as we should [sharing opinion]. Because you ask that question though, I wonder whether you are saying that you'd prefer to work with an African American social worker if that's possible [going beyond]?"

EXAMPLE: GOING BEYOND

CLIENT: (41-year-old depressed mother) About 6 months ago, my son was killed in a motorcycle crash. We had a fight just before he left home that morning. I yelled at him and called him a ‘spoiled brat.’ He swore at me and tore out of the yard on that bike.”

WORKER: (going beyond what was said) You feel guilty because the last conversation with your son was so bitter. Do you sometimes think that the fight had something to do with the accident?

Going beyond is not an interpretation, nor is it a wild speculation or guess. Rather, it involves putting into words those thoughts and feelings that a person probably thinks or feels but that have not yet been verbally expressed.

EXAMPLE: GOING BEYOND

CLIENT: (12-year-old girl who was sexually molested by her mother’s male friend) My mother loved him very much and now he’s gone.

WORKER: (going beyond what was said) You sometimes wonder whether you should have said anything. You think that maybe your mom might be happier and still have her boyfriend if you had just kept quiet about what he did to you?

EXERCISE 9-7: GOING BEYOND

For these exercises, assume that you are a social worker with a social service agency. Respond in the spaces provided by writing the words you would say in using the skill of going beyond what is said.

1. You are interviewing Mr. K., a recently divorced 55-year-old man. You are in the process of exploration when he says, “I guess I’m a real wimp! I want so bad for her to come back home. All I do is think of ways to get her back. I make these plans about how to contact her; how to persuade her to change her mind. I constantly wonder what she’s doing and whether she ever thinks of me.” Write the words you would say in going beyond what Mr. K. has said. What was your rationale for the words you chose? How do you think he might react to your response? What is another way you might go beyond what he said?

2. You are in the midst of an outreach interview with Mrs. O., a 77-year-old widow who lives alone. Mrs. O. says, “Oh, I guess all children forget about their parents when we get old. They have so much to do, what with their work and their own children and all. They’re busy. I know that. I guess I should be grateful for what I do have.” Write the words you would use in attempting to go beyond Mrs. O.’s verbal statement. What is your rationale for the words you chose? How do you think Mrs. O. might respond? What is an alternative means for going beyond what she said?

3. You are interviewing the seven-member, blended S. family. During the course of the exploration, Mrs. S. says, “Things are so bad between my kids and his kids that I’ve begun to wonder whether it’s worth trying to continue like this. Maybe my children and I should just leave. We made it on our own before, and we can do it again.” Write the words you would say in going beyond what Mrs. S. has said. What was your rationale for the words you chose? How do you think Mrs. S. might react to your response? What is another way you might go beyond what she said?

4. You are interviewing Mrs. F. At one point, she says, “Maybe it’s not worth fighting this racist system. Maybe I should just accept things as they are. I’m just one person—just one woman—what can I do?” Write the words you might say in going beyond her verbal message. What was your rationale for the words you selected? How do you think Mrs. F. might respond? What is another way in which you might go beyond Mrs. F.’s statement?

5. You are serving as a consulting social worker for a local social service agency that has a number of organizational problems (for example, conflicts, tensions, poor communication, low morale). Your first meeting involves a group of about 14 people: 4 members from the agency’s board of directors, the director of the agency, 3 program directors, 4 social

workers, and 2 administrative staff members. At one point, the agency director says, “Look, I’m the director and, ultimately, I’m responsible for what happens here. I know things have been bad for a long time and I also know that in the 3 months I’ve been here I have not been active enough in addressing the problems. I have clearly been part of the problem and would like to be part of the solution. However, if it would help the agency, I would be willing to submit my resignation.” Use the space below to write the words you might say in going beyond the director’s verbal message. What was your rationale for the words you selected? How do you think the director might respond? What is another way in which you might go beyond the director’s statement?

Summary

During the exploration phase of social work practice, you encourage clients to share thoughts, feelings, and experiences about the issue or concerns that led to the contact. Through the process of exploration, you and the client gather and review information regarding the person-issue-situation from a biopsychosocial perspective and from the perspective of time: present-past-future. Both the social worker and the client participate in an attempt to understand the development, maintenance, and status of the problem or issue. You seek to determine its frequency, intensity, and duration, as well as risk and protective factors that increase or decrease the probability of occurrence. By looking for strengths, you and your client identify assets, talents, abilities, and resources that could help in resolution efforts. In particular, you look for strengths in the areas of competencies, social support, successes, and life lessons. When combined with your professional knowledge and the client’s input, the information collected contributes to the development of an assessment and plan for work.

Although the exploring skills of (1) asking questions, (2) seeking clarification, (3) reflecting content, (4) reflecting feelings, (5) reflecting feeling and meaning, (6) partializing, and (7) going beyond are especially useful for encouraging mutual consideration of information regarding the person, issue, situation, and strengths, they are also functional throughout the entire helping process. Along with the beginning skill of seeking feedback, you may use the exploring skills repeatedly as you and your clients work together toward resolution of the issues of concern.

CHAPTER 9 SUMMARY EXERCISES

Assume that you are a social worker with an agency that offers a broad range of social services. You are actively exploring various aspects of the problems and issues of concern, the client system, and the social and physical circumstances. For each of the following cases, write the words you would use and describe the actions you might take in using the requested skills.

1. *CASE SITUATION:* You are in the midst of the first interview with a teenage couple (an African American male and European American female) who have sought counseling in advance of their forthcoming marriage. She says, “I know there are going to be lots of difficulties, and that’s why we’re here. We don’t want the problems to get in the way of our feelings for each other.”
 - a. Write the words you would say in reflecting the content of her statement.

 - b. Formulate an open-ended question to follow her statement.

 - c. Write the words you would say in seeking clarification of her statement.

2. Following your response, she says, “One of the biggest problems has to do with my parents. My mom is fit to be tied and my dad is even worse. He’s ready to kill Johnny, and he doesn’t even know him. I’m afraid they won’t even come to the wedding. That would really hurt.”
 - a. Write the words you would say in reflecting the feeling and meaning contained in her message.

 - b. Write the words you would say in going beyond the words she said.

3. *CASE SITUATION:* You are interviewing a family of seven (two parents and five children, ranging from 1 to 7 years of age) who had been sleeping in their dilapidated Chevy in a rest area on the highway. En route to another part of the country, where they hoped to find work, they ran out of money and food and nearly out of gas. A police officer referred them to the agency. During the interview, Mrs. Z. says, “We don’t want charity. We just need enough money and food to make it there.”
 - a. Write the words you would say in seeking clarification following her statement.

 - b. Write two open-ended questions and one closed-ended question that might yield useful information in your effort to understand and help the family.

4. Following one of your questions, Mrs. Z. says, “The baby hasn’t been eating well. She’s sleeping all the time and has a fever. Yesterday she vomited three times.”
 - a. Write how you would seek clarification following her statement.

 - b. Write the words you would say in asking two closed-ended questions and one open-ended question concerning the baby’s health.

5. *CASE SITUATION:* You are interviewing Mr. T. for the first time. He stands accused of molesting the 13-year-old daughter of his woman friend. Mr. T. is required to receive counseling to stay out of jail while the judge considers whether to proceed with felony charges. Mr. T. had been living with the girl’s mother but must stay away from the house during this period. During the interview, Mr. T. says, “I don’t know why she said that I did those things. It really hurts me. I’ve been good to her and her mother. She’s just lying and I don’t know why. Maybe she’s jealous.”
 - a. First, write the words you would say in seeking clarification concerning his message.

 - b. Write three open-ended questions that might follow his statement.

 - c. Reflect the content of his statement.

 - d. Reflect the feeling and meaning contained in his message.

 - e. Write the words you might use in reflecting feeling in response to his statement.

 - f. Write how you might go beyond the words he has said.

6. *CASE SITUATION:* You serve as a social work investigator for Child-Protection Services. Recently, your agency received a telephone call in which the caller alleged that Mr. and Mrs. D. have neglected and abused their children (ages 1 and 3 years). According to the caller, the mother sleeps while the children play in a filthy yard that contains animal waste, junk, and potentially dangerous materials—pieces of glass and sharp and rusty metal objects. The caller also reported that Mr. D. drinks heavily and sometimes beats his wife. Mrs. D. has permitted you to enter the house, and the two of you have begun to talk.

Mrs. D. says, “I know who made the complaint. It’s that nosy neighbor from down the street. She’s always poking into things that are none of her business.”

- a. Which of the exploring skills would you use in responding to Mrs. D.’s message? Write the words you would say in using that skill. Why did you choose that particular skill?

- b. Write two open-ended questions you would want to ask at some point during this interview with Mrs. D.

7. *CASE SITUATION:* You serve as a community organizer in a low-income, high-crime area of town. A large percentage of the community is unemployed; neighborhood gangs patrol the area; drug sales and use are widespread; and pimps and prostitutes operate openly on the streets. You hope to help the members of the community organize themselves in order to address these concerns and develop their community. You have made individual contact with many concerned parents; several ministers, priests, rabbis, and imams; school principals and teachers; social workers and social service agency directors; police officials; local legislators; and several members of the mayor’s council. Almost all of them have agreed to meet together with you to help address the problems.

The time for the first meeting has arrived. You’re meeting in a large room in a local school. You’ve introduced one another, described a tentative preliminary purpose of (a) assessing the state of the community, (b) identifying its problems and needs, and (c) developing a plan to address the problems, meet the needs, and improve the social and economic conditions throughout the community.

- a. Use the space below to write the words you would say in asking an initial exploratory question of the group.

- b. Write two open-ended questions you would want to ask at some point during this first meeting.

CHAPTER 9 SUPPLEMENTAL EXERCISES

Now that you have had some practice with the exploring skills, it is time to attempt an actual interview. Recruit a colleague. Inform your peer that you are learning some social work skills and would like her or him to assume the role of client while you practice in the role of social worker. A fellow student or someone who has already completed the *Social Work Skills Workbook* might be receptive to your request. Inform your colleague that you would need a few hours of time during the next several weeks. Indicate that he or she would serve in the role of client and would behave as if voluntarily seeking help from a social worker. Inform your colleague that she or he would identify at least one issue or concern for exploration. Be sure to indicate, however, that you will meet together only a few times. Your peer should understand that you may not be of any actual help with the identified concerns except to the extent that talking about them might be beneficial.

You might mention that it is often professionally useful for social workers and social work students to take on a client role. By assuming the role of client, social workers may become more sensitive to the experience of seeking help. It is not always easy to ask for and receive assistance. Being a client can also significantly heighten social workers' awareness of things to do and things to avoid in their own social work practice. The experience often leads to greater understanding of how to be an effective social worker.

Inform your colleague that you would like to record (for example, audiotape or videotape) the meetings and that you will prepare a written recording based on the interviews. Indicate that you might discuss the interviews with others (for example, a professor, fellow learner, or a social worker) but that you will not reveal your colleague's name or other identifying characteristics. Mention that, as the client, he or she may read your written records when they are completed. Assure your colleague that to ensure privacy you will disguise her or his identity in your notes about the interview. State that you will not reveal his or her full name to anyone without his or her consent. Indicate that your colleague will not have to discuss any aspect of her or his personal life that she or he would prefer to keep private. Mention that if you happen to address a topic that he or she does not want to talk about, he or she may simply say, "I prefer not to talk about that." Notify your colleague that this exercise is entirely voluntary. It is perfectly all right to decline this invitation. Finally, advise your colleague that you are still learning about social work and have not perfected the social work skills. You will probably make mistakes. The primary purpose of the exercise is for you to practice the social work skills. It is certainly not to provide actual social work services or to help your peer.

Request that your colleague identify an issue for which he or she might conceivably seek social work services. However, the issue should be modest and manageable. Ask your colleague to avoid issues that have the potential to overwhelm her or his natural coping mechanisms. For this exercise, try to avoid colleagues who are dealing with major issues, significant life changes, pressing concerns, or crises. After all, you are practicing skills here, not actually providing social work services. Your colleague should realize that he or she is helping you to learn. The purpose is not to provide help with serious concerns.

If your colleague understands what is expected and provides consent, arrange for a time and place during the next week to meet privately for approximately 30 minutes. Inform your peer that you will assume the role of social worker during that entire period. Remind your partner that you will ask about an issue or concern for which she or he might conceivably seek out social work services. Indicate that your peer should assume the role of client from the moment you come together at the time of the scheduled meeting.

With your partner's consent, tape-record the interview. The overall purpose of the interview should be the exploration of your colleague's issue or concern, as well as those aspects of the person and situation that may have relevance. Limit the interview to the preparing, beginning, and explo-

ration phases only. Do not attempt to assess, contract, or in any way try to work toward resolution. Resist any temptation to speculate about underlying reasons or causes. Do not offer theoretical interpretations. Do not give any advice. At the conclusion of the meeting, arrange for a second 30-minute meeting approximately 1 week later.

1. When you finish the 30-minute interview, leave your respective social worker and client roles. Then ask your partner for feedback concerning his or her thoughts and feelings about the experience. Request completely candid reactions to the following questions: (a) Did you feel comfortable and safe with me? (b) Did you feel that I was sincerely interested in you and in what you had to say? (c) Did you feel that I understood what you were trying to communicate? If so, what suggested to you that I did understand? If not, what indicated that I did not understand? (d) Were there aspects of yourself, the issue of concern, or your situation that we should have explored that we did not? If so, what were they? (e) What information would you have liked to share that I failed to explore? (f) In general, did you find the experience useful? If so, what made it useful? If not, what contributed to that? (g) What suggestions do you have for me concerning how the interview could have been better or more productive for you? Summarize your partner's feedback in a word-processed document titled "First Meeting With a Practice Client." Label the section "Practice Client Feedback."
2. Next, describe and discuss your own reactions to the interview. How did you feel about it? What did you like and what did you dislike about it? Discuss your performance of the social work skills. What would you do differently if you had a chance to conduct the interview again? Summarize your reactions and reflections in a section of the "First Meeting With a Practice Client" document. Label the section "My Reactions and Reflections."
3. Play the audiotape or videotape. Use a word processor to prepare a transcript that reflects who said what. Be sure to disguise the identity of your colleague. As part of the transcript, identify where you used specific skills. For example, if you responded to a statement from your partner by asking an open-ended question concerning his or her current situation, identify that response as an open-ended question. If you paraphrased the factual or informational aspect of a message, identify that as reflecting content. Please use format presented in Table 9.6 to organize your transcript (also see Table 9.7). When finished, entitled the word-processed document "Transcript: First Meeting With a Practice Client."

	Content	Skill	Reaction	Reflection
Worker	Record the words you said.	Identify the social work skill you used, if any.	Describe the subjective reactions (thoughts, feelings, sensations) that you experienced when you expressed these words.	Analyze and evaluate the choice of words, the skill used, and the quality of your communication.
Client (or interviewee)	Record the words the client said.		Describe your subjective reactions to the client's verbal and nonverbal communication.	Briefly reflect on the explicit and potential implicit meanings associated with the client's words and gestures.

TABLE 9.7
Example of a Segment of a Transcribed Record

	Content	Skill	Reaction	Reflection
Worker	How are you feeling during this difficult time?	Open-ended question	I have a hunch that the client wants to and probably needs to talk about her feelings, but I'm scared it might be too much for her—and perhaps for me—to handle.	I think this is an appropriate skill to use at this point. I also believe that I phrased it well. An open-ended question is more useful here than a closed one.
Client (or interviewee)	I'm just so tired all the time.		I can believe it! I'd be exhausted too. If I were in her shoes, I don't know if I could even get out of bed to face the world.	Client's words appear to represent an accurate description of her feelings at this time. I wonder if she might be so depressed that she should talk to a medical doctor.
Worker	You're simply exhausted.	Reflecting feeling	She looks and feels terribly fatigued. I feel depleted as I try to feel what she's feeling.	I believe that I'm on target with this feeling reflection. I also think that it's the right skill to use at this time.

- Use your word processor to create a table like the exploration matrix shown in Table 9.8. Once created, use the table to indicate the approximate degree to which you have explored various dimensions of the person-issue-situation. Recognize that we are especially interested in information that helps both the social worker and client understand the person, the issue, and the situation. Use approximate percentages to reflect the extent of exploration within each category. For example, if you believe you have discussed about half of the issue as it currently is, write “50%” in that cell. If you have not talked at all about the issue in the past, place “0%” in that category. When you have completed the table, include it in the “First Meeting With a Practice Client” document. Label the table “Exploration Matrix.”

TABLE 9.8
Exploration Matrix

	Present	Past	Future
Issue			
Person			
Situation			

5. Use your word processor to identify those aspects of the person-issue-situation that you would like to explore in a subsequent interview. Write at least three open-ended questions for each matrix category needing further exploration. Include them in a section of the “First Meeting With a Practice Client” document. Label the section “Additional Exploration Questions to Consider.”
6. Use your word processor to create a table like the one shown in Table 9.9. Once created, use the table to indicate the degree to which you and your colleague discussed the onset, evolution, frequency, situational context, intensity/severity, and duration of the identified issue of concern. As you did with the exploration matrix, use approximate percentages to reflect the extent of exploration within each category. When you have completed the table, include it in the “First Meeting With a Practice Client” document. Label the table “Exploration of the Problem/Issue.”

TABLE 9.9
Exploration of the Problem/Issue

		Percentage Explored
Onset	Explore the origin of the problem; the circumstances under which it first occurred.	
Evolution	Explore the development and course of the problem/issue; when and how it was better or worse; and when and how the client addressed or coped with the problem/issue.	
Frequency	Explore how often episodes of the problem/issue occur.	
Situational Context	Explore when, where, and how episodes of the problem/issue emerge.	
Intensity/Severity	Explore the severity or intensity of the problem/issue.	
Duration	Explore how long each episode of the problem/issue lasts.	

7. Use your word processor to identify those aspects of the problem/issue that you would like to explore further in a subsequent interview. Write at least three open-ended questions for each category needing further exploration. Include them in a section of the “First Meeting With a Practice Client” document. Label the section “Additional Problem/Issue Focused Questions to Consider.”
8. Use your word processor to create a Risk and Protective Factors Worksheet such as shown in Table 9.10. Once created, use it to outline the key risk and protective factors associated with the identified problem/issue. If you lack sufficient information to complete the work sheet, write several questions you might ask to gather needed additional information. Include the work sheet and your list of questions in the “First Meeting With a Practice Client” document. Label the section “Risk and Protective Factors.”

TABLE 9.10
Risk and Protective Factors Worksheet

Risk Factors	Protective Factors

- Use your word processor to create a Looking for Strengths matrix like the one shown in Table 9.11. Once created, use it to indicate the degree to which you looked for strength in the areas of competencies, social support, successes, and life lessons. Also, write at least one open-ended question for each strengths dimension needing further exploration. When you have finished, label the table “Looking for Strengths.” Include the table and your additional looking-for-strengths questions in a section of the “First Meeting With a Practice Client” document titled “Strengths.” Include the entire “First Meeting With a Practice Client” document and its associated transcript in your Social Work Skills Learning Portfolio.

TABLE 9.11
Looking for Strengths

	Person	Situation	Issue
Competencies			
Social Support			
Successes			
Life Lessons			

CHAPTER 9 SELF-APPRAISAL

As you finish this chapter, please assess your proficiency in the exploring skills by completing the following self-appraisal exercise.

SELF-APPRAISAL: THE EXPLORING SKILLS

Please respond to the following items to help you undertake a self-assessment of your proficiency in the exploring skills. Read each statement carefully. Then, use the following 4-point rating scale to indicate the degree to which you agree or disagree with each statement. Record your numerical response in the space provided:

4 = Strongly agree

3 = Agree

2 = Disagree

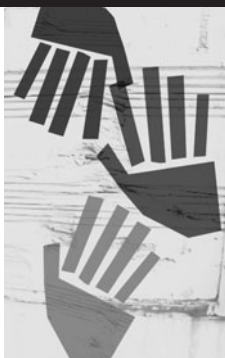
1 = Strongly disagree

4	3	2	1	Rating Statement
				<i>At this point in time, I can:</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Discuss the purposes and functions of exploring
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Explore relevant aspects of the person-issue-situation and look for strengths.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Ask questions.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Seek clarification.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Reflect content.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Reflect feelings.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Reflect feeling and meaning.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Partialize.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Go beyond what is said.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Assess proficiency in the exploring skills.
				Subtotal

Note: These items are identical to those contained in the Exploring Skills section of the Social Work Skills Self-Appraisal Questionnaire presented in Appendix 3. If you completed Exercise 2-2 in Chapter 2, you have already responded to these items. You may now compare the responses you made on that occasion with those you made this time. Compare the subtotal scores. If you believe that you have progressed in your proficiency with the exploring skills, the more recent scores should be higher than the earlier ones.

Finally, reflect on the skills addressed in this chapter and the results of your self-appraisal. Based on your analysis, word process a succinct one-page summary report titled “Self-Assessment of Proficiency in the Exploring Skills.” In the report, be sure to identify those skills that you know and do well (for example, a score of 3 or 4). Also, specify those that need further practice (for example, scores of 2 or less) and briefly outline plans by which to achieve proficiency in them. When you have finished, include the report in your Social Work Skills Learning Portfolio.

CHAPTER 10



ASSESSING

Assessment is a fundamental process in professional social work practice (Acevedo & Morales, 2001; Alvelo, Collazo, & Rosario, 2001; Bullock, 2005; Chow, 2001; Corcoran & Walsh, 2006; Cowger, 1994, 1996; Garrett, 2005; Gilgun, 1999a, 1999b, 2004a, 2004b; Hodge, 2005a, 2005c; Hudson & McMurtry, 1997a, 1997b; Jordan, 2008; King & Bordnick, 2002; Manning, 2001; Matsuoka, 2001; Meyer, 1992, 1993, 1995; Morelli, 2001; Mulroy, 2008; Negroni-Rodriguez & Morales, 2001; Nugent, 2004; Perlman, 1957; Richmond, 1917/1944; Ripple, 1955; Ripple & Alexander, 1956; Ripple, Alexander, & Polemis, 1964; Ruch, 2005; Sheppard, Newstead, DiCaccavo, & Ryan, 2001; Weaver, 2001; Westbrook & Starks, 2001). When the exploration process has progressed well, you and the client have gathered and begun to reflect on a substantial amount of relevant information about the person or people involved, the issues and problems, and the circumstances. You have traced the origin and development of the issues or problems and identified factors that might be associated with their occurrence. You have learned about aspects of the client system and the situation in the present and the past, and even considered various scenarios in the future. You have explored risk factors as well as protective factors, strengths, assets and resources of various kinds (for example, competencies, social support, successes, and life lessons)—some of which might be useful in planning problem-solving and goal-pursuing action. During the assessment phase, you—preferably in collaboration with the client system—try to make sense of this information so that you and your client can address the problems, issues, or needs that emerged through the exploration process. You analyze how personal and situational factors influence the issues of concern and vice versa. You consider the relative urgency with which certain dimensions must receive attention. And, perhaps most importantly, you hypothesize about how the issues of concern might be addressed, often drawing on strengths and resources both within the client system and within the social and physical environment.

Understanding gained from these reflective and analytic processes usually leads to an emerging focus or direction for you and your client. Assessment ideally involves the collaborative

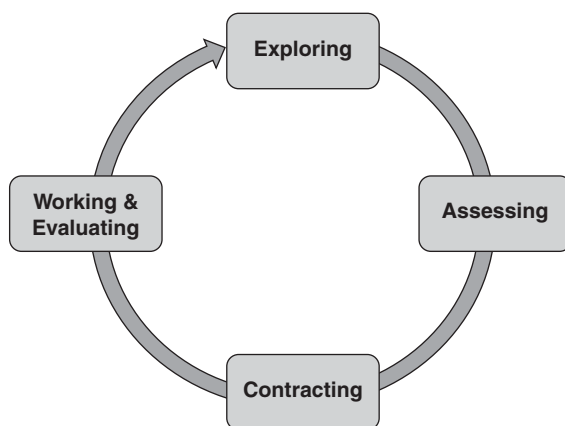
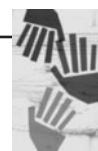
development of several explanatory hypotheses. The case formulation includes several change-oriented hypotheses and serves as the basis upon which you and the client establish a clear and detailed service agreement or “contract” for your work together (Nezu, Nezu, & Lombardo, 2004; White, 2003; White & Stancombe, 2003). When all goes well, the data collected during the exploration phase logically lead to an assessment and case formulation, which, in turn, logically leads to a service agreement or contract. The contract guides both worker and client during the working and evaluating phase. Ideally, these processes reflect internal consistency (see Figure 10.1). Indeed, you should be able to discuss how the information collected through exploration supports the tentative assessment and case formulation, and how the assessment and case formulation supports the agreed-upon service contract, which contains goals, an action plan, action steps, and plans for evaluation. As workers and clients collaboratively pursue the service goals and evaluate progress toward their achievement, they may sometimes need to recycle the process. For example, if progress toward achievement of a goal is not apparent, a presenting problem worsens, or an issue of greater urgency arises, workers and clients typically reengage in the exploring, assessing, and contracting processes to improve the probability that their revised plans of action will yield favorable results.

This chapter (see Box 10.1) is designed to help learners develop proficiency in the primary social work skills commonly involved in the assessment process: (1) organizing descriptive information and (2) preparing a tentative assessment and case formulation.

Assessment involves both career-long learning and critical thinking as you bring your professional knowledge and the client’s experience together in a collaborative process of reflection, analysis, and synthesis. Using theoretical and empirical knowledge within the context of biopsychosocial and person-in-environment perspectives, you conjointly assess individuals, dyads, families, groups, organizations, communities, or societies. You or your clients may adopt conceptual or assessment tools of various kinds. For example, concept maps and diagrammatic representations such as family genograms, genetic pedigrees, eco-maps, or timelines (refer to Chapter 2) could be helpful. You might use scales or questionnaires such as the Social Support Appraisals Scale, the Self-Efficacy Scale, the “Big Five” Personality Test (see Chapter 2), or any of the hundreds of valid and reliable

FIGURE 10.1

The Exploring, Assessing, Contracting, and Working & Evaluating Cycle





BOX 10.1

Chapter Purpose

The purpose of this chapter is to help learners develop proficiency in the assessing skills.

Goals

Following completion of this chapter, learners should be able to:

- ◆ Discuss the purposes and functions of assessment
- ◆ Organize descriptive information
- ◆ Prepare a tentative assessment and case formulation
- ◆ Assess proficiency in the assessing skills

Core Competencies

The skills addressed in this chapter support the following core EPAS competencies:

- ◆ Identify as a professional social worker and conduct oneself accordingly (EP2.1.1).
- ◆ Apply social work ethical principles to guide professional practice (EP2.1.2).
- ◆ Apply critical thinking to inform and communicate professional judgments (EP2.1.3).
- ◆ Engage diversity and difference in practice (EP2.1.4).
- ◆ Apply knowledge of human behavior and the social environment (EP2.1.7).
- ◆ Respond to contexts that shape practice (EP2.1.9).
- ◆ Engage . . . (and) . . . assess . . . with individuals, families, groups, organizations, and communities (EP2.1.10[a–b]).

instruments that might pertain to an issue of concern (Fischer & Corcoran, 2007a, 2007b; Rush, First, & Blacker, 2008; Schutte & Malouff, 1995).

You might examine a phenomenon in relation to a set of criteria or guidelines derived from research studies or validated protocols. For example, in assessing the relative risk of recidivism among people who have committed sexual offenses, you might consider findings from a meta-analysis such as Hanson and Morton-Bourgon's (2009). In assessing child sexual abuse, you might refer to *The Evaluation of Sexual Abuse in Children* (Kellogg & The American Academy of Pediatrics Committee on Child Abuse and Neglect, 2005). Although prepared for pediatricians, social workers would benefit from an understanding of the biophysical as well as psychosocial risk factors. In terms of psychosocial risk factors for child sexual abuse, you might review Levenson and Morin's article (2006). For the assessment of child abuse in general, you might consider empirical factors such as those summarized by Herring (1996). Certain conditions tend to be associated with a greater risk of child abuse. Among these are a history of child abuse/neglect reports, parent abused as a child, youthful parent, single-parent or extended-family household, domestic violence in household, lengthy separation of parent and child, substance abuse by parent or caretaker, impairment (for example, physical, intellectual, psychological) of the child, and impairment of the parent or caretaker (Brissett-Chapman, 1995, pp. 361–362). Using factors such as these as a guide, the worker thoughtfully considers the information learned during the exploring phase to determine the risk of child endangerment. The outcome of the assessment may powerfully affect, for better or worse, the well-being of a child and family. The consequences of both false positives (for example,

where the worker concludes there is high risk but the true danger is low) and false negatives (for example, where the worker concludes there is low risk but the true danger is high) can be serious. In some cases, an inaccurate assessment may endanger lives.

Of course, social workers also serve couples, families, groups, organizations, and communities as well as individuals. Assessment guidelines and instruments are just as useful in work with these larger-size client systems. For example, the Inventory of Family Protective Factors (Gardner, Huber, Steiner, Vazquez, & Savage, 2008) may help families you serve identify those primary protective factors that foster family resilience. Moos and Moos' (2009) Family Environment Scale has long been used in family-environment-related research. In work with groups, scales such as the Group Attitude Scale (N. J. Evans & Jarvis, 1986) or the Perceived Group Cohesion Scale (Chin, Salisbury, Pearson, & Stollak, 1999) may be quite useful. In terms of organizational culture, Cooke and Lafferty's Organizational Culture Inventory (Szumal, 2003), the Organizational Culture Survey (Glaser, Zamanou, & Hacker, 1987), or Cameron and Quinn's (1999) Organizational Culture Assessment Instrument can complement individual and small group interviews.

The World Values Survey (2009) and several of the indices used by the United Nations are helpful in assessing large communities. Perspectives related to the concepts of social capital, social cohesion, and "well-being" may be useful in both large- and small-community contexts. Based in large part on the work of Robert Putnam (1995, 2000, 2002; Putnam, Feldstein, & Cohen, 2003), the Saguaro Seminar on Civic Engagement in America at Harvard University's Kennedy School of Government created a Social Capital Community Benchmark Survey (2000, 2002). The Saguaro Seminar has completed two large-scale national studies (2000, 2006). Other tools include the Social Capital Inventory (Narayan & Cassidy, 2001), the Social Capital Integrated Questionnaire, and the Social Capital Assessment Tool—the latter two developed by the World Bank Social Capital Thematic Group (2009).

Although social work assessments tend to have much in common, the specific form varies considerably according to client system size and characteristics as well as practice setting, agency or program purpose, and presenting problem or issue. For example, a gerontological social worker serving an elderly client might refer to government guidelines in helping to determine whether a nursing home has adequate physical facilities and sufficient social stimulation to meet the basic needs of an elderly client. A psychiatric or clinical social worker might refer to criteria published in the American Psychiatric Association's *Diagnostic and Statistical Manual [DSM-IV-TR]* (2000c) to help determine whether a client might be depressed, and if so, how seriously (Williams, 1995). A social worker serving in a crisis and suicide-prevention program might use guidelines to estimate a distraught client's risk of suicidal action as low, moderate, or high (Berman, Jobes, & Silverman, 2006; Ivanoff & Riedel, 1995; Kulkin, Chauvin, & Percle, 2000; McIntosh, 1985; P. A. Rutter & Behrendt, 2004). A typo social worker working with community members seeking to enhance conditions in their neighborhood might conduct a needs assessment. A social worker working with a representatives from two competing youth gangs—each with a history of violence toward the other—might spend weeks or longer meeting separately with gang leaders to determine conditions that could (1) permit safe, nonviolent correspondence between representatives of each group and (2) reflect a reasonably high probability of productive dialogue. In such circumstances, well-intentioned outsiders—even professional social workers—can sometimes make things worse. An unsafe, nonproductive encounter between competing gang members could trigger a violent reaction—resulting in injuries and death to many people, including uninvolved bystanders and family members.

Certain kinds of issues commonly surface in almost all social work practice settings. Violence toward self or others, child physical and sexual abuse, and mental health or substance abuse issues are likely to emerge as concerns wherever you serve. All social workers, therefore, need to be alert

to their possible presence. Indeed, some agencies make it standard operating procedure to assess for substance abuse, child abuse and domestic violence, and risk of suicide or violence against others. As a social worker making such assessments, you might consider various sources. The *DSM-IV-TR* (American Psychiatric Association, 2000c), for example, contains criteria that distinguish between substance dependence and substance abuse. Although both dependence and abuse involve dysfunctional patterns of use contributing to problems in psychological and social functioning, the former includes the development of physical tolerance to the substance whereas the latter does not.

The *DSM-IV-TR* is a multiaxial classification manual of psychiatric disorders. Clinical disorders and “other conditions that may be the focus of attention” are recorded on Axis I whereas personality disorders and forms of “mental retardation” appear on Axis II (American Psychiatric Association, 2000c, p. 27). General medical conditions are recorded on Axis III. Indeed, many health conditions are associated with various psychological and social problems as well. Consider, for example, the medical problems associated with lead poisoning—especially among children. Many older homes and apartments contain lead-based paints (DeRienzo-DeVivio, 1992) and some candies and their wrappers contain lead as well (Medlin, 2004). Children who ingest products containing lead can suffer serious health and psychosocial problems, including “decreased intelligence, impaired neurobehavioral development, stunted physical growth, hearing impairment, and kidney problems” (Medlin, 2004, p. A803).

“Psychosocial and Environmental Problems” (for example, lead-based paints, polluted air or water) such as those mentioned earlier may be recorded on Axis IV and organized according to the following subcategories:

- ◆ Problems with primary support group
- ◆ Problems related to the social environment
- ◆ Educational problems
- ◆ Occupational problems
- ◆ Housing problems
- ◆ Economic problems
- ◆ Problems with access to health care services
- ◆ Problems related to interaction with the legal system/crime
- ◆ Other psychosocial and environmental problems (American Psychiatric Association, 2000c, p. 32)

Axis V of the *DSM-IV-TR* (American Psychiatric Association, 2000c) includes a Global Assessment of Functioning (GAF) scale through which a client’s “psychological, social, and occupational functioning” may be rated “on a hypothetical continuum of mental health–illness” (p. 34). Axis V may also be used to record other aspects of functioning. For example, in the appendices, the *DSM-IV-TR* contains several provisional tools such as the Defensive Functioning Scale (pp. 807–813), the Global Assessment of Relational Functioning (GARF) Scale (pp. 814–816), the Social and Occupational Functioning Assessment Scale (SOFAS) (pp. 817–818), and an Outline for Cultural Formulation and Glossary of Culture-Bound Syndromes (pp. 897–903).

“The cultural formulation provides a systematic review of the individual’s cultural background, the role of the cultural context in the expression and evaluation of symptoms and dysfunction, and the effect that cultural differences may have on the relationship between the individual and the clinician” (American Psychiatric Association, 2000c, p. 897).

Although the *DSM-IV-TR* is extremely well-known and widely used by practitioners from several professions, social workers may also consider the person-in-environment (PIE) classification system (Karls & O’Keefe, 2008a, 2008b; Karls & Wandrei, 1994a, 1994b) in assessment processes. The PIE approach gives practitioners—presumably with the input and perhaps the participation

of clients—an opportunity to classify or code problems within the following dimensions or factors (Karls & O’Keefe, 2008a, p. 1):

- ◆ Factor I: Social Functioning Problems: type, severity, duration, coping ability, and strengths
- ◆ Factor II: Environmental Problems: severity, duration and resources or strengths
- ◆ Factor III: Mental Health Problems and Strengths
- ◆ Factor IV: Physical Health Problems and Strengths

Problems in *Factor I—Social Role and Relationship Functioning* (for example, family roles, other interpersonal roles, occupational roles, special life situation roles) may be identified and then classified and coded by type (for example, power conflict, ambivalence, obligation/responsibility, dependency, loss, isolation, oppression, mixed, other) as well as severity (for example, 1 or L = Low, 2 or M = Moderate, 3 or H = High, 4 or H+ = Very High, 5 or C = Catastrophic), duration (for example, 1 or Y: 5+ = 5 or more years, 2 or Y: 1–5 = 1–5 years, 3 or M: 6–12 = 6–12 months, 4 or M: 1–6 = 1–6 months, 5 or W: 1–4 = 1–4 weeks), coping ability (for example, 1 or A = Outstanding, 2 or B = Above average, 3 or C = Adequate, 4 or D = Somewhat inadequate, 5 or F = Inadequate, 6 or I = Unable to judge at this time), and strengths (for example, 1 or N = Notable Strengths, 2 or P = Possible Strengths) (Karls & O’Keefe, 2008a).

Social workers may then use the classifications within the *Factor II—Problems in the Environment* dimension to identify those situational conditions that affect or are affected by the identified problems in social role functioning (Factor I). Environmental problems are categorized according to the following systems (Karls & O’Keefe, 2008a, p. 17):

1. Basic Needs System
2. Education and Training System
3. Judicial and Legal System
4. Health, Safety, and Social Services System
5. Voluntary Association System
6. Affectional Support System

Each of these major systems (for example, Basic Needs System) contains problem areas (for example, food/nutrition, shelter, employment, economic resources, transportation, discrimination) and each problem area contains a list of specific problems. For example, the discrimination problem area includes: discrimination on the basis of age, ethnicity, color, language, religion, gender, sexual orientation, lifestyle, noncitizen status, veteran status, dependency, disability, marital status, body size, political affiliation, and other. Once an environmental condition or problem has been identified, its severity, duration, and strengths index are determined and coded (Karls & O’Keefe, 2008a).

For example, a social worker and client using the PIE Classification Manual might adopt a classification such as:

- ◆ Factor I: Parent Role Problem, ambivalence type, very high severity (5), duration of 6 months to 1 year (3), somewhat inadequate coping ability (4), and notable strengths (1) [1120.5341]
- ◆ Factor II: Absence of Affectional Support, high severity (4), duration of 6 months to 1 year (3), and possible strengths (2) [10101.432] (Karls & O’Keefe, 2008a).

The PIE classification system (Karls & Lowery, 1997; Karls & O’Keefe, 2008a, 2008b; Karls & Wandrei, 1992a, 1992b, 1994a, 1994b, 1995; Williams, Karls, & Wandrei, 1989) has generated considerable interest among social work academicians and researchers (Karls & Lowery, 1997;

Williams, 1994). Social work practitioners, however, appear to be less intrigued. Many may not be aware of the system, and others, especially those in health and mental health settings, may not see the value of additional classification beyond the *DSM-IV-TR* or the International Classification of Diseases (*ICD-10*) (World Health Organization, 2007). The potential utility of the PIE classification scheme may become apparent only in years to come, when epidemiological and demographic studies establish the incidence and prevalence rates of various problems involving social role functioning and environmental conditions. Like the *DSM-IV-TR*, the PIE classification system is primarily problem focused in nature. To be truly useful to helping professionals and consumers, we need effective intervention strategies for each problem classification or diagnosis. Indeed, such is the case for several psychiatric disorders included within the *DSM-IV-TR*. It has taken many years of clinical research to develop safe and effective medicines for conditions such as schizophrenia, or psychosocial treatment protocols for disorders such as panic with or without agoraphobia. You may expect much time to pass before effective prevention or intervention services can be established for many of the problems involving social role functioning and environmental conditions included in the PIE Classification Manual (Karls & O'Keefe, 2008a, 2008b; Karls & Wandrei, 1994a).

In addition to classification manuals such as the *DSM-IV-TR* and the PIE system, rapid assessment instruments (RAIs) of various kinds may complement the assessment process and sometimes serve as potential indicators or measures of goal attainment (Fischer & Corcoran, 2007a, 2007b; Hudson, 1982; Rush et al., 2008; Schutte & Malouff, 1995). In the case of substance abuse issues, instruments such as the CAGE Screening Test for Alcohol Dependence, the Michigan Alcoholism Screening Test (MAST), or the Drug Abuse Screening Test, in conjunction with other information, can be used as aids for determining, for instance, whether a client might be physically addicted, perhaps indicating a need for detoxification in a hospital setting. Judgments of this nature and magnitude require perspective, objectivity, and well-developed critical thinking skills. Your judgments also require a great deal of career-long learning because of continuing advances in the scientific knowledge on which assessment criteria are based.

Indeed, during the last decade or two, many helping professionals have become concerned that exclusive or excessive focus on problems may interfere with clients' motivation and impede progress toward resolution. In addition, several scholars (De Jong & Berg, 2002; de Shazer, 1988; Saleebey, 2002) have questioned the assumption that detailed exploration of clients' personal and social histories and in-depth understanding of the contributing causes of psychosocial problems are necessary for effective resolution of those problems. Partly because of these concerns, professional helpers have become extremely interested in concepts and perspectives related to strengths, capacities, protective factors, assets, resiliencies, and solutions.

Dozens of books, book chapters, and articles have been published on the topic of strengths-based practice, a strengths perspective, or the strengths model of social work practice (Benard, 1997; Blundo, 2001; Browne & Mills, 2001; M. Clark, 1997; Corcoran, 2004; Cowger, 1994, 1996; Daly, 2001; Daly, Jennings, Beckett, & Leashore, 1996; De Jong & Miller, 1995; Fast & Chapin, 1997; Gilgun, 1999a, 2004a, 2004b; Graybeal, 2001; Kisthardt, 1997; Norman, 2000; C. A. Rapp, 1998; C. A. Rapp & Goscha, 2006; R. Rapp, 1997; Russo, 1999; Saleebey, 1997, 1999, 2001a, 2001b, 2002). Indeed, Saleebey (2001) proposes the development of a diagnostic strengths manual to counterbalance the symptom perspective reflected in the American Psychiatric Association's *DSM-IV-TR*.

Locating, enhancing, and promoting resilience and hardiness have generated similar interest (Daniel, 2006; Gilgun, 2002, 2005; Greene, 2002; Grotberg, 2003; Henderson, 1997; Henderson, Benard, & Sharp-Light, 1999; Kamyra, 2000; Lifton, Seay, & Bushko, 2000; Maddi, Wadhwa, & Haier, 1996; Masten, 1994; Norman, 2000; Schofield & Beek, 2005; Schoon, Parsons, & Sacker, 2004; Thomas, Chenot, & Reifel, 2005; Walsh, 2003), as has solution-focused or solution-oriented

practice (Baker & Steiner, 1996; Berg, 1994; Berg & De Jong, 1996; Berg & Reuss, 1998; Birdsall & Miller, 2002; Corcoran & Stephenson, 2000; De Jong & Miller, 1995; de Shazer, 1988; de Shazer et al., 1986; Eells & Lombart, 2003; LaFountain & Garner, 1996; M. Y. Lee, 1997; Lipchik, 2002; MacKenzie, 1999; Metcalf, 1995; S. D. Miller, Hubble, & Duncan, 1996; O'Connell, 2005; O'Hanlon, 2003; O'Hanlon & Weiner-Davis, 1989; Zimmerman, Jacobsen, MacIntyre, & Watson, 1996).

The positive psychology initiative represents an analogous trend. Stimulated largely by Martin Seligman (2002; see also Seligman & Csikszentmihalyi, 2000; Seligman, Steen, Park, & Peterson, 2005), virtues and strengths are emerging in psychology as a focus for both research and practice. Numerous books and articles reflect this phenomenon (Aspinwall & Staudinger, 2003; Bolt, 2004; Carr, 2003; W. C. Compton, 2004; Csikszentmihalyi & Csikszentmihalyi, 2006; Frisch, 2005; Linley, Joseph, & Seligman, 2004; Ong & Dulmen, 2006; Peterson, 2006; Snyder & Lopez, 2005). In addition, Peterson and Seligman (2004) published a handbook and classification of character virtues and strengths. They provide an overall list of 24 strengths that support the following six overarching virtues (pp. 29–30):

1. **Wisdom and knowledge**—cognitive strengths that entail the acquisition and use of knowledge
2. **Courage**—emotional strengths that involve the exercise of will to accomplish goals in the face of opposition, external or internal
3. **Humanity**—interpersonal strengths that involve tending and befriending others
4. **Justice**—civic strengths that underlie healthy community life
5. **Temperance**—strengths that protect against excess
6. **Transcendence**—strengths that forge connections to the larger universe and provide meaning

Hardly a threat to the dominance of the *DSM-IV-TR* among helping professionals, this effort to classify VIA (values in action) strengths nonetheless represents a significant opportunity to acknowledge positive aspects of human behavior and experience. Indeed, we expect that the strengths reflected in these virtues represent protective or resilience factors of relevance to many people, problems, and aspirations.

Another theme or trend in contemporary psychosocial services involves the assessment of motivation—particularly as it relates to the transtheoretical model (TTM) or the “stages of change” (Budd & Rollnick, 1996; W. R. Miller & Rollnick, 2002; Prochaska, 1999; Prochaska & DiClemente, 1982; Prochaska & Norcross, 2007; Prochaska et al., 1994; Prochaska & Velicera, 1998; Rollnick, 2002; Rollnick & Miller, 1995). According to the transtheoretical perspective, long-term change tends to proceed sequentially in five stages (Prochaska, 1999):

- ◆ Precontemplation
- ◆ Contemplation
- ◆ Preparation
- ◆ Action
- ◆ Maintenance

Prochaska and colleagues (Prochaska & Norcross, 2007; Prochaska et al., 1994) suggest that people who make significant changes in their behavior proceed through all of these stages. However, the process may be spiral rather than linear in nature. They conclude that people who make durable change eventually address each stage.

Precontemplation is the first TTM stage of change. People in this stage tend to reflect ambivalence, uncertainty, disinterest, or denial. For example, suppose you had agreed to help an

unemployed, paraplegic client find a job. When you first contact a prospective employer who has never employed someone who uses a wheelchair, you might anticipate a precontemplative response. Despite the Americans with Disabilities Act, the employer could be quite reluctant to consider the request seriously. As a social worker, your first step toward change would be to help the employer to the next stage—contemplation.

Contemplation is the second stage of the change process. People in this stage tend to engage in data collection, reflection, and analysis. The possibility of change is considered. There may even be a general sense of direction or a vague plan. Consider the situation of your paraplegic client and the “reluctant employer.” Suppose you provide written materials that outline the benefits of a diverse workforce and describe businesses that became successful after employing disabled workers. When the “precontemplative employer” reads those materials and considers the idea of hiring a person affected by a spinal cord injury, you might begin to see signs of contemplation and reflection. Unfortunately, thinking about change in general terms does not usually produce it. In trying to serve your client, you encourage the employer toward the preparation stage.

Preparation is the third stage of change. The transition from contemplation to preparation is associated with at least two notable shifts in thinking. First, there is a significant increase in thinking about solutions and resolutions, accompanied by a decrease in contemplation about the problem, issue, or need. Second, thoughts about the future increasingly replace those about the past and present. “The end of the contemplation stage is a time of anticipation, activity, anxiety, and excitement” (Prochaska et al., 1994, p. 43). Plan making characterizes the onset of the preparation stage. People might outline specific steps and set short-term dates. Importantly, they share with others and publicly “announce” their intent to change. You would notice signs of preparation when the “contemplative” employer tells colleagues, “We will hire at least one disabled worker this month and at least one more each month for the next 6 months.” However, even extremely well-conceived plans do not automatically lead to change. Change requires some kind of action.

Action, the fourth stage, is characterized by motivation, purposefulness, activity, and optimism. You notice actual differences in the person, the situation, or aspects of both. Indeed, the most long-lasting change tends to occur when action involves several dimensions of the person-in-environment. However, the activities of this stage may not lead to durable change. The intensity may fade, sometimes remarkably quickly, and change-related activities may not continue. The action stage can be short-lived and disappointing. Despite the public announcements, the plans, and the flurry of initial activity, your client may not be hired or, if he is, other disabled workers may not become employed. “Many people . . . erroneously equate action with change, overlooking not only the critical work that prepares people for successful action but the equally important (and often more challenging) efforts to maintain the changes following action” (Prochaska et al., 1994, p. 44).

Maintenance is the fifth stage in the change process. In some ways, it represents the greatest challenge of all. Requiring ongoing motivation, commitment, stamina, persistence, and follow-through, maintenance lacks the excitement of the preparation and the intensity of the action stages. Maintaining lasting change usually requires ongoing, detailed attention to small steps on a day-to-day and week-to-week basis. Human systems tend to reflect powerful forces of inertia that return them to traditional behaviors. Without continuous attention and consistent routines designed to maintain change, you may anticipate a return to previously established patterns. The recently “enlightened employer,” who appears so motivated and “ready” to diversify the workforce, can easily become distracted by unrelated problems and challenges, and fail to monitor progress on a day-to-day basis. The person leading the effort to employ disabled workers may leave the company or be transferred to another area. There may be a downturn in the economy. When there is a surplus of applicants, workforce diversification may not seem as important or attractive as it does when a scarcity of dependable workers exists. Unless you persistently attend to maintenance,

change is unlikely to last. However, if maintenance activities continue, the potency of the older forces of inertia gradually decreases as the once-new changes become part of the established and traditional routine, reflecting their own forces of inertia. Indeed, they would be quite difficult to change (Prochaska et al., 1994).

West (2005) and others have challenged the transtheoretical stages of change on theoretical and empirical grounds. Indeed, it is not certain that all people proceed through all five “stages,” and the descriptions of the stages are far from precise. These issues call for further development and additional research. Nonetheless, the TTM represents a potentially useful addition to the array of conceptual models available to social workers and clients in their efforts to understand how change occurs, and to incorporate such understanding in their plans.

In addition to the transtheoretical model, you may be interested in aspects of the Health Belief Model (Becker, 1974; Harrison, Mullen, & Green, 1992; Rosenstock, 1990; Rosenstock, Strecher, & Becker, 1988, 1994), the theory of reasoned action (TRA) and its successor the theory of planned behavior (TPB) (Ajzen, 1991; Ajzen & Fishbein, 1980; Albarracin, Johnson, Fishbein, & Muellerleile, 2001; Fishbein & Middlestadt, 1989; Fishbein, Middlestadt, & Hitchcock, 1994), and, as we explored earlier, “self-efficacy” (Bandura, 1977a, 1992, 1995a, 1995b, 1997; DeMoulin, 1993; Herrick, Stone, & Mettler, 1998; Holden, 1991; Jerusalem & Schwarzer, 1979; Marlatt, Baer, & Quigley, 1995; Scholz, Gutiérrez-Doña, Sud, & Schwarzer, 2002; Schwarzer, 1992, 1998; Schwarzer & Fuchs, 1995; Schwarzer & Jerusalem, 1995; Sherer et al., 1982) to help you and clients consider aspects of the change process—particularly as they relate to “person” or “psychological” factors that may affect their readiness and motivation to take action, as well as their expectations regarding the outcomes of their efforts.

Failure to consider motivational dimensions may lead social workers to presume that once clients identify a problem or issue, they are necessarily ready to take action to ameliorate its adverse effects. Given our long-standing belief in “starting where the client is,” social workers in particular recognize that clients often hold complex and ambivalent thoughts and conflicting feelings about problems, and especially actions that might be required to address them. Furthermore, when clients experience multiple problems, their degree of motivation to address one problem may differ substantially from that of another. When we fail to incorporate clients’ readiness, motivation, and beliefs and expectations regarding change, we may inadvertently obstruct rather than enhance problem resolution. Clearly, many clients are not “ready” or “motivated” to take action as soon as they share an issue with a social worker. In such cases, we should respect our clients and “start where they are” rather than where we might want them to be.

Different levels of readiness or motivation call for different helping activities—ones that “match” the stage of change. For example, people who are “preparing to change” typically experience marginal benefit from additional exploration into historical events or examination of the problems of concern. They are ready to consider potential solutions and begin the process of formulating plans. Helping them to develop plans and identify steps is likely to match their stage of change and contribute to goal-oriented action.

Conversely, people who are only beginning to contemplate the possibility and value of change would probably find examination of relevant intervention strategies premature and perhaps even insulting. Helping them to explore problems or issues and facilitating discussion about the pros and cons associated with change would better match their level of readiness for change.

Motivational enhancement or motivational interviewing approaches can encourage and facilitate clients’ progression through the stages of change (Baer, Kivlahan, & Donovan, 2000; Budd & Rollnick, 1996; W. R. Miller, 1995, 2005; W. R. Miller, Benefield, & Tonigan, 2001; W. R. Miller & Rollnick, 1991, 2002; W. R. Miller, Yahne, & Tonigan, 2003; Rollnick, 2002; Rollnick & Miller, 1995; Rubak, Sandbaek, Lauritzen, & Christensen, 2005; Sellman, Sullivan,

Dore, Adamson, & MacEwan, 2001; Vansteenkiste & Sheldon, 2006). Of course, the motivational interviewing approach focuses primarily on the person's readiness, motivation, beliefs, and expectations. There is little attention to situational factors. Nonetheless, focusing on these personal factors helps social workers and clients—whether they appear in the form of an individual, dyad, family, group, organization, or community—assume responsibility for and take action to address the problems or issues they identify. Such processes reflect a traditional social work theme of “helping clients to help themselves.” However, there are times when social workers should or must take action on behalf of clients—often in an effort to influence change in the client's environment. In such circumstances, the social worker's motivation and readiness and those of significant actors in the environment are more relevant to the change process than are those of the client. In adopting a person-in-environment perspective, social workers attend to situational and contextual factors—as well as personal or psychological factors—that relate to client-identified problems and issues. Of course, other people in the “situation” also reflect their own levels of readiness and motivation regarding changes asked or expected of them.

Interestingly, almost 60 years ago, leading social work scholars at the University of Chicago School of Social Service proposed a triadic model of assessment that included motivation, capacity, and opportunity (Ripple, 1955; Ripple & Alexander, 1956; Ripple et al., 1964). Using this framework, social workers and clients considered ways and means to solve problems and accomplish goals by intervening within these dimensions of the person-in-environment.

In contemporary social work, we may integrate several of these perspectives for the purposes of assessment. Recognize, however, that knowledge is increasing at an exponential rate and the conceptual tools, classification schema, and theoretical perspectives used today will probably change within a few years as researchers produce more valid, reliable, and relevant knowledge.

Although social work assessment is an ongoing process rather than a finished product, a formal record is usually required. This record may be handwritten, audiotaped, typewritten, or word-processed. Keep in mind, however, that assessments change, sometimes frequently and occasionally dramatically, during work with or on behalf of a client system. Also remember to exercise caution with labeling terminology (see “Culturally Competent Communications” in Chapter 6).

Social work assessments are multidimensional processes and serve many purposes. There are many ways to structure a social work assessment and record the results. The Description, Assessment, and Contract (DAC) outlined in Box 10.2 represents a comprehensive integrated format that you might find useful. You will probably discover that some sections are irrelevant for use with some clients or in certain agency settings. In addition, recognize that numerous other models are readily accessible in the professional literature. Some may be especially applicable to your particular social work role and function in your service to specific population groups or in assessing specific problems of concern.

As you engage in assessment activities, please approach them as professional rather than technical endeavors, as collaborative rather than singular undertakings, and as dynamic rather than static processes. Avoid the temptation to adopt a checklist approach to assessment. Whenever possible, adopt a conversational style that reflects the core facilitative conditions of empathy, respect, and genuineness. Use available professional knowledge and judgment to determine the particular nature and style of assessment. It is highly unlikely that every client would have the same assessment experience. The unique nature of each person-issue-situation virtually requires certain adaptations or innovations. When possible, incorporate relevant valid and reliable assessment instruments and be sure to consider the cultural implications and encourage clients to participate with you in formulating assessments. Seeking consensus about the assessment is likely to contribute to clients' sense of empowerment, encourage further collaboration, and enhance motivation for change.

Assessments, like other professional activities, must be recorded in some coherent fashion. The DAC represents one—but only one—approach to organizing the results of the exploring,

assessing, and later, the contracting processes. As its title suggests, the DAC includes three major sections. First, you organize the information gained through the exploration process into a description. Second, you formulate ideas and hypotheses concerning plausible causes and solutions that you and the client generate into a tentative assessment. Third, you summarize the agreement about goals and plans that you and the client negotiate into a service contract. We explore the description and assessment parts of the DAC in this chapter and the contract portion in Chapter 11.

Completing the description portion of the DAC helps organize a great deal of information about a client system, the situational context, and the issue of concern. The assessment section yields processed information that you and the client generate through analysis, synthesis, and the formulation of questions or hypotheses concerning the descriptive data. At first glance, the DAC may appear exhaustingly inclusive. Indeed, it includes many areas and dimensions. However, several of these would obviously be inapplicable for work with many clients, problems/issues, and contexts. Please adapt the DAC format to fit the unique needs and functions of your specific social work setting and function. Realize that numerous alternate schemes are available to social workers. Ultimately, in consultation with your supervisors and agency colleagues, you determine the utility of any format for the particular circumstances of your social work practice.

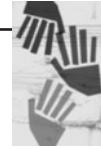
Organizing Descriptive Information

Most social work interviews do not occur in such a logical fashion that a transcript of the interaction between worker and client would represent a coherent description of the available information. Therefore your first step in the assessment process is to organize the information gained through exploration into a form that allows for efficient retrieval and examination. Typically, this involves arranging data according to certain categories that you and agency professionals consider significant.

Regardless of the organizational format used, be sure to distinguish clearly between reported and observed information. Indicate that ideas or conclusions resulting from speculation or inference, and deduction or induction, are opinions or hypotheses. Differentiate them from factual data. Assertions or opinions are not facts and we should never present them as such.

Descriptive organization allows you to present information that you read, observe, or hear in a coherent fashion. Note the date and source of data. In settings where a particular individual is identified as the formal client,¹ you may include information in the description part of the DAC in accordance with the guidelines contained in Box 10.2 (see Appendix 12 for a completed example). Remember, however, that many portions of the format will not apply to some of the individuals, dyads, families, groups, organizations, and communities with which you work. Ultimately, our purpose in the descriptive section is to organize relevant data gathered during the exploration phase into a coherent, understandable representation of the client system; the issues or problems of concern; and various factors that pertain to the client system and those concerns. The structure of any particular format used to organize the descriptive data is not especially important. What is important is that the data be presented in a coherent and easily accessible fashion.

¹In many contexts, an entire family may be served even though one member of that family is formally designated as “the client” (for example, a child or teenager). Similarly, each participant in a social work group is commonly considered an “individual client,” and relevant descriptive, assessment, and contracting information about him or her is included in a case record.



BOX 10.2

Guidelines for Completion of the DAC Description: Individual

I. Description

A. Identification and Contact Information

1. In this section, place information that identifies the individual client and other relevant members of the person-in-environment systems. Data such as names and ages of household members, birth dates, insurance identification numbers, home addresses, places of work, telephone numbers, e-mail addresses, names and contact information of family doctors, and people to notify in case of emergency may be included. Note the date and place of the interview. Record your own name as the interviewer.

B. Person, Family and Household, and Community Systems

1. Person System

- a. In this section, provide additional biopsychosocial information about the client. Whenever possible, use information that comes from clients, referral sources, and your direct observations, rather than from your inferences. Also, identify the source of the information (for example, “Mr. M. stated that he has been a member of the local congregational church since he was a child and serves as an elder on the church board of directors.” Or, “I observed that the client walked with a limp. She seems to have some difficulty with her left leg.” Or, “Mrs. Jimenez says that she has a heart condition.”). Quote significant words or phrases that the client uses in self-description. Be careful to use language that enhances the description rather than stereotypes the person. For example, the statement “Mary is a 45-year-old, white, divorced female” tends to emphasize age, race, and marital status in a manner that could unnecessarily narrow the focus. Contrast that with this description, “Mary describes herself as a person with a ‘great deal of energy and zest for life.’ She describes herself as ‘single and happy to be so.’ She says she ‘just turned 45 years old but feels 30.’”

Information based on your own observations of clients, such as their approximate height and weight, physical appearance, striking or characteristic features, speech patterns, and clothing may be included in this section. However, ensure that such information is actually relevant for the purpose of assessment and mention that it derives from your own observations.

2. Family and Household System

- a. In this section, describe the client’s family and household, or primary social system. If you have not included them elsewhere, include names, ages, and telephone numbers and addresses of significant people. Family genograms and household eco-maps are useful tools for organizing this information. Cite the source of information and quote significant words and phrases. It may be easier to attach a genogram to the document rather than trying to insert it into the description. When you do so, simply insert a notation such as “See attached genogram dated January 13.”

3. Community System

In this section, describe the community system within which the identified client functions. Indicate the source of the information and include systems such as school, work, medical, recreational, religious, neighborhood, ethnic, cultural, and friendship affiliations whenever appropriate. The eco-map is an especially valuable tool for presenting this kind of information and can be included in this section. It may be easier to attach an eco-map to the document rather than trying

(continued)



BOX 10.2 *(continued)*

to insert it into the description. When you do so, simply insert a notation such as “See attached eco-map dated January 13.”

C. Presenting Problems/Issues of Concern

In this section, describe the presenting problems or issues of concern as identified by the client or responsible party (for example, parent, guardian, judge, teacher, or medical doctor). Clearly identify the source of the information and summarize the origin, development, and status of each primary problem/issue. Quote significant words and phrases that help to describe needs, problems/issues, concerns, or goals. In this section, outline how the prospective client came to seek social services at this time. Also, if identified, record the initial, desired outcome or goal as envisioned by the client or responsible party. Unless the situation is of such an urgent or life-threatening nature that you must take immediate action, postpone your own view of the problems/issues and goals until you and the client undertake a more thorough exploration and assessment.

D. Assets, Resources, and Strengths

In this section, record information concerning the assets, resources, and strengths available within the client-and-situation systems. You may make note of competencies, social supports, successes, and life lessons, along with specific resources such as the involvement of concerned relatives, sufficient financial assets, optimistic attitudes, or high energy levels. Be sure to include those aspects that might influence or moderate the presenting problems and issues. Identify the source of this information about assets, strengths, and resources. The source might be the client, a family member, a previous social worker, or your own observations. Where possible, quote significant descriptive words and phrases. As a social worker, you encourage identification of strengths and resources to provide a balanced picture—one not solely characterized by needs, problems, concerns, and deficiencies. In addition, certain assets, strengths, competencies, and resources often become extremely relevant later when we seek to identify and use protective factors during the assessing, contracting, and the working and evaluating phases of work.

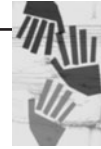
E. Referral Source and Process; Collateral Information

Summarize information concerning the source of the referral (who suggested or required that the identified client make contact with you) and the process by which the referral occurred. You may present information provided by sources other than the identified client or the client system (for example, family member or a close friend) here. Cite the source by name, role, or position, and phone number. Try to quote specific words and phrases used in describing the person-issue-situation and the events that prompted the referral (for example, “When Dr. Muhammad called to refer Mrs. Malbi, he said she is severely depressed.”).

F. Social History

In this section, include summary information about the identified client’s social history and current social circumstances. You may include or attach one or more timelines in this section. Include data that is relevant to the purpose for your involvement. Do not include extraneous information just because “it is interesting.” It should relate to the person-issue-situation. Cite the source of the information (for example, the client, a family member, or your own observations) and quote significant words and phrases wherever possible. In describing historical information, recognize that experiences may have consequences that are energy enhancing, growth promoting, liberating, and empowering, as well as energy depleting, growth limiting, oppressive, disenfranchising, or traumatic. As you describe historical information, be sure to reflect, where indicated, those aspects that represent strengths or successes. You may use a “successes timeline” in this context. Other kinds of timelines may be used to

(continued)



BOX 10.2 *(continued)*

summarize relevant historical information (for example, developmental, relationship, familial, critical events, sexual, alcohol or drug use, educational, or employment).

Depending on the agency program, your social work function, and the specific circumstances of the person-issue-situation, this section could contain some or all of the following subsections.

1. Developmental

You might include a description of a client's developmental history. You might provide information such as the nature of the client's birth, infancy, childhood, adolescent, and adult developmental processes. Specific information regarding events or experiences might be included here.

2. Personal, Familial, and Cultural

You may summarize here information concerning the significant past and present personal, familial, and cultural relationships. You may include significant processes and events that influenced the client's biopsychosocial development and behavior.

3. Critical Events

Summarize events or situations that might have been significant in some way. Identify liberating, empowering, or growth-enhancing processes and events such as successes, accomplishments, achievements, and experiences that may have enhanced psychosocial functioning. Also identify critical events such as violence, abuse, rape or molestation, suicides or suicide attempts, victimization, oppression, and discrimination that may have had traumatic effects. Describe how these experiences affected the client.

4. Sexual

You may include here, if relevant to the social work purpose, information related to the person's sexual development and history.

5. Alcohol and Drug Use

Because alcohol and drug abuse is so prevalent in our society, unless this topic is clearly irrelevant to the social work purpose, it is frequently useful to explore and summarize clients' history in these areas.

6. Medical/Physical/Biological

Summarize here the person's medical and physical history. This might include identification of illnesses, injuries, disabilities, and current physical health and well-being. If relevant, you may refer to the medical history of family members or conditions that appear to have some genetic or hereditary influence. When applicable, you could include or attach a family medical genogram or pedigree. Be sure to include the date and results of the client's most recent physical examination. If not recorded earlier, the client's family doctor or source of medical care should be identified.

7. Legal

Include here, as relevant, history of involvement in the criminal justice and legal system as well as pertinent information such as citizen or residency status, custody, or guardianship.

8. Educational

Summarize the client's educational history. Both formal and informal educational experiences may be noted.

9. Employment

Include here the client's employment history, including military and volunteer experiences.

(continued)



BOX 10.2 *(continued)*

10. Recreational

Where applicable, summarize recreational and avocational activities that the client has undertaken over the years. Often, these endeavors constitute strengths or resources.

11. Religious/Spiritual

Summarize current and past religious and spiritual affiliations and activities, and their meaning and significance for the client. Often, aspects of this dimension represent strengths or resources, and sometimes certain religious beliefs or practices relate to the problem/issue.

12. Prior Psychological, Social, or Medical Services

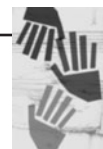
Summarize here previous involvement with psychological, social, and medical services that may relate to the person-issue-situation. Where relevant, identify the names, addresses, and telephone numbers of agencies and service providers.

13. Other

Include here any additional, relevant historical and developmental information.

Appendix 12 contains an example of a completed DAC. Review it now to see how you might organize and record information about the case of Mrs. Lynn Chase into the description section of the DAC. Please recognize, however, that most individual or family descriptions are not nearly as comprehensive in nature as the one created for Mrs. Chase. You should not view the format as a guide for data collection. Rather, the format represents one possible way to organize relevant data. There are many other formats. Indeed, several of the subsections contained in this particular format could easily be merged into one or two. Also, remember that a key focus for the organization of data remains the problems, issues, or goals as presented by clients. Our clients' aspirations remain central. As a result, many dimensions suggested as possible subsections in Box 10.2 (and illustrated in the example contained in Appendix 12) would be irrelevant to clients concerned with different issues.

In working with larger systems (for example, naturally formed groups, organizations, and communities), different formats may help us organize relevant information. Box 10.3 contains one—but only one—possible structure.



BOX 10.3 **Guidelines for Completion of the DAC Description:** **Natural Group, Organization, or Community**

I. Description

A. Identification and Contact Information

In this section, place information that identifies the people with whom you first interact and those expected to join you in work together. In the case of a community group or organization, it might be the formal leaders or a subgroup that initiated contact or responded to your invitation. Data such as names, home addresses, places of work,

(continued)

BOX 10.3 *(continued)*

telephone numbers, e-mail addresses, may be included. Sometimes, for example, in work with a group of street-based sex workers or members of a youth gang, participants may prefer to remain partially or completely anonymous. Note the date and, if useful, the place of the interview. Record your own name as the interviewer.

B. Client System

In this section, provide additional psychosocial information about the natural group, organization, or community with which you expect to work. Include information that comes from others as well as your direct observations. In the descriptive section, avoid opinions, conclusions, or hypotheses based on your own inferences. Also, identify the source of the information (for example, “Ms. P stated that she and several other sex workers in the 11th Street area have been hit with stones thrown by passersby. She said it has happened about three or four times weekly for the last month or so.” Or, “Mrs. Johnson, the president of the organization’s board of directors, stated that their agency will close within 6 months if they fail to secure additional funding.” Or, “I observed that as we talked about the stone throwing, the women routinely scanned the street and sidewalks. Sometimes, one or two would briefly step away to talk with potential customers.”). Quote significant words or phrases that the client uses in self-description. Use language that enhances the description rather than stereotypes people or groups.

You may include social network maps, or organizational charts. Cite the source or sources of information. It may be easier to attach a graphical data to the document rather than trying to insert it in the description. When you do so, simply insert a notation such as “See attached organizational chart dated October 24.”

Information based on your own observations of the people involved may be included in this section. However, ensure that such information is actually relevant for the purpose of assessment and mention that it derives from your own observations.

C. Social and Physical Environment

In this section, describe the social and physical environment within which the natural group, organization, or community exists and functions. Indicate the source of the information and include systems such as competing and cooperating groups, organizations, and communities with which the client system does or could interact. Eco-maps are often valuable tools for presenting this kind of information and can be included in this section. Geographical maps may be included (for example, to identify the territory of a particular gang or the boundaries of a community). It may be easier to attach an eco-map to the document rather than trying to insert it into the description. When you do so, simply insert a notation such as “See attached map dated January 13.”

D. Presenting Problems/Issues of Concern

In this section, describe the presenting problems or issues of concern as identified by members of the client system. Clearly identify the source of the information and summarize the origin, development, and status of each primary problem/issue. Quote significant words and phrases that help to describe needs, problems/issues, concerns, or goals. In this section, outline how contact was initiated and by whom. Also, if identified, record the initial, desired outcome or goal as envisioned by members of the client system. Unless the situation is of such an urgent or life-threatening nature that you must take immediate action, postpone your own view of the problems/issues and goals until you and members of the natural group, organization, or community undertake a more thorough exploration and assessment.

(continued)

BOX 10.3 (continued)



E. Assets, Resources, and Strengths

In this section, record information concerning the assets, resources, and strengths available within the client system and the social and physical environment. You may make note of competencies, social supports, successes, and life lessons, along with specific resources such as the involvement of concerned others, sufficient financial assets, optimistic attitudes, or high energy levels. Be sure to include those aspects that might influence or moderate the presenting problems and issues. Identify the source of this information about assets, strengths, and resources. The source might be one or more members of the client system or others who value them. It might be a previous social worker or consultant, or your own observations. Where possible, quote significant descriptive words and phrases. As social workers, we encourage identification of strengths and resources to provide a balanced picture—one not solely characterized by needs, problems, concerns, and deficiencies. In addition, certain assets, strengths, competencies, and resources often become extremely relevant later when we seek to identify and use protective factors during the assessing, contracting, and the working and evaluating phases of work.

F. Referral Source and Process; Collateral Information

Sometimes others make the first contact with you or your agency on behalf of a natural group, organization, or community. When that occurs, summarize information concerning the source of the referral and the process by which it occurred. You may present information provided by referral sources. Cite the source by name, role, or position, and phone number. Try to quote specific words and phrases used in describing the problems, situation, and the events that prompted the referral (for example, “When Rabbi Cohen called to express his concern about a group of youths congregating near the Hebrew Academy, he mentioned that several of the boys wore Nazi swastikas.”).

G. History

In this section, include summary information about the history and current circumstances of the natural group, organization, or community. You may include or attach one or more timelines in this section. Include data that are relevant to the purpose for your involvement. Do not include extraneous information just because “it is interesting.” It should relate to the client system, the identified issues, or goals. Cite the source of the information and quote significant words and phrases wherever possible. In describing historical information, recognize that historical experiences may have present-day or potential consequences that are energy enhancing, growth promoting, liberating, and empowering, as well as energy depleting, growth limiting, oppressive, disenfranchising, or traumatic. As you describe historical information, be sure to incorporate, where indicated, those aspects that represent strengths or successes. You may use a “successes timeline” in this context. Other kinds of timelines may be used to summarize relevant historical information (for example, developmental, critical events, or “eras”).

Depending on the agency program in which you serve, your social work function, and the specific circumstances of the client system, this section could contain some or all of the following subsections.

1. Developmental

You might include a description of the origin and development of the group, organization, or community. You might provide information about the original

(continued)

BOX 10.3 *(continued)*

formation of the group, establishment of the organization, or foundation of the community. Specific information regarding notable development-related events or experiences might be included here.

2. Social and Cultural

You may summarize here information concerning the cultural aspects of the client system. For example, a natural group of young people hanging out outside a neighborhood thrift store may be of working-class background. Many of their fathers or mothers lost their jobs in a recent plant closure. The group of sex workers on 11th Street may be first- or second-generation immigrants—perhaps from a particular region of the world. An organization's board of directors may reflect a single ethnic group, the executive director another, whereas the staff members may reflect considerable ethnic diversity. A community may include three more or less distinct neighborhoods. One is predominantly European American, Catholic, and working class in composition. A second is racially, ethnically, and religiously mixed and includes people from both the working and professional classes. The third is almost exclusively European American, Protestant, and well-to-do.

3. Critical Events

If not described earlier, you may summarize events or situations of significance to the client system in some way. Identify liberating, empowering, or growth-enhancing processes and events such as successes, accomplishments, achievements, and experiences that may have enhanced social functioning. Also identify events that negatively affected the system. In work with youth gangs, for example, the murder of a beloved leader may have triggered a war with a rival gang believed responsible for his death. An organization may have once laid off 25 percent of its staff to forestall bankruptcy. A neighborhood may have been flooded by a hurricane, flattened by a tornado, or destroyed by a fire. A community may have been hit by a dangerous epidemic of influenza. These and other such effects may have seriously affected the group, organization, or community. Include descriptive information about these critical events.

4. Legal

If not included in other sections, describe relevant contact with the criminal justice and legal system as well as pertinent information such as citizen or residency status of members of the client system. For example, a previous director of an organization may have embezzled funds and a trial is about to start. Key members of a gang may be in jail or prison, or a police task force may be targeting violent youth gangs for special attention, arrest, and prosecution. Two homes in a neighborhood may have been foreclosed by banks whereas another may recently have been burglarized. A community association may have filed suit to restrain the city from building a highway that would split a neighborhood in half—fragmenting a community that originated nearly two centuries earlier.

5. Financial

If relevant to the purpose for your involvement, you may include here the client system's sources of and amounts of income as well as expenditures. Sometimes financial factors are associated with the onset or continuation of problems or could be involved in the achievement of goals. For example, a youth gang may acquire money through drug sales, theft, or the "protection" of businesses and neighborhoods.

(continued)

BOX 10.3 *(continued)*



An organization may secure funding through grants and fees, or sales of goods and services. A community may depend upon a local factory for employment.

6. Prior Social Services

Summarize here previous involvement with social or consultative services that may relate to the client system and its presenting issues and goals. Where relevant, identify the names, addresses, and telephone numbers of service providers.

7. Other

Include here any additional, relevant information.

EXERCISE 10-1: ORGANIZING DESCRIPTIVE INFORMATION

For this exercise, assume that you are your own client. Use a word processor to draft the description section of a written record as if you are a social worker who learned what you know about yourself as a person and about your situation. Identify one or two problems/issues or goals for which you might conceivably consult a social worker. As do all human beings, social workers also confront problems/issues of various kinds throughout the course of life. Such challenges are inevitable. Therefore, build on the self-understanding exercises that you undertook in Chapter 2 by organizing information about yourself and your situation into a descriptive record. Use the DAC format to prepare the description portion of a “Personal Case Record” for inclusion in a separate part of your Social Work Skills Learning Portfolio. Be sure to attach your genogram, eco-map, and critical events timeline. In creating your case record, it might be prudent to disguise your own identity to some extent. After all, these materials reflect a great deal about yourself and your own personal life. Instead of your full name, you might use one or two letters to identify yourself and the significant people in your life. Create a separate folder entitled “My Personal Case Record” to hold these materials in your portfolio.

Preparing a Tentative Assessment and Case Formulation

After recording the available information in an organized fashion, you—with the active participation of the client—begin to prepare a tentative assessment and case formulation (that is, a “theory of the case”). You do so through analysis and synthesis, the primary critical thinking skills involved in this process. Analysis involves examining in fine detail various pieces of information about the client system, issues, and circumstances. For example, consider a 30-year-old woman who reports that she “feels anxious in the presence of men.” Together, you would consider how the different dimensions of anxiety interact. After collecting information about what the client thinks, feels, senses, imagines, and does when she experiences anxiety, you might piece together or track the precise sequence of events leading up to and following the upsetting feelings. Such a functional analysis might reveal that the anxious feelings usually occur in the presence of men who

are her own age or older, are confident and appear successful, and whom she thinks are eligible for romantic consideration. Further analysis might enable you to uncover that the client does not feel anxious when she interacts with men in business or professional contexts, men who are married or gay, or those who are much younger or less successful than she is. You and your client might also discover that when she first notices the early signs of anxiety, she immediately begins to say certain things to herself. For example, in such contexts, she might think, “I must not become anxious right now; if I become anxious, I will not say what I want to say and I will embarrass myself.” She also seems to focus intently on the symptoms of anxiety (for example, perspiration and flushing).

Analysis often leads you and the client to pinpoint critical elements from among the various pieces of information. These become cornerstones in the formulation of *explanatory hypotheses* and, subsequently, *change-oriented hypotheses* as well. Synthesis builds on what you gain from analysis. It involves assembling significant pieces of information into a coherent whole by relating them to one another and to elements of your theory, knowledge, and experience base. For example, you might hypothesize that the client’s anxiety in the presence of certain men may well be a learned pattern resulting from her experience of growing up as an only child, attending girls-only grammar and high schools, and later enrolling in a college for women only. Such an explanatory hypothesis might help address the “why” question that many clients (and many social workers) ask themselves. However, we are usually even more interested in formulating hypotheses that involve contemporary factors. Often enlightening, factors from the past are not as amenable to change as are those in the present.

For example, in the case of a community that reflects an increase in crime, an increase in high school drop out rates, and an increase in food stamp applications, you and community members might hypothesize that the relatively recent closing of a local manufacturing plant and the resulting loss of employment contributed to these phenomena. Such a hypothesis would help to explain, in part, “why” the incidence rates of these social problems have increased. Later, based in part on our explanatory hypotheses, we also seek to generate *change-oriented hypotheses* that guide us in our efforts to resolve problems and achieve goals. In this instance, you might hypothesize that returning jobs to the community could help to alleviate the identified social problems and contribute to community development.

We use analysis and synthesis skills to generate explanatory and change-oriented hypotheses. In synthesis, we take certain bits of data or certain aspects of the analysis and combine them into a coherent whole. Usually, social workers apply research-supported theoretical concepts and perspectives to link certain pieces of information with others and to incorporate them within the context of a unifying theme. Our professional knowledge and expertise contributes to the generation of relevant, plausible hypotheses. However, in this process, we cannot neglect clients’ knowledge, experience, and wisdom. Clients and other stakeholders often have ideas, opinions, and theories of their own. Based as they are on firsthand experience, their hypotheses add realism, practicality, and depth to our hypotheses.

Assessment leads to greater understanding by both worker and client. Coherent, plausible explanations about how and why identified problems occur also tend to enhance motivation and encourage optimism. However, our primary purpose for assessment goes well beyond enhanced understanding, hope, and readiness. As social workers, our fundamental purpose is to help clients resolve problems and achieve goals. Therefore, in our collaborative efforts, we also generate change-oriented hypotheses about what to do to address the problems, issues, or needs that we jointly select for work.

In the case of the woman who becomes anxious in the presence of certain men, you might consider an explanatory hypothesis that, for example, her “distorted thoughts and beliefs” trigger anxious sensations, and her intense focus upon the symptoms of anxiety serve to maintain and

exacerbate the symptoms. In other words, when she is in the company of an “eligible” man, she experiences thoughts that have the following effects:

1. Inflate the importance of “having a romantic relationship with a man” or “being married to a man.”
2. Exaggerate the significance of each moment of each encounter with a potential romantic partner.
3. Increase her focus on herself (how she appears, what she says, what she does) so that she becomes highly self-conscious.
4. Increase her attention to physiological signs and symptoms of anxiety.

Such an explanatory hypothesis involves contemporary rather than historical factors and naturally leads to hypotheses about how to resolve the problem. That is, it leads to change-oriented hypotheses for inclusion in a case formulation. We might hypothesize that if she learned to think and focus somewhat differently in the presence of men she views as eligible, she would probably experience fewer signs and symptoms of anxiety. Therefore you and the client might well consider intervention strategies designed to change the pattern of intently focusing on interoceptive signs and symptoms of anxiety and the nature of the thoughts she has about herself, about men and relationships, and about the future. The approach would probably also include increasing frequency and duration of exposure to men whom she considers eligible so that she could learn to think, feel, and focus differently in their presence.

In this particular instance, we use cognitive and behavioral concepts to develop change-oriented hypotheses about the woman’s anxiety. These hypotheses reflect our “theory of the case” and lead to predictions such as the following:

1. If she places less intense emphasis upon “having a romantic relationship with a man” or “being married to a man,” she will experience less anxiety in the presence of men she finds attractive.
2. If she places less significance on each moment of each encounter with a potential romantic partner, she will experience less anxiety in the presence of men she considers “eligible.”
3. If she focuses less on herself (how she appears, what she says, what she does) and more on the people she’s with, she will be less self-conscious in their presence.
4. If she pays less attention to the physiological sensations and symptoms of anxiety when they occur, she will experience fewer of them and at lower levels of intensity.
5. If she spends more time in the presence of attractive, “eligible” men (that is, more “exposure”), she will, over time, experience fewer and less intense signs and symptoms of anxiety.

In addition to cognitive and behavioral perspectives, however, there are dozens of theoretical perspectives and thousands of research studies that might apply to particular people, issues, and situations. Indeed, scholarly social workers typically consider theoretical approaches that reflect research-based evidence of relevance and effectiveness. That is, we start with those theoretical and conceptual models shown through research studies to be safe and effective in helping people like our clients address problems similar to those they hope to resolve. If sufficient high-quality research-based evidence exists—as it does for cognitive-behavioral services for people affected by anxiety and panic—we call the approach evidence based. However, evidence-based practices (EBP) tend to be limited to particular people, problems, and circumstances. There does not seem to be a single “silver-bullet” practice theory or policy approach that works well for all people, all problems, and all contexts. Indeed, helping professionals will probably never be able to rely on a single theoretical perspective in our attempts to help diverse populations, living in diverse circumstances, and affected by diverse problems. Consequently, we must continue to review research

studies that pertain to the clients we serve and the problems they address; and we must think critically about which theoretical perspectives and conceptual models best apply to particular clients.

Unfortunately we sometimes lack strong research-based evidence of the effectiveness of services for certain psychosocial problems. In such cases, we may develop hypotheses from theories that we can reasonably extend to a particular client system, issue, and situation. For example, when certain interpersonal relationship issues are the target of concern, you might apply concepts from social learning theory. When strain and conflict within or between groups or organizations are the focus of attention, we might apply aspects of social systems and ecological theories. Fundamental concepts within social role theory—role ambiguity, role change, and role conflict—may also be considered in relation to signs of frustration and distress. Crisis theory may help during emergencies, such as natural disasters, violent experiences, and other circumstances that involve sudden change. Family systems concepts may lead you to consider the effects of enmeshed boundaries or the absence of feedback processes within a family unit. Understanding individual, family, and organizational development theories may allow you to identify tasks necessary for further growth and to appreciate the possible communication value of a particular behavior pattern. Ecological and social network perspectives may help you to appreciate how a particular phenomenon might represent an understandable adaptation to social and environmental circumstances. Economic models are often relevant. Indeed, a plethora of theories may prove useful as you and your clients seek to understand and synthesize significant information about the concerns and circumstances. When supported by and combined with research-based knowledge, such theoretical understanding can contribute to the preparation of well-reasoned and well-supported case formulations.

In the early stages of work with clients, the analysis and synthesis processes of assessment are tentative and speculative. You and your client do not usually have conclusive support or confirmation for a particular “theory of the case.” Therefore, continue to view the results of your analysis and synthesis as hypotheses or questions rather than as conclusions. When viewed in this tentative way, your hypotheses serve to guide the collection of additional information and sometimes lead to experiments to test the safety, value, and utility of a particular hypothesis. That is, our change-oriented hypotheses help us identify relevant intervention activities. For example, suppose you and members of your client generate the following change-oriented hypotheses as part of your case formulation: (1) if community leaders and city officials offer the recently closed factory building to another company at a discounted price and a lower tax rate, that company will relocate to our community; (2) if recently unemployed adults receive education and training in skills needed by that company, they will secure employment there; and (3) if the rate of community employment increases, there will be a decrease in crime, a decrease in high school dropout rates, and an decrease in food stamp applications. Such change-oriented hypotheses lead your and your clients to actions that might address and resolve the problems and issues of concern.

Throughout this assessment process, resist the temptation to conclude that you have “the key” or “the answer.” Very few situations have one key or one right answer. Most of the time, there are many plausible hypotheses and numerous potential solutions. Your professional challenge is to identify those most likely to be relevant and useful for each problem, each unique client system, and each set of circumstances.

As you do with descriptive data, organize the results of your analysis and synthesis into a coherent structure. The particular format varies from agency to agency, program to program, and indeed from client to client. Nonetheless, virtually all social work assessment schemes refer in one way or another to various theoretical dimensions and include consideration of the client system, problems and issues, and circumstances. The organizing structure may be derived from a single theoretical perspective or, eclectically, from several. On occasion, the assessment may even be atheoretical. Sometimes you and clients apply common sense to develop: (1) explanatory

hypotheses to understand particular people, problems, and circumstances, and (2) change-oriented hypotheses that lead to goals and plans for action and evaluation.

Whether theoretical or atheoretical in nature, assessment enables you and your clients to reach agreement about a “theory of the case.” You develop explanatory hypotheses about risk factors and those conditions that affect and maintain problems. You hypothesize about strengths, assets, competencies, resources, and protective factors that could help in resolution. In addition, you seek to determine the client’s current readiness and motivation to address particular problems or issues.

Building upon your agreed-upon explanatory hypotheses, you and your client develop change-oriented hypotheses to identify other people or systems that could or should be involved in the helping process. You collaboratively determine potential targets for change—those aspects that, if altered, might resolve the issue. You identify potential obstacles or barriers to progress as well. You predict probable consequences if things remain the same and assess risk to determine how urgently intervention must be undertaken. In addition, you jointly explore potentially applicable intervention approaches, modalities, strategies, tasks, activities, and techniques and assess their probability of success. Finally, you determine a time frame for work and develop ways and means to evaluate progress.

We mentioned concept maps when we discussed the exploring phase. Similar to genograms and eco-maps in form, concept maps are flexible. You might use them to organize thoughts and observations about various phenomena related to the biopsychosocial aspects of the person-issue-situation (for example, problems, goals, hypotheses, action steps, evaluation processes). Concept maps are useful in all phases of work and especially during the assessment and contracting phases as you and the client develop a “theory of the case”—often with the aid of a functional analysis.

Functional analysis (that is, functional assessment or functional behavioral assessment) helps the worker and client recognize and highlight those factors that bear a functional relationship to a particular problem or issue of concern and, potentially, to its resolution. Notice that we generally avoid the term *cause* or *causal* to refer to these relationships. Based on the data collected during the exploring phase, we cannot reasonably support a claim that particular factors “cause” a problem or issue. However, we can usually identify those factors that covary with or are associated with the problematic phenomena. Based on those functional relationships, clients and workers can begin to generate change-oriented hypotheses. That is, we hypothesize that a change in one or more of these associated factors will lead to a change in the problem or issue. Of course, unless tested, change-oriented hypotheses remain hypothetical. We cannot be certain of the outcome until action takes place. Nomothetic research evidence may provide information about the relative probability that a certain intervention or action will lead to a particular outcome. However, we also need idiographic evidence to “test” our change-oriented hypotheses.

Functional analyses contribute to an understanding or tentative explanation of the relationship of various biopsychosocial and environmental factors to the identified problems/issues. They also lead to change-oriented hypotheses about how best to pursue the agreed-upon goals (Bieling & Kuyken, 2003; Eells, 2001, 2006; Eells & Lombart, 2003; Eells, Lombart, Kendjelic, Turner, & Lucas, 2005; Haynes & Williams, 2003; Muller & Petermann, 2003; Nezu et al., 2004; Persons, 2006; Persons & Davidson, 2000; Persons, Roberts, Zalecki, & Brechwald, 2006; Schiepek, 2003; Sim, Gwee, & Bateman, 2005; TARRIER, 2006; Waddington & Morley, 2000; Westmeyer, 2003; White, 2003; White & Stancombe, 2003). Functional analysis builds upon the data collected during the exploring phase of work as the worker and client address questions such as:

- ◆ “How did the problem/issue begin?” “When?” “Under what circumstances?”
- ◆ “How has the problem/issue changed since it first began?” “When has it been better?” “When has it been worse?”
- ◆ “How often does the problem/issue occur now?”

TABLE 10.1
Problem/Issue: Excessive Alcohol Consumption—John C.

Onset	Onset 16 months ago when wife initiated divorce proceedings
Evolution	Gradual worsening; better for about 1 week when he and spouse attempted reconciliation
Frequency	Daily episodes
Situational Context	Drinks exclusively in his living room in the evening; falls asleep afterward
Intensity/Severity	7–10 ounces of vodka each episode
Duration	Each episode lasts about 3–4 hours

- ◆ “Where and when does the problem/issue occur?”
- ◆ “How intense, serious, or severe is the problem/issue?”
- ◆ “How long does an episode of the problem/issue last?”

As suggested by Table 10.1, completion of the exploring phase of work should produce substantial information about the onset, development, and evolution of the problem/issue; its frequency, intensity, and duration; and the situational context in which it occurs.

Adopting biopsychosocial and environmental perspectives, we also organize information about those phenomena that precede, accompany, and follow occurrences of the problem. Functional analysis builds upon the data collected during the exploring phase of work. In work with individuals, we are interested in beliefs, behaviors, feelings, and sensations (that is, biological phenomena) associated with problematic episodes. In addition to person-related factors, we also seek to identify those situation-related factors that occur before, during, and following an occurrence. You probably gather this information during the exploring phase when you and your clients address questions such as:

- ◆ “What thoughts or images go through your mind just before an episode of the problem/issue?”
- ◆ “What thoughts or images go through your mind during an episode of the problem/issue?”
- ◆ “What thoughts or images go through your mind just following an episode of the problem/issue?”
- ◆ “What are you doing just before an occurrence of the problem/issue?”
- ◆ “What are you doing during an occurrence of the problem/issue?”
- ◆ “What are you doing just following an occurrence of the problem/issue?”
- ◆ “What feelings or emotions do you experience just before an occurrence of the problem/issue?”
- ◆ “What feelings or emotions do you experience during an occurrence of the problem/issue?”
- ◆ “What feelings or emotions do you experience just after an occurrence of the problem/issue?”

- ◆ “What sensations² do you experience just before an episode of the problem/issue?”
- ◆ “What sensations do you experience during an episode of the problem/issue?”
- ◆ “What sensations do you experience just following an episode of the problem/issue?”

In work with individuals alone or as members of a family or group, it may help to organize your functional analysis in tabular form, as presented in Table 10.2.

TABLE 10.2				
Functional Analysis: Problem/Issue: Excessive Alcohol Consumption—John C.				
	Distant or Historical Antecedent Factors	Proximate Antecedent Factors	Co-occurring Factors	Subsequential Factors
Self-Statements, Beliefs or Images	Remembers what happened during his childhood when his father and mother divorced.	“I’m alone again.” “I’ll always be alone.” “Life is unbearable without my wife.” “When can I get a drink—it will help me feel better?” Pictures his father’s bitterness and unhappiness.	“Ahh, that feels better.” “It’s her (my wife’s) fault.” “Someday she’ll realize what she’s done.”	“I’m not an alcoholic.” “I’m not going to end up like my father. This is just temporary with me.”
Behaviors	Remembers unsuccessful attempts to comfort his father—who sat every night in front the TV drinking beer.	Enters living room.	During weekdays, he drinks vodka with tonic water continuously from about 6:00 PM until he falls asleep at about 11:00 PM. On weekends, he begins drinking at about 1:00 PM.	Loses consciousness and falls asleep.
Feelings	Remembers feeling pity for his father and anger at his mother for initiating the divorce.	Anger, loneliness, stress, sadness	Becomes less angry and stressed. Sadness remains but less intense.	Guilt and remorse upon awakening.

(continued)

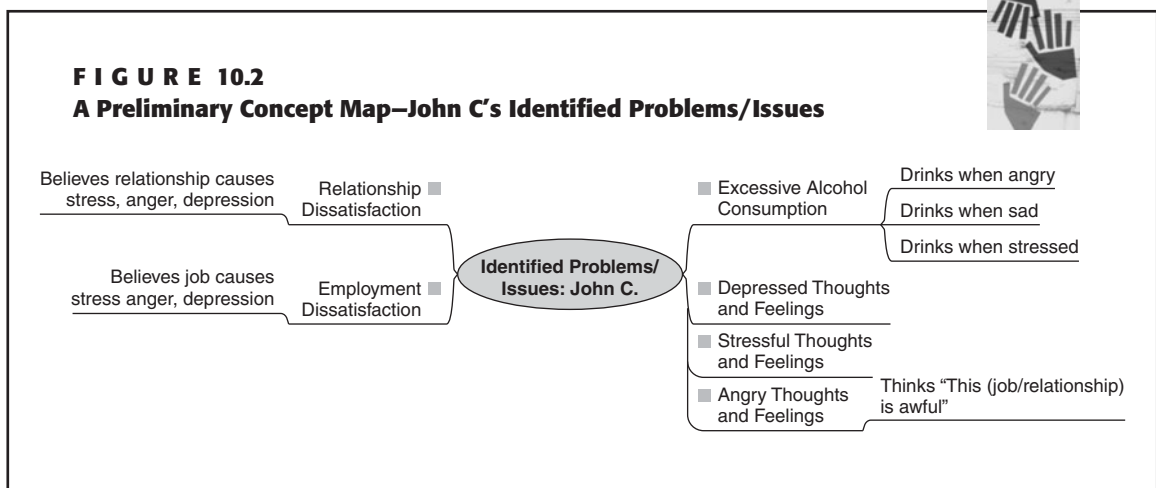
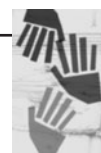
²Clients’ experience of bodily sensations is most relevant when working with individuals and in some multimember systems. In work with dyads, families, small groups, communities, organizations, and societies, we are also interested in factors such as commonly held beliefs and attitudes, norms, mores, and emotional climate.

TABLE 10.2
Functional Analysis: Problem/Issue: Excessive Alcohol Consumption—John C. (continued)

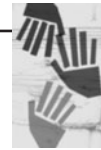
	Distant or Historical Antecedent Factors	Proximate Antecedent Factors	Co-occurring Factors	Subsequential Factors
Sensations	Remembers headaches, stomachaches, and tension during childhood.	Agitation, tension, tearfulness	Senses become dulled; bodily tension seems to lessen; tears stop.	Awakens next morning feeling somewhat hungover with increasingly strong urge for an alcoholic drink.
Situational Context	John C.'s wife filed for divorce from him 18 months earlier.	Arrives home from work in the early evening. Stays home on weekends.	Watches TV in larger reclining chair.	Falls asleep.

You may prepare a similar table for those times or circumstances when the problem or issue is “not a problem,” “less of a problem,” or when “coping well with the problem.” Concepts maps serve several purposes as well. Figure 10.2 contains a preliminary concept map of how a worker and client might track aspects of the problems and issues John C. identifies. In this example, John C. reports feeling dissatisfied in his relationship and in his work. He frequently experiences thoughts and feelings associated with stress, anger, and sadness or depression and drinks excessively when he feels stressed, angry, or sad. Together the worker and client determined that the excessive drinking represented the highest priority issue, and the negative thoughts and feelings represented the next most important. They also decided that they would defer work related to the job and relationship dissatisfaction until they made progress on the others.

FIGURE 10.2
A Preliminary Concept Map—John C’s Identified Problems/Issues



Box 10.4 contains guidelines for completing the assessment and case formulation parts of the DAC (see Appendix 12 for a completed example). The assessment derives from information contained in the description portion of the DAC. However, do not simply repeat descriptive information. Rather, refer to descriptive information to support explanatory and change-oriented hypotheses that you and the client generate. In a sense, the assessment and case formulation portion of the DAC represent an argument that involves “claims” supported by descriptive evidence.



BOX 10.4

Guidelines for Completion of the DAC Assessment and Case Formulation

II. Tentative Assessment³

A. Problems or Issues

1. Nature, Duration, Frequency, Severity, and Urgency

Analyze information gained during the exploration phase and reported in the description section to capture the nature and essence of the problems or issues of concern. Go beyond the earlier description to offer explanatory hypotheses about “why” they are of concern and “how” they came to be so at this particular time. Include the client’s as well as your own explanatory hypotheses about the problems or issues of concern. Incorporate professional and scientific knowledge to enhance understanding of the identified problems or issues.

Where available, include the results of questionnaires, surveys, and other assessment instruments as well as “pretest” or baseline rating data (for example, frequency or intensity of problem occurrence during the interval between initial contact and first face-to-face meeting). In your assessment of issues and problems, incorporate or make reference to tables (see Tables 7.2 and 10.1) and narrative discussion about their duration, frequency, severity, and urgency.

2. Risk and Protective Factors; Exceptions

In this section, propose explanatory hypotheses about risk factors and conditions that contribute to the onset, development, or continuation of the problems/issues. Specify factors that seem to trigger, accompany, and follow occurrences of the problems or issues of concern. You may incorporate a functional analysis table (see Table 10.2) as a summary.

If relevant, assess the risk of suicide, homicide, violence, abuse, neglect, and substance misuse. Generate hypotheses about risks to the client system, and to other people and social systems if things continue as they are. That is, what is likely to happen if the problems or issues remain unresolved? Also, anticipate potential consequences of successful resolution. How will the client system change when the problems are resolved? How will other people and social systems react to those changes? Recognize that certain negative effects may accompany positive change.

Hypothesize about circumstances and conditions that inhibit, impede, or prevent emergence or reemergence of the problems/issues. Refer to protective

³Appendix 12 contains an example of a completed DAC.

(continued)

BOX 10.4 *(continued)*



factors, strengths, and to exceptions—those times when and where the problems/issues do not occur—and offer explanatory hypotheses about these exceptions. Support your explanatory hypotheses by incorporating or referencing tables (see Tables 7.3, 7.9, and 10.2) and/or narrative information contained in the descriptive section. However, avoid unnecessary repetition of descriptive content.

Hypothesize about aspects of the client system and circumstances that represent challenges, obstacles, or barriers to resolution of the problems/issues. If applicable, make reference to deficiencies in basic needs for money, shelter, food, clothing, and social and intellectual stimulation, as well as to social, political, and cultural obstacles such as oppression and discrimination. As needed, hypothesize about the impact of environmental conditions such as overcrowding, inadequate or excessive stimulation, and the presence of toxic materials.

B. Contributing Factors

1. Client System Factors

If the problems or issues of concern involve specific individuals (for example, someone is unemployed, a family member misuses alcohol or drugs, a person has been victimized and traumatized), there may be personal factors⁴ associated with the problems or issues of concern. In such cases, you and your client may appropriately generate explanatory hypotheses about the relationship between relevant individual factors and the problematic issues.

When the client system includes more than one person (for example, family, formed group, natural group, organization, or community), you and your clients may generate explanatory hypotheses about the relationship between client system factors and the problems or issues of concern. Hypothesize about aspects of the client system that relate to the problems/issues of concern. Incorporate concepts from theoretical and research-based knowledge. Include your own hypotheses as well as those of the client. The nature of the professional knowledge that might apply varies according to the unique characteristics of the problems, client system, and circumstances. At times, hypotheses about an individual's personality style and characteristics, or a client system's approach to problem solving, may be useful. At other times, hypotheses about self-, family, group, organizational, or community efficacy can further understanding. Sometimes, interpersonal or relational styles or social skill deficits may apply. Frequently, hypotheses about familial, cultural, social, and occupational role identities, along with the extent of congruence or conflict among them, may be noted. Hypotheses about a person's (or group's) beliefs about oneself (or itself), others, the world, and the future may serve both to explain the how and why of a particular problem and to provide some indication about how to proceed and what to do.

Hypothesize about how client system factors may affect the problems/issues and, in turn, how the problems/issues affect the client systems' thinking, feeling, and doing. If relevant, hypothesize about possible biochemical or physical factors and effects. Consider personal or group assets, strengths, and competencies vis-à-vis the problems/issues and the preliminary goals. Hypothesize about the effects and

⁴In work with natural groups, organizations, and communities, "personal" or "individual" factors may not be relevant for the purposes of assessment and case formulation. If so, you may simply exclude that section.

(continued)

BOX 10.4 *(continued)*

effectiveness of strategies the client system tends to adopt to cope with or respond to the problems/issues. Anticipate potential effects if the problems/issues are resolved or remain unresolved. Where applicable, consider the problems/issues in relation to the client system's spiritual, religious, and cultural beliefs.

At times, the relative flexibility or rigidity of a client system's boundaries and decision-making strategies, as well as the nature, strength, and functionality of defensive and coping processes may be considered. Sometimes the client system's relative ability to control desires and impulses and to manage temptations may apply. Often, explanatory hypotheses about the client system's emotional states and traits are useful, as are those about the phase of life cycle development and maturity level. At times, it helps to consider hypotheses about the client system's competence to make significant life decisions, fulfill time- and situation-appropriate roles and tasks, function autonomously, and participate in the helping process.

Sometimes, the results of specific assessment processes such as mental status or substance abuse examinations, questionnaires, surveys, and baseline ratings may warrant analysis and elaboration. Hypotheses about results may further understanding about the client system (or the problems or issues and the social and physical circumstances).

2. Situational and Systemic Factors

Propose explanatory hypotheses about the relationship between the problems/issues and the situational and systemic factors. Hypothesize about potential effects of the problems/issues upon the client system, other people and social systems, and the environment. Analyze the systemic patterns, structures, and processes of social systems associated with the promotion and maintenance of the problems/issues. Appraise the strategies used to cope or adapt with the problems. Assess the degree of energy, cohesion, and adaptability of primary social systems. Analyze relevant life cycle developmental issues and the maturity of pertinent social systems. Consider how the needs and aspirations of other people and social systems relate to the problems/issues and the people involved.

When pertinent, propose explanatory hypotheses about the social system's predominant emotional climate; operating procedures; communication styles and process; affection and support patterns; distribution of power and availability of resources; assignment of roles; boundaries between members, subsystems, and other systems; and processes of decision making. Similarly, hypotheses about systemic structures, patterns, and processes; developmental life cycle issues; external stressors; and other situational factors may be relevant.

You may refer to genograms, eco-maps, concept maps, and timelines presented in the description section, as they often provide evidentiary support for explanatory hypotheses. Tables that present risk and protective factors and strengths, and especially functional analysis tables, may be particularly relevant. If applicable, consider the legal and ethical implications that may pertain to service in this case.

Hypotheses about capacities, abilities, strengths, competencies, and resources within the social and environmental context may add depth to the assessment. So might those about the spiritual, religious, and cultural beliefs and practices of significant others, groups, organizations, and communities. Include hypotheses

(continued)

BOX 10.4 (continued)



about the potential effects on the client system and on significant others if the problems or issues of concern (1) remain as they are and (2) are resolved.

3. Motivation and Readiness; Stage of Change

Generate hypotheses about the client system's motivation to address and resolve the problems/issues, and to work collaboratively toward change. In your assessment, refer to assets, strengths, and competencies and determine the transtheoretical stage that best reflects the client system's current readiness for change vis-à-vis each identified problem/issue. Hypothesize about factors associated with the readiness level and, if applicable, those that might serve to enhance motivation. Hypothesize about significant other people and social systems' motivation to contribute to resolution of the problems/issues. You might try using a 10-point subjective rating scale (1 = low; 10 = high) to estimate various aspects of motivation (for example, motivation to address particular problems/issues; motivation to take action; motivation to work with you). Realize that an individual's or group's level of motivation to address one issue may differ dramatically from their motivation to address another. Such information can be invaluable in jointly deciding which problems to address first.

C. Case Formulation

The earlier portions of the assessment section primarily involve analysis. The case formulation, however, tends to require synthesis. We piece together various elements derived from analysis to identify or create one or more strategies for change. We seek to identify those factors within the client system and the social and physical environment that, if changed in some way, might help to resolve the identified problems. In other words, we propose change-oriented hypotheses.

The case formulation typically follows logically from the analyses of the problems/issues, the client system and the social and physical environment. As social workers, we commonly target factors both within the client system (for example, individual, family, group, organization, or community) and outside the client system (for example, social and physical environment) for change. Occasionally, however, the focus may be primarily on the client system or primarily on the situation.

We can think of the case formulation as a set of change-oriented hypotheses or strategic predictions. Based upon our analytic assessment, we predict that, working together, the social worker and client will resolve the problems/issues by changing one or more aspects of the client system, one or more aspects of the environment, or some combination of the two. We often include an estimate of the probability that our predictions will turn out to be true or accurate. That is, we provide a prognosis that the problems/issues can be successfully resolved through our strategic actions.

Appendix 12 contains an example of a tentative assessment and case formulation, organized as part of the DAC. As you review the example in the appendix, realize that most written assessments and case formulations are not as lengthy as the example and do not contain as many subsections. Often, you will be able to integrate the results of analysis and synthesis into fewer subsections. Furthermore, if your client system is a natural group, an organization, or a community, the assessment and case formulation would usually look quite different from the one completed with Mrs. Lynn B. Chase.

EXERCISE 10-2: PREPARING A TENTATIVE ASSESSMENT AND CASE FORMULATION

For this exercise, please review the information that you organized into the description section of your case record as part of Exercise 10-1. Based on what you know about yourself and what you included in the description, proceed to formulate a tentative assessment and case formulation through analysis and synthesis of the available data. Record it in your case record. In completing your assessment and case formulation, remember that much of what you record remains tentative and speculative—even in this case, where you are assessing yourself. These hypotheses await later support and confirmation. Formulate your ideas in accord with the format provided in the assessment and case formulation section of the DAC. Be sure to disguise your identity. When complete, place the assessment and case formulation portions of the DAC into the “My Personal Case Record” section of your Social Work Skills Learning Portfolio.

Summary

During the assessment phase of social work practice, you and the client attempt to make sense of the data gathered during the exploration phase. The assessment gives the parties involved a perspective from which to initiate the process of contracting. Two skills are especially pertinent to the assessment phase: (1) organizing information and (2) preparing a tentative assessment and case formulation.

CHAPTER 10 SUMMARY EXERCISES

Assume that you are a social worker with an agency that offers a broad range of social services. You are actively exploring various aspects of the problems and issues of concern, the client system, and the social and physical circumstances. For each of the following case situations, write the words you would use and describe the actions you might take in using the requested skills.

1. *CASE SITUATION:* You are working with a teenage couple (an African American male and European American female) who have sought counseling in advance of their forthcoming marriage. Each partner is concerned about potential problems that might ensue following their interracial marriage.
 - a. In the space below, identify one problem that sometimes accompany interracial relationships. You might locate common problems through a quick review of the relevant research literature. Alternately, you might use your own knowledge and experience to anticipate possible problems. Once you have identified an issue, generate an explanatory hypothesis about how or why it might occur. (For example, suppose you anticipate that rejection of apartment rental applications could become a potential problem for an interracial couple. You might then propose an explanatory hypothesis that “some landlords believe that interracial couples (1) are undependable tenants and (2) lead other tenants to leave the building. Therefore, they reject interracial couples to avoid these predicted negative consequences.”)

- b. Now, with the identified problem and your explanatory hypothesis in mind, formulate a change-oriented hypothesis about how that problem might be addressed. You might conduct a brief search for research studies that pertain to the effectiveness of programs, practice, or interventions that target that particular problem. Alternately, you might apply concepts from a relevant practice theory. Or, you could base a change-oriented hypothesis upon logic and reason. If you do the latter, be sure to include a rationale. Finally, laws, ordinances, court decisions, regulations, and policies may sometimes relate to the problem and help in the generation of change-oriented hypothesis.

As an illustration, let's build upon the explanatory hypothesis that "some landlords believe that interracial couples (1) are undependable tenants and (2) lead other tenants to leave the building. Therefore, they reject their applications." A change-oriented hypothesis might be, "If the couple's offer to rent an apartment is rejected—and the rejection appears to result from their status as an interracial couple—and if they still want the apartment under those circumstance—an appeal to the landlord on the basis of their good character, fine references, healthy deposit, and adequate income may secure the rental. If that appeal fails and they still want the apartment, providing the landlord a copy of the city ordinance prohibiting housing discrimination on the basis of race may lead the landlord to reconsider. If the landlord fails to accept their application following this aspect of their appeal, or they no longer want the apartment, complaints with the Office of Fair Housing and Equal Opportunity (FHEO) of the United States Department of Housing and Urban Development (HUD), the Civil Rights Commission of the state, and the city's Fair Housing Commission may either secure them the apartment or serve to prevent others from discrimination in the future."

2. *CASE SITUATION:* You are working with a family of seven (two parents and five children, ranging from 1 to 7 years of age) who had been sleeping in their dilapidated Chevy in a rest area on the highway. En route to another part of the country, where they hoped

5. *CASE SITUATION:* You work as a community organizer in a low-income, high-crime area of town. A large percentage of the community is unemployed; neighborhood gangs patrol the area; drug sales and use are widespread; and pimps and prostitutes operate openly on the streets. You are trying to help the members of the community organize themselves in order to address these concerns and develop their community. At this point, you are working primarily with a group of concerned parents; several ministers, priests, rabbis, and imams; school principals and teachers; social workers and social service agency directors; police officials; local legislators; and several members of the mayor's council.

This larger group has separated into subgroups according to a targeted social problem. One subgroup is focusing on unemployment, a second on gangs, a third on drug sales, a fourth on drug use, and a fifth on prostitution. Because the problems overlap, the large group meets periodically so that everybody is aware of subgroup activities.

- a. Use the space below to generate at least one explanatory hypothesis for each of the following issues: (1) many children and adolescents from the community join neighborhood gangs; (2) many youth and young adults sell illegal drugs; and (3) some adolescent girls and boys perform sexual acts in exchange for money.

- b. Now, formulate a change-oriented hypothesis about how each of these three social problems might be resolved.

CHAPTER 10 SUPPLEMENTAL EXERCISES

Building on the first interview with your colleague (see the supplemental exercise in Chapter 7), conduct a second interview. Ensure that the interview setting is private, and again videotape and record the meeting. Using the exploring and other relevant skills addressed thus far, interview your colleague with a view toward formulating an assessment. At the conclusion of the meeting, arrange for another meeting in about a week.

1. At the conclusion of the interview, ask your partner for feedback concerning his or her thoughts and feelings about the experience. Ask your colleague for a frank reaction to the following questions: (a) Did you feel comfortable and safe with me serving as a social worker? (b) Did you feel that I was sincerely interested in you and in what you had to say? (c) Did you feel that I understood what you were trying to communicate? If so, what contributed to this? If not, what led you to believe that I did not understand? (d) What information did we discuss that helped you to better understand or assess those factors that contribute to the issues of concern? (e) What material was neglected that might have contributed to a more complete and accurate assessment? (f) In general, was the experience satisfying? If so, what factors helped to make it so? If not, what contributed to that? (g) What would you suggest that I do in the future to improve the quality of my interviewing skills? Summarize your partner's feedback in a word-processed document titled "Second Meeting With a Practice Client." Label the section "Practice Client Feedback."
2. Word process your own reaction to the conversation. How did you feel about the interview? What did you like and what did you dislike about it? Do you believe that you used all the relevant skills during the interaction? Which skills do you seem to perform well? Which skills need more practice? What information did you gain that will contribute to the formulation of an assessment and case formulation? What additional information would be useful? What would you do differently if you were to redo the interview? Summarize your reactions and reflections in a section of the "Second Meeting With a Practice Client" document. Label the section "My Reactions and Reflections."
3. Organize the relevant information from both the first meeting (review your earlier transcript) and this second interview according to the format provided in the description section of the DAC. Word process the description.

After completing the description, proceed to formulate and word process a tentative assessment through analysis and synthesis of the available data. Continue to disguise the identity of your colleague. Also, recall that much of what you determine remains tentative and speculative. These are ideas or hypotheses, not facts. They need further support and confirmation. Formulate your observations and ideas in the assessment section of the DAC in accordance with the format provided earlier.

Following completion of the description and assessment portions of the case record, replay the videotape. Study the tape and make note of significant information that you neglected to include in your description and assessment. Add it to the appropriate sections of your DAC. Make sure that the identity of your interview partner is fully disguised and then include the completed "Description and Assessment" sections of the DAC in a separate section or folder in your Social Work Skills Learning Portfolio. Label that section or folder "Practice Case Record."

CHAPTER 10 SELF-APPRAISAL

As you finish this chapter, please assess your proficiency in the assessing skills by completing the following self-appraisal exercise.

SELF-APPRAISAL: THE ASSESSING SKILLS

Please respond to the following items. Your answers should help you assess your proficiency in the assessing skills. Read each statement carefully. Then, use the following 4-point rating scale to indicate the degree to which you agree or disagree with each statement. Record your numerical response in the space provided.

4 = Strongly agree 2 = Disagree
3 = Agree 1 = Strongly disagree

4	3	2	1	Rating Statement
				<i>At this point in time, I can:</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Discuss the purposes and functions of assessment.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Describe and perform the skill of organizing descriptive information.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Describe and perform the skill of preparing a tentative assessment and case formulation.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Assess proficiency in the assessing skills
				Subtotal

Note: These items are identical to those contained in the Assessing Skills section of the Social Work Skills Self-Appraisal Questionnaire presented in Appendix 3. If you completed Exercise 2-2 in Chapter 2, you have already responded to these items. You may now compare the responses you made on that occasion with those you made this time. You may also compare the subtotal scores. If you think you are developing greater proficiency in these skills, more recent scores should be higher than earlier ones.

Finally, reflect on the skills addressed in this chapter and the results of your self-appraisal. Based on your analysis, word process a succinct one-page summary report titled “Self-Assessment of Proficiency in the Assessing Skills.” In the report, be sure to identify those skills that you know and do well (for example, a score of 3 or 4). Also, specify those that need further practice (for example, scores of 2 or less) and briefly outline plans by which to achieve proficiency in them. When you have finished, include the report in your Social Work Skills Learning Portfolio.

CHAPTER 11



CONTRACTING

Contracting¹ follows integrally from the exploring and assessment processes and leads to the development of a service agreement or contract between the worker and the client. This chapter (see Box 11.1) will help you develop proficiency in the contracting skills. Competent use of these skills enables social workers and clients to establish goals and then to develop (1) plans to pursue and achieve those goals, and (2) plans to evaluate progress toward goal achievement.

Aspects of the contracting process typically begin during the exploring phase and continue throughout the assessment process. They culminate in a service agreement or contract for service. Skills especially applicable to contracting include the following: (1) reflecting an issue, (2) reflecting hypotheses, (3) identifying an issue, (4) clarifying issues for work, (5) establishing goals, (6) developing an action plan, (7) identifying action steps, (8) planning for evaluation, and (9) summarizing the contract.

¹We use the term *contracting* to convey that the process involves an interaction between worker and client that leads to a more or less formal agreement concerning the nature, scope, and focus of the services to be provided. We refer to the written or unwritten outcome of this process as a *service agreement* or *service contract*.



BOX 11.1

Chapter Purpose

The purpose of this chapter is to help learners develop proficiency in the contracting skills.

Goals

Following completion of this chapter, learners should be able to:

- ◆ Discuss the purposes and functions of contracting
- ◆ Reflect an issue
- ◆ Reflect hypotheses
- ◆ Identify an issue
- ◆ Clarify issues for work
- ◆ Establish goals
- ◆ Develop an action plan
- ◆ Identify action steps
- ◆ Plan for evaluation
- ◆ Summarize the contract
- ◆ Assess proficiency in the contracting skills

Core Competencies

The skills addressed in this chapter support the following core EPAS competencies:

- ◆ Identify as a professional social worker and conduct oneself accordingly (EP2.1.1).
- ◆ Apply social work ethical principles to guide professional practice (EP2.1.2).
- ◆ Apply critical thinking to inform and communicate professional judgments (EP2.1.3).
- ◆ Engage diversity and difference in practice (EP2.1.4).
- ◆ Apply knowledge of human behavior and the social environment (EP2.1.7).
- ◆ Respond to contexts that shape practice (EP2.1.9).
- ◆ Engage . . . (and) . . . assess, . . . with individuals, families, groups, organizations, and communities (EP2.1.10[a–b]).

Reflecting an Issue

By reflecting an issue, you demonstrate to clients that you understand their view of an identified topic of concern. Reflecting an issue is an important form of active, empathic listening; it constitutes the beginning of the contracting process. When you empathically communicate your understanding of clients' experience of the issues that concern them, both the working relationship and clients' motivation to work with you tend to improve. By communicating your understanding of the nature of the problems/issues of concern as clients see them, you also simultaneously communicate respect for clients as people of worth and value and for their right to self-determination.

Of course, reflection of an issue does not necessarily suggest moral approval or professional agreement to work toward its resolution. Occasionally, clients identify problems or goals that social workers could not morally, ethically, or legally help to address. For instance, suppose you serve as a school social worker in a high school. One of the students—a 16-year-old girl—says she wants your advice. She states,

Everybody drinks at the school dances. It helps people feel better and have more fun. But the new regulations prevent us from going out to our cars during dances. It's a good policy. Everybody had to go out to the parking lot to drink and then come back into the gym to dance. It was, like, back and forth all night long. It would be so much better if we could just spike one bowl of punch with whiskey. It would be safer and we wouldn't have to leave the building.

As a school social worker, you obviously could not condone this action. Indeed, as you reflect upon the student's comments, you might wonder if they might represent a "test" to see if you are susceptible enough to consent to the idea or perhaps to see if you would react with anger or judgment. Indeed, her words might constitute an attempt to provoke an emotional or irrational response. Regardless of the student's motivation, however, you could easily communicate your understanding of the student's expressed view of the issue so that she feels heard and understood. You need not approve of her words to demonstrate empathy. Such understanding can form the basis for further exploration and perhaps reconsideration of the issue. Furthermore, if you respond in a nonreactive, nonjudgmental way, you might pass the student's "test."

Clients, especially those who voluntarily seek social services, are usually quite ready to share their issues and concerns. However, some clients may need support, guidance, and encouragement to do so. In certain involuntary circumstances or when clients lack competence to participate in the process, you may have to assume major responsibility for both issue clarification and goal determination.

Regardless of the context, do not assume that the issues clients initially identify will necessarily remain the focus for work. During exploration with an attentive social worker, clients often identify different concerns that are more "real," more urgent, or more essential than those they initially mention. Some clients test workers by trying out a relatively modest issue first. Based on the nature of your response, they may then move on to identify a problem of greater significance.

As you begin to practice the skill of reflecting an issue, please use the format outlined here. Later, when you gain greater proficiency, experiment with alternate formats.

PRACTICE FORMAT: REFLECTING AN ISSUE

As you see it, one of the issues you'd like to address in our work together is _____
_____?

EXAMPLE: REFLECTING AN ISSUE

CLIENT: My wife left me—sure, for very good reasons—but I'm really down about it. She has left me before but always came back. This time I know she won't. She's gone for good, and I don't know what to do. I can't go on the way things are. I'm so sad and lost without her.

WORKER: (*reflecting issues*) As you see it, there are two major issues you'd like to address in our work together. First, you feel terrible. You're lonely and depressed, and you find it hard to function well when you feel that way. Second, you're unsure of how to get on with your life without your wife.

Reflecting an issue is a form of active listening. If you accurately paraphrase the issue as experienced by clients, they are likely to respond with something like “Yeah, that’s right” to verify your reflection. Nonetheless, it is often useful to precede issue reflections with reflections of feeling, content, or feeling and meaning to show you understand multiple aspects of clients’ experiences. It may also help to seek feedback following your reflection of the issue. For instance, following the response in the example just shown, the social worker might ask the client, “Are these the major issues you’d like to work on?”

EXERCISE 11-1: REFLECTING AN ISSUE

For these exercises, assume that you are a social worker with a family-oriented social services agency. In the spaces provided, write the words you would say in reflecting an issue as the client sees it.

1. You are interviewing Mrs. O., a 77-year-old widow who lives alone in a small apartment. She says, “Most of the time, I feel all right. But I’m really beginning to worry that these spells might be a sign of a serious illness.” Write the words you would use in reflecting the issue as Mrs. O. sees it.

2. You are in the midst of an interview with the blended S. family. Mr. S. says, “I guess I can say this in front of the children—they know so much already. Anyway, today at work, I learned that there will soon be massive layoffs. It’s likely that I will lose my job within the next 3 or 4 weeks. It’s just what we need, to top off the rest of our problems!” Write the words you would say in reflecting the issue as Mr. S. sees it.

3. You are conducting an interview with Mrs. F., the Latina woman who is concerned that her children are being mistreated. She says, “I guess I’ve never felt we really belong in this town. Nobody really seems to like us or want us here. I guess we just don’t fit in.” Write the words you might say in reflecting the issue as Mrs. F. sees it.

4. You are working as an organizational consultant with a group from a local social service agency. Board and staff members and the agency director are participants with you in an effort to address several problem areas. During the meeting, one professional staff member says, “I’m almost 60 years old and have worked in eight different agencies since I received my social work degree 32 years ago. I can honestly say that my morale is the lowest it has ever been and that this place is toxic. Some people refuse to talk to others—even when it’s needed for the job. Nasty rumors about people spread like wildfire, and I believe it’s fair to say that some administrators have had ‘favorites’ who received special perquisites. Last year, a few of the favorites received extremely large salary increases whereas the rest of us had our salaries frozen.” Use the space below to write the words you would say in reflecting the issue as the professional staff member sees it.

Reflecting Hypotheses

Just as social workers have ideas and “theories” about “why” problems occur and “what to do” to resolve them, so do clients. Indeed, clients’ hypotheses often contribute to our collaborative understanding of the factors associated with the origin, development, and continuation of a particular problem or issue of concern as well as the functions they might serve. We refer to these as *explanatory hypotheses*—ideas used to explain or understand the reasons that a problem exists and the factors that contribute to its persistence. When you empathically and accurately communicate your understanding of clients’ explanatory hypotheses, they not only feel heard and understood they also feel like genuine collaborators in the helping process.

When you reflect clients’ explanatory hypotheses, you demonstrate respect for the way they think about issues. Of course, like other forms of active listening, reflecting an explanatory hypothesis does not necessarily indicate endorsement of the “theory.” Sometimes clients’ explanatory hypotheses are based upon invalid assumptions and popular, unsubstantiated views about the causes of biopsychosocial and environmental phenomena. People sometimes adopt implausible or superstitious beliefs in their attempts to make sense of problems and concerns. For instance, clients sometimes hold themselves fully and unreasonably responsible for things clearly beyond their personal control. Though we may reflect our understanding of such views, we need not validate the invalid. However, to the degree that clients’ hypotheses reflect consistency with research findings and empirically supported theories, we can complement clients’ hypotheses with compatible professional hypotheses of our own.

In addition to explanatory hypotheses, many clients have ideas about what should be done to resolve the problem. In effect, they adopt *change-oriented hypotheses*—predictions about the way resolution of problems or achievement of goals could or should occur. For example, some clients believe that they can resolve complex, long-standing problems through acts of personal willpower and self-discipline alone. Regardless of their credibility, we empathically reflect clients’ change oriented hypotheses in our attempt to demonstrate understanding and respect.

Although many clients have well-conceptualized explanatory and change-oriented hypotheses, some do not. In such cases, you may encourage clients to think aloud about “why” the problems occur and “what might work” to resolve them. In some circumstances (for example, when working with very young children or others who are incapable of contributing hypotheses), you may take the lead.

Regardless of the context, do not assume that clients’ “hypotheses” necessarily remain fixed and unalterable. As do social workers, clients often develop more sophisticated, more accurate, and more relevant explanatory and change-oriented hypotheses as they collect more information, reconsider facts, engage in change-focused activities, and monitor outcomes.

As you begin to practice the skill of reflecting hypotheses, please use the formats outlined here. Later, when you gain greater proficiency, experiment with alternate formats.

PRACTICE FORMAT: REFLECTING AN EXPLANATORY HYPOTHESIS

As you see it, the reasons for this problem include _____
_____.

EXAMPLE: REFLECTING AN EXPLANATORY HYPOTHESIS

CLIENT: My wife left me for another man. Of course, I drank too much, was away from home a lot, and neglected her needs. Basically, I was a lousy husband. I certainly cannot blame her for leaving me. It was my fault and I feel guilty as sin about it. I’m pretty sure that’s why I’m so depressed. How could I have been so selfish?

WORKER: (*reflecting explanatory hypotheses*) As you see it, the depression you feel is the result of your own selfishness. She was entirely justified in leaving you because you drank heavily and frequently neglected her.

PRACTICE FORMAT: REFLECTING A CHANGE-ORIENTED HYPOTHESIS

As you see it, you could address this particular problem by _____
_____.

EXAMPLE: REFLECTING A CHANGE-ORIENTED HYPOTHESIS

CLIENT: She had every right to leave. I was the one at fault and I feel so guilty and ashamed. This didn’t have to happen. So far, I haven’t given up hope for a reconciliation and I haven’t forgiven myself for my selfish behavior. I guess if I’m going to get over this depression, I’ll have to do both of those things.

WORKER: (*reflecting a change-oriented hypothesis*) So, you think that if you accept the fact that the marriage is truly over and you also begin to forgive yourself, the depression will start to lift and you could have a life again.

3. You are working with Mrs. F., the Latin-American woman who is concerned that her children are being mistreated during and after school. She says, “I guess I’ve had to acknowledge that there is a lot of prejudice and discrimination in this town and especially in this school. I think that’s the reason for the abuse my kids have taken. I’m not optimistic that the school officials could or would do anything to correct the situation so I think my only option is to move away from this place.” Use the space below to write the words you would use to reflect (a) Mrs. F.’s explanatory hypothesis and (b) her change-oriented hypothesis.

4. You are working as an organizational consultant with a group from a local social service agency. Board and staff members and the agency director are participants with you in an effort to address several problem areas (for example, distress throughout the organization, poor communication, and low morale). During the meeting, one of the staff members says, “I’m an employee here so I realize I’m taking a risk in saying what I’m about to say—but here it is anyway. All of these problems are a direct result of passive, indecisive, and sometimes incompetent leadership from both our past and present directors and from board members. In my opinion, active, hands-on, competent leadership is needed to resolve these long-standing problems.” Use the space below to write the words you would use to reflect (a) the staff member’s explanatory hypothesis and (b) his or her change-oriented hypothesis.

Identifying an Issue

On some occasions, you may identify an issue that the client did not mention during the exploration process. Based on the emerging assessment of the person-issue-situation, you may recognize an area of concern that relates to the presenting problem but was not noticed or not acknowledged by the client. At other times, you may have a different view of the problem or issue that a client has introduced. For example, a client may say that his wife’s “nagging” is a major problem. After

gaining some understanding about what the client views as nagging, you might ask, “I wonder, might what you call nagging be a sign of a more basic communication issue? Could it be that the two of you have trouble really talking and listening to one another?”

Sometimes, you have to assume primary responsibility for issue identification and goal definition. For instance, when the situation is immediately life threatening (for example, an individual client is suicidal, psychotic, or heavily intoxicated) or the client is seeing you on an involuntary basis (for example, required to seek counseling or face felony charges for child abuse), you may define the issue for the client. Then the client decides whether to participate in the process.

Even when the situation is neither life threatening nor involuntary, you may legitimately share your view of possible issues. Based on the tentative assessment, you may suggest that the client consider additional issues or different views of a problem. You may have professional knowledge or previous experience that leads you to point out an issue not previously discussed. For example, suppose a client describes feelings of constant fatigue, difficulty sleeping, loss of appetite, decreased interest in pleasurable activities, and diminished social involvement. You would probably wonder whether the client might be mourning the loss of someone or something, be physically ill (for example, suffer from a diabetic or infectious condition), or perhaps be experiencing a significant depressive episode.

We naturally form opinions about what factors may be relevant to a client’s present situation. Sometimes, it is useful to share these ideas with clients. However, if and when you do so, share them in the same way you share all your professional opinions. That is, communicate them as opinions or ideas to consider rather than as indisputable facts or directives. In addition, acknowledge clients’ freedom to agree, disagree, or suggest alternatives. As a part of this process, routinely seek feedback from clients concerning these newly identified or redefined issues.

In practicing this skill, follow the format outlined here. Notice how we incorporate the skill of seeking feedback at the end.

PRACTICE FORMAT: IDENTIFYING AN ISSUE

As we have talked about you and your situation, I have been wondering about _____
_____. What do you think—is that an issue we should consider too?
(seeking feedback)?

EXAMPLE: IDENTIFYING AN ISSUE

CLIENT: (*Lisa, partner in a lesbian relationship*) We fight all the time. We have a knock-down drag-out fight virtually every single day. Ever since we moved in together, 2 months ago, we fight like cats and dogs. We were so great together before we decided to share the apartment. We don’t hit each other, but there sure is a lot of yelling and screaming.

WORKER: (*identifying an issue; seeking feedback*) As we’ve talked about your relationship and how moving in together has affected it, I’ve been wondering about the question of expectations. It seems to me that moving from a dating relationship to a live-in relationship represents a very significant change—one that might leave each of you uncertain about what the other wants and needs in this new form of relationship. What do you think—could this issue of unclear expectations now that you live together be something we should address too?

EXERCISE 11-3: IDENTIFYING AN ISSUE

For these exercises, assume that you are a social worker with a family social services agency. Use the space provided to write the words you would say in identifying an issue.

1. You have spent nearly a full hour talking with Mrs. O., the 77-year-old widow who lives alone in a small apartment. She has expressed disappointment that her grown children no longer visit her. She worries about the spells and the possibility that she might be seriously ill; she is concerned that she might soon lose her independence and autonomy. Based on this summary of concerns and a review of exchanges that occurred earlier (Exercises 9-1 through 9-7 and 11-1 and 11-2), write the words you would use in identifying one or more issues that might apply to Mrs. O.

2. You have spent approximately 75 minutes talking with the seven-member blended S. family. You and the family members have identified several issues: strain and conflict between Mr. S.'s children and Mrs. S., financial difficulties, marital distress, and most recently the threat to Mr. S.'s job. Based on this summary of concerns and a review of exchanges that occurred earlier (Exercises 9-1 through 9-7 and 11-1 and 11-2), write the words you would use in identifying one or more issues that might apply to the S. family.

3. You have now talked with Mrs. F. for about 45 minutes. You've explored several issues, including her feeling that she and her family do not fit in this community, her children's apparently increasing disrespect for her and their Latin heritage, and, most importantly, the concern for her children's safety at school. Based on this summary of concerns and a review of exchanges that occurred earlier (Exercises 9-1 through 9-7 and 11-1 and 11-2), write the words you would use in identifying one or more issues that might apply to Mrs. F. and her family.

4. You are working as an organizational consultant with a group from a local social service agency. Board and staff members and the agency director are participants with you in an effort to address several problem areas. During the meeting, one professional staff member says, “I’m almost 60 years old and have worked in eight different agencies since I received my social work degree 32 years ago. I can honestly say that my morale is the lowest it has ever been and that this place is toxic. Some people refuse to talk to others—even when it’s needed for the job. Nasty rumors about people spread like wildfire, and I believe it’s fair to say that the administration has ‘favorites’ who receive special perquisites. Last year, a few of the favorites received extremely large salary increases whereas the rest of us received no increase whatsoever.” Based on this statement and a review of exchanges that occurred earlier (Exercises 9-1 through 9-7 and 11-1 and 11-2), use the space below to write the words you would say in identifying one or more issues that might apply to this situation.

Clarifying Issues for Work

Clarifying issues for work constitutes the first definitive indication that you and the client agree to work together toward resolving certain problems or issues. Clarified or agreed-upon issues represent a fundamental component of the social work service agreement and assume a prominent place in the contract portion of the Description, Assessment, and Contract (DAC). Usually, you derive the problems or issues for work from those the client has identified, those you have contributed, or some negotiated combination or compromise of the two. Whatever their source, these agreed-upon problems/issues provide a focus and context for all your subsequent professional activities. Whenever possible, state the issues for work in clear and descriptive terms. Record them in the contract portion of the DAC.

Clarifying issues for work follows naturally from the processes of exploration and assessment. Typically, you use the skills of reflecting and identifying issues before you and clients jointly agree on the specific problems or issues to address. When you clarify issues, you make a commitment that your work together will focus primarily on these particular areas. In practicing this skill, consider the format outlined below.

PRACTICE FORMAT: CLARIFYING ISSUES FOR WORK

I think we agree about the primary issues that we will address in our work together. Let’s review them, and I’ll write them down so that we can refer to them as we go along. First, there is the issue of _____. Second, the issue of _____. Third, _____.
What do you think? Is this an accurate list of the issues that we’ll address together?

(continued)

EXAMPLE: CLARIFYING ISSUES FOR WORK

CLIENT: *(who has identified and explored two major issues for which she sought help from your agency; with the client's agreement you have contributed a third issue.)* Well, that's my story. I hope you can help with the mess I'm in.

WORKER: *(clarifying issues for work)* I hope so too. It seems to me that we have identified three major issues to address during our work together. Let's review them once more, and I'll jot them down so that we can refer to them as we go along. First, there is the issue of housing. You have been living on the street now for 3 weeks and the weather is beginning to turn cold. Second, there is the diabetes. You have been without medicine for a week now and you have no insurance or money to pay for it. Third, you lost your job 2 months ago and need to find work so you can make some money. What do you think? Is this an accurate list of the issues that we'll address together?

As you and your clients clarify issues for work, record them in a coherent fashion for ready reference. You could prepare a simple outline (like the one presented in Box 11.2) or a concept map (see Figure 11.1). Both forms serve that purpose well. Be sure to provide a copy to each client.

BOX 11.2

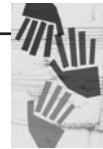
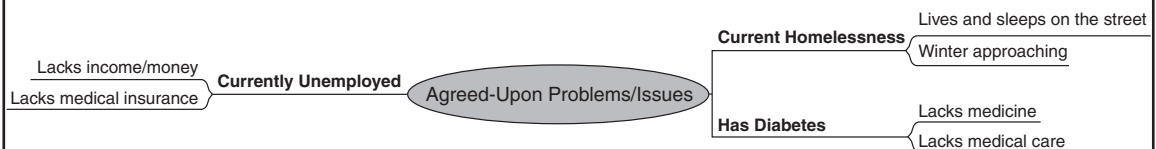
Sample Outline of Problems/Issues for Work

1. Currently homeless
 - a. Lives on the street
 - b. Winter approaching
2. Diabetes
 - a. Without medicine for a week
 - b. Lacks medical care
3. Currently unemployed
 - a. Lacks income
 - b. Lacks medical insurance



FIGURE 11.1

Sample Concept Map of Problems/Issues for Work



Establishing Goals

Following clarification of problems or issues, encourage clients to participate in establishing goals designed to address and resolve them. Setting effective goals is another critical element in the contracting process. First, we agree upon the problems or issues to address and then we develop goals that, if accomplished, would resolve those issues. Goal setting is a vital step toward change. Goals are the aims toward which the social worker and client direct their cognitive, emotional, behavioral, and situational actions. Goals are essential. Consider the title of a book by David Campbell: *If You Don't Know Where You're Going, You'll Probably End Up Somewhere Else* (1974). Without clear goals, you and your clients are indeed likely to end up somewhere other than where you intend.

In co-constructing goals with clients, we often attempt to phrase goals in a SMART format. SMART stands for:

- ◆ Specific
- ◆ Measurable
- ◆ Action oriented
- ◆ Realistic
- ◆ Timely

Objectives defined in a SMART manner are usually easier to understand, undertake, accomplish, and assess. As Egan (1982a, pp. 212–218) suggests, effective goals are:

- ◆ Stated as accomplishments
- ◆ Stated in clear and specific terms
- ◆ Stated in measurable or verifiable terms
- ◆ Realistic (for example, have a reasonable chance of success)
- ◆ Adequate, if achieved, to improve the situation
- ◆ Congruent with clients' value and cultural systems
- ◆ Time-specific (that is, include a time frame for achievement)

According to Egan, effective goals meet the criteria just outlined. First, well-formed goals appear as accomplishments rather than processes. “To lose weight” is a process. “To achieve a weight of 125 pounds and maintain that weight for 6 months” is an accomplishment. Second, effective goals are clear and specific. They are not vague resolutions or general mission statements. “Securing employment” is nonspecific. “To secure employment as a waiter in a restaurant within 6 weeks” is much more clear and specific. Third, well-stated goals appear in easily understood, measurable, or verifiable terms. Clients can easily recognize when they have reached their goals. “To feel better” is hard to recognize and not sufficiently measurable. “To feel better as indicated by sleeping the night through (at least 7 hours per night on at least five nights per week), completely eating three meals daily, and scoring at least 15 percent better on the Hamilton Depression Rating Scale (HAM-D)” is much more measurable. Fourth, effective goals are realistic and reasonable. Given the motivations, opportunities, strengths, resources, and capacities of the person-issue-situation systems, the established goals reflect a reasonably high probability of attainment. A goal “to get all straight A’s” would not be realistic for a student who has never before received a single “A.” Fifth, effective goals are adequate. A goal is adequate to the degree that its accomplishment would represent progress toward the resolution of an agreed-upon problem or issue. Goals that do not contribute to problem resolution are therefore inadequate. Sixth, effective goals are congruent with the client’s value and cultural systems. Unless a life-threatening situation exists, you should generally neither ask nor expect clients to forsake their fundamental personal or cultural values. Seventh, effective goals include a time frame. Both you and your clients need to know when achievement of the goals is expected.

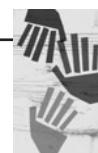
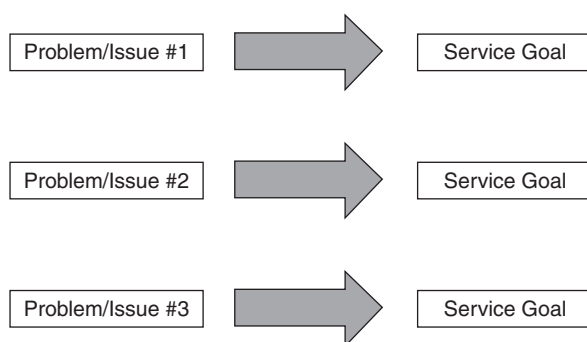
Although the specification of goals in a SMART manner consistent with Egan's criteria represents a useful ideal, this is not always desirable or feasible. Do not become so focused on defining goals in a precise manner that you lose touch with the client's reality. Some clients are in such a state of uncertainty and confusion that pushing too hard toward specificity would exacerbate their state of distress. As we discussed earlier in relation to the transtheoretical model and the stages of change (Prochaska, 1999; Prochaska et al., 1994; Prochaska & Velicera, 1998), people are at different levels of readiness and motivation to take action. Pushing for SMART goals with clients who are just beginning to contemplate the idea that a problem might exist could interfere with the process of exploring and clarifying issues. On occasion, therefore, you may postpone precise goal specification and instead establish a general direction for work. Indeed, sometimes the general direction involves "working toward clarifying goals for our work together." Later, when the confusion and ambiguity subside, you may appropriately return to encourage identification of clear and precise goals that conform more closely to a SMART format.

Whether stated in specific or general terms, effective goal statements follow logically from and relate directly to the agreed-upon issues for work. Usually, you and your client identify at least one goal for each identified issue (see Figure 11.2). Social workers and clients sometimes begin the process of creating goals by converting an agreed-upon problem or issue into its opposite. Many problems and issues appear as a surplus or deficit of knowledge, skill, or resources. For example, a social worker and client could readily convert a problem of insufficient knowledge about family planning (that is, knowledge deficit) into the goal "to increase client's knowledge of family planning." A client's excessive anxiety—a surplus of anxiety—could become "to decrease client's excessive anxiety." A client's insufficient income could become "to increase client's income."

Sometimes accomplishing one goal resolves more than one problem, so it may not always be necessary to create a separate goal for each issue. Nonetheless, be sure that accomplishing the service goals would resolve all the agreed-upon (that is, clarified) issues.

Consistent with the values of the profession, we define goals through a collaborative process with clients and gain their full, informed consent to work toward their achievement. In effect, when you and a client establish goals, you implicitly agree to a contract in which both parties commit to work toward their accomplishment. Most of the time, clients are quite capable of active participation in goal identification. As part of that process, you encourage them to identify a

FIGURE 11.2
Relationship of Service Goals to Problems/Issues



goal for one or more issues for work. However, some clients focus so intently on the problems that they simply cannot respond to a direct question such as “What are your goals?” or “What is your goal for resolving this issue?” Therefore we generally engage clients in the goal-setting process by asking questions about how specifically they will know when a particular issue has been resolved (Berg, 1994; De Jong & Berg, 2002; Lipchik, 2002; O’Connell, 2005). In addition to furthering the purposes of goal establishment identified earlier, these questions serve another extremely important function. They tend to enhance clients’ hope and optimism. Such questions encourage clients to envision, in considerable detail, a future in which the issue has indeed been resolved. In so doing, clients often begin to feel better, more energized, and more motivated to work toward goal attainment. To yield such results, however, we must phrase these questions in a certain way. We adapt the exploring skill of seeking clarification to encourage clients both to establish a goal and to imagine a future without the problem or issue. Clarification-seeking questions, phrased in the following format, tend to yield these dual results.

PRACTICE FORMAT: ENCOURAGING GOAL IDENTIFICATION

In specific terms, how will you know when the issue of _____ is truly resolved?

or

What would indicate to you that this problem is truly a thing of the past?

EXAMPLE: ENCOURAGING GOAL IDENTIFICATION

WORKER: Now that we have a pretty clear list of the problems, let’s try to establish specific goals for each one. The first issue we’ve identified is that your 14-year-old son skips school 2 or 3 days each week. Let’s imagine that it is now some point in the future and this issue has been completely resolved. What would indicate to you that your son’s truancy is truly a thing of the past?

CLIENT: Well, I guess I’ll know when Johnny goes to school every day and his grades are better.

WORKER: (*reflecting goal; seeking feedback*) When Johnny goes to school daily and improves his grades, you will feel that it’s no longer an issue. Is that right?

CLIENT: Yes.

WORKER: (*seeking clarification*) Okay, now let’s try to be even more specific. When you say, “Johnny will go to school every day,” do you also mean that he will attend all his classes when he’s there?

CLIENT: Yes.

WORKER: (*seeking clarification*) What do you think would be a reasonable period for accomplishing this goal?

CLIENT: Well, I don’t know. I’d like him to start now.

WORKER: (*sharing opinion; seeking feedback*) That would be great progress! But I wonder if that might be expecting too much. Let’s see, it’s now 1 month into the school year. As I understand it, Johnny skipped school some last year too and this year he is skipping even more. What do you think about a 2-month period for accomplishing the goal?

(continued)

CLIENT: That sounds really good.

WORKER: (*establishing goal*) Okay, How does this sound as our first goal: “Within 2 months from today’s date, Johnny will go to school every day and attend all his classes except when he’s sick enough to go to a doctor”? Let me take a moment to write that down for us. . . . Now about the grades. As I understand, he is currently failing most of his courses. How will you know when that is no longer an issue?

As should be apparent from this last example, social workers must often be quite active in encouraging goal identification. Notice that the questions reflect an implicit optimism. They require the client to envision a future in which the issue is indeed resolved. Therefore, in seeking goal identification, try to avoid phrases such as, “If the issues were resolved. . . .” This could suggest to a client that you are pessimistic about the chances of success. In expressing optimism, however, be careful to avoid making promises that you cannot keep. Most of the time social workers cannot guarantee that their services will result in successful outcomes.

Sometimes, in response to your questions, clients formulate clear goals with which you can readily concur. When this happens, you may simply reflect the goal by paraphrasing the client’s words. You may use a format such as the following.

PRACTICE FORMAT: REFLECTING A GOAL

As you see it, one goal for our work together is _____.

EXAMPLE: REFLECTING A GOAL

CLIENT: (*responding to worker’s request to state a goal*) Well, I guess I’d like to improve the quality of the communication between us.

WORKER: (*reflecting goal; seeking feedback*) As you see it then, one goal for our work together is for the two of you to become better at talking pleasantly and respectfully with one another. Is that right?

CLIENT: Yes.

Reflecting a goal involves communicating your empathic understanding of a client’s view of a goal that he or she would like to pursue in your work together. As are all reflecting skills, it is a form of active listening. Reflecting a goal demonstrates that you have heard and understood a goal as the client expressed it. In reflecting goals, you may paraphrase or mirror the client’s words even when they are expressed in general terms. Alternately, you can go somewhat beyond what the client said by phrasing your response so that the goal is clear and specific.

Sometimes, despite your active encouragement, a client cannot or will not identify a goal. In such instances, you may simply postpone the goal-setting process and engage in additional exploration of the person-issue-situation. Alternatively, you may propose a tentative goal, which the client may accept, reject, or modify. In proposing a goal, you may adopt a format such as the following.

PRACTICE FORMAT: PROPOSING A GOAL

I wonder, would it make sense to establish as one goal for our work together _____
_____?

EXAMPLE: PROPOSING A GOAL

WORKER: Now that we have a pretty clear understanding of the issues and a sense of the direction we'd like to go, let's establish goals for our work together. We've agreed that your pattern of alcohol consumption is a significant problem that we'll address. I wonder, would it make sense to establish as a goal for our work together to limit the amount of daily alcohol intake to one 12-ounce can of beer each day?

EXAMPLE: ESTABLISHING GOALS

CLIENT: Yes. It does feel like I've lost everything I had hoped for. I guess it's normal to feel sad when a marriage fails.

WORKER: (*reflecting feeling and meaning*) Your dreams for the future of your marriage have been shattered, and you feel a powerful sense of loss and sadness.

CLIENT: Yes, my marriage meant a lot to me.

WORKER: (*encouraging goal identification*) I wonder if it might be possible for us to identify a goal in relation to these feelings of sadness and loss. Let's imagine that it's now sometime in the future when these feelings are long since past. What will you be thinking, feeling, and doing when these depressed feelings are no longer a problem for you?

CLIENT: Gee, I don't know exactly. I guess when I'm finally over her I'll feel a lot better.

WORKER: (*reflecting content; encouraging goal specificity*) So it will be a positive sign when you begin to feel better. And what will indicate to you that you're feeling better?

CLIENT: I guess once I'm over this, I'll be able to sleep and eat again and not think about her so much, and I might even be dating someone else.

WORKER: (*reflecting content, proposing a goal, seeking feedback*) So when you begin to eat and sleep better, and you think about her less, we'll know that things have taken a positive turn. Let's make the goals even more specific so that we will know when you have completely achieved them. How does this sound to you? "Within 6 months, to (1) sleep 6 or more hours per night at least five nights per week, (2) regain the weight that you lost, (3) think about things other than your wife at least 75 percent of the time, and (4) go out on at least one date." What do you think?

CLIENT: Real good. Right now, I probably think about her 95 percent of the time, and the idea of going on a date sounds just awful. If I were thinking about other things, doing other things, and dating someone else, I'd know that I'd finally be over her.

WORKER: (*establishing goal*) Okay. Let me jot that down so we can remember it.

In the same way you previously recorded the agreed-upon problems/issues for work, we now do the same for the established goals. Typically, the goals bear a close relationship to the problems/issues of concern. Table 11.1 reflects the relationship between the agreed-upon (clarified) problems/issues and the agreed-upon (established) goals to pursue.

If we converted the general goals reflected in Table 11.1 into SMART goals, they might appear as presented in Table 11.2:

TABLE 11.1 Sample Table of Service Goals Associated with Agreed-Upon Problems/Issues	
Agreed-Upon Problems/ Issues for Work	Service Goals
Currently homeless	Client has permanent housing.
Lives on the street	Client has shelter.
Winter approaching	Client has warm shelter.
Diabetes	Client manages diabetic symptoms.
Without medicine for a week	Client has medicine.
Lacks medical care	Client has medical care.
Currently unemployed	Client is employed.
Lacks money	Client has stable income.
Lacks medical insurance	Client has medical insurance.

TABLE 11.2 Service Goals (In SMART form)
1. Client has warm temporary shelter by 7:00 P.M. this evening.
2. Client has warm, permanent housing within 3 months of today's date.
3. Client receives at least 1-week's supply of diabetes medication within 4 hours of this time.
4. Client meets with a medical doctor within 1 week of today's date.
5. Client has ongoing relationship with health care system within 3 months of today's date.
6. Client has regular employment within 3 months of today's date.
7. Client has medical insurance within 5 months of today's date.
8. Client receives income from employment within 3 1/2 months of today's date.

3.
 - a. Write the words you would say in asking a question that encourages Mrs. F., the Latina mother who is concerned about her children, to identify a goal that relates to one or more of the issues specified in Exercise 11-4.

 - b. On behalf of Mrs. F., write a general goal statement that relates to one or more of the issues specified in Exercise 11-4.

 - c. Now write a SMART goal statement that relates to one or more of the issues specified in Exercise 11-4.

 4.
 - a. Write the words you would say in asking a question that encourages members of the social service agency group with whom you provide consultation services, to identify a goal that relates to one or more of the issues specified in Exercise 11-4.

 - b. On behalf of the social service agency group, write a general goal statement that relates to one or more of the issues specified in Exercise 11-4.

 - c. Now write a SMART goal statement that relates to one or more of the issues specified in Exercise 11-4.

 5. When you have completed these exercises, review the SMART goal statements that you wrote and then ask yourself the following questions. Have I described the goals as accomplishments rather than processes? Are the goals clear and specific? Are they measurable or verifiable in some way? Are they realistic, given the circumstances? Are they adequate? Do they appear to be consistent with the fundamental values and cultural preferences that you might expect of these clients? Finally, are the goals congruent with the issues identified in Exercise 11-4? If your answer to any of these questions is no, revise your SMART goal statements so that they do meet Egan's ideal form.
-

Developing an Action Plan

Once you and the client have established goals, engage the client in the process of developing an action plan to pursue them. Sometimes called “service plans,” “treatment plans,” or “intervention plans,” action plans address the questions of who, what, where, when, and especially how you and the client will pursue the agreed-upon goals. In planning action, you and the client identify pertinent others who will meet with you and who or what will be the target for change. Together, you also determine who will be involved in the change efforts and how those efforts might affect others. For example, consider a case in which the mother of an 8-year-old boy expresses concern about his disobedience and aggression. You and the client would determine who could and who should be involved and in what context. Will it be the mother and boy together; the mother independently; the boy separately; sometimes one, sometimes the other, sometimes both; the boy in a group with other boys; or the mother in a group with other mothers? There are numerous possibilities, and many decisions are required. Clients participate in the process and, of course, must provide informed consent before any intervention or action may be undertaken.

Lifelong learning and critical thinking abilities become particularly relevant in this process. Sometimes you may be highly knowledgeable about nomothetic research studies concerning the effectiveness of services intended to address problems and pursue goals such as those you and your clients identify. At other times, you may need to search, review, and analyze current research studies before you can competently explore potential action plans.

You and the client also determine what social work role or roles you will play (for example, advocate, broker, case manager, counselor, educator, evaluator, facilitator, investigator, mediator, therapist, consultant, policy analyst, policy planner, researcher) and what theoretical approach or intervention protocol to adopt in pursuing established goals. If, for example, you and the client decide that you will serve in the role of counselor, you also need to determine a theoretical model or approach, change strategy, or intervention protocol that will guide your actions (for example, task centered, family systems, ecological, behavioral, problem solving, cognitive-behavioral, or some combination thereof). You also select one or more counseling formats (for example, individual, dyadic, family, small group, or some combination of them). You and the client also determine how to implement the change efforts. How active should you be? How direct should you be? Should you encourage the client to take the initiative, or should you assume primary leadership responsibility? You and the client decide how fast to proceed with change efforts and how to approach other people who could or should be involved.

You and the client decide where and when to hold your meetings and where and when the change efforts will occur. Sometimes it is easier for clients, or more likely to yield positive results, when you meet in their homes rather than in your agency office. On other occasions, an entirely neutral location may be the best choice. You and the client also determine when you will meet (for example, morning, afternoon, evening; on which days), how often (for example, once per week, three times weekly, once per month), and how long (for example, 15 minutes, 30 minutes, 1 hour, 2 hours). Usually, you and the client establish a time frame for your work together. Will you plan to work together toward these goals for 6 weeks, 9 sessions, 3 months, 12 meetings, 6 months, or longer?

In addition, discuss the nature of a typical meeting so that you both understand general expectations. You might initiate such a discussion by saying, “Here’s what we usually do in our regular meetings. . . .” It also helps to discuss expectations about activities between meetings. Some clients are unaware that much of the work toward goal attainment actually occurs during the time between one meeting and another. You could introduce this topic by saying, “Between meetings, we’ll each engage in various tasks or activities and take steps to accomplish these goals. In fact, we’ll do much of our work between meetings. Some people call these activities ‘homework.’”

As you flesh out aspects of the plan, engage the client in identifying possible obstacles as well as potential resources that might influence the outcome of your plan. You might think of these as risk and protective factors for the service plan. Importantly, you also review and reflect on the likely benefits of a successful outcome.

Most social work action plans involve change of some kind—change that would help resolve an issue and achieve a goal. Sometimes a single decision or action is sufficient. More commonly, however, we focus on change that requires several decisions and numerous actions. We may direct these change efforts toward some biological or psychological aspect of a person, some part of the social or environmental situation, or, as is usually the case, toward elements of both the person and the situation. For example, change in a person's thinking might be a focus (for example, to think more favorably about oneself, to develop a more optimistic attitude, or even to accept that certain things will probably remain pretty much as they are). Alternately, change in a client's feelings (for example, to reduce the frequency and intensity of angry feelings or to become more relaxed) might be the focus. Often, we attempt to produce a change in a client's behavior (for example, speak more often in a group context or become more proficient in certain parenting skills). As social workers, we also focus a great deal on situational, policy, and environmental change of various kinds. For instance, you might attempt to secure housing for a homeless person or to improve the quality of care for someone living in a foster home. You might try to find employment for someone out of work or obtain an exception for someone deemed ineligible for food stamps, health insurance, or Social Security benefits. Regardless of the focus of change, recognize that individuals, dyads, families, groups, organizations, communities, or societies that are not ready for planned change or motivated to take action rarely do so. If you expect that change naturally and easily results from a cooperative process of goal setting and action planning, you will be quite disappointed. Social workers realize that human beings and social systems vary in their readiness and motivation for change (Prochaska, 1999; Prochaska et al., 1994; Prochaska & Velicera, 1998). Indeed, an individual client might be anxious to take action to resolve one problem but reluctant to consider the possibility of change with regard to another.

In developing an action plan, you and the client address a number of factors, including the stages of change, and develop an approach to guide your work together. The following is an example of how an action plan might appear as part of the contract portion of the DAC. (See "Summarizing the Contract" later in this chapter for additional discussion of this part of the DAC.)

EXAMPLE: ACTION PLAN

Florence Dupre (client) and I (Susan Holder—social worker) plan to meet together for weekly 1-hour sessions over the course of the next 8 weeks. Our purpose is to accomplish the goals identified above. In particular, we will work to secure a full-time job that pays \$15 or more per hour and includes medical and retirement benefits. We will approach this work as a cooperative effort with each of us contributing ideas and suggestions and each of us taking steps toward goal achievement. I (Susan Holder) will serve in the roles of counselor, educator, and advocate in attempting to help Florence Dupre reach the identified goals for work. Sometimes we will meet at the agency, sometimes at Ms. Dupre's apartment, and sometimes at other locations within the community. In approaching this work, we will adopt a collaborative problem-solving approach in which we jointly analyze the potential pros and cons associated with various courses of action and undertake various actions or steps intended to pursue the agreed-upon goals. Throughout the 8-week period, we will keep track of tasks undertaken and their effects, and generally monitor the progress toward goal achievement. At the end of that time, we will determine whether to conclude our work, consult with or refer to someone else, or contract with each other for further work together.

5. When you have completed these exercises, review the action plans you have formulated. Ask yourself whether each plan adequately describes who is to be involved; who or what are the targets of change; where, when, and how long the meetings are to occur; how active you are to be; what role or roles you are going to assume; what strategy or approach is to be used; and what the time frame is to be. In addition, ask whether the action plan in any way infringes on the personal values and cultural preferences you might expect of these particular clients. Finally, determine whether the action plan is logically congruent with the issues identified in Exercise 11-4 and the final goals established in Exercise 11-5. Estimate the probability that successful implementation of the plan will lead to achievement of the goals. In the following space, specify those aspects of the action-planning process that you need to strengthen.

Identifying Action Steps

Sometimes the goals that you and the client formulate are simply too large to accomplish through a single action. When it is unrealistic and impractical to undertake simultaneously all the actions needed to accomplish a particular goal, engage the client in identifying small action steps or tasks (Reid, 1992) that are consistent with the action plan and likely to contribute to goal accomplishment. In a sense, these tasks or action steps are subordinate goals or objectives. Regardless of their form, we anticipate that their completion will constitute progress toward the achievement of one or more agreed-upon service goals. You may record them in the Plans section of the Contract portion of the DAC.

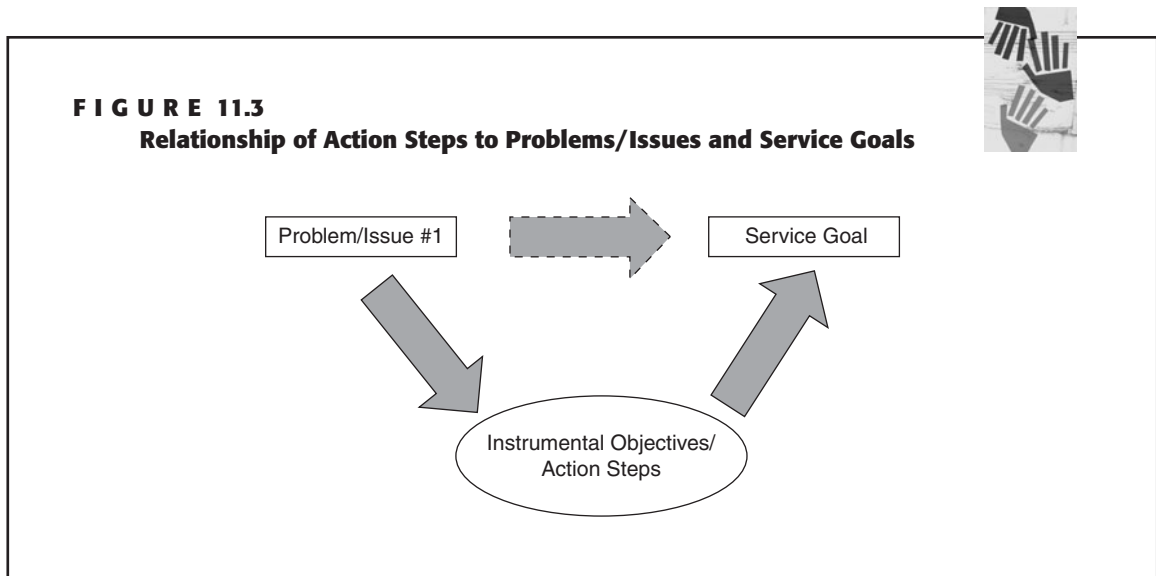
In identifying action steps, you and the client use information gained and the hypotheses generated during the description and assessment phases. You attempt to foster a flexible, creative, brainstorming atmosphere where various ideas are identified and examined. We commonly use the skills of questioning, seeking clarification, reflecting, going beyond, and seeking feedback during this process. As a collaborative partner in the process, you may also share your own research-based professional knowledge and expertise. Indeed, the theory- and research-based hypotheses generated during assessment often lead to the identification of specific action steps associated with one or more evidence-based practice approaches. Sometimes referred to as *instrumental objectives*, completion of evidence-based action steps increases the probability of successful achievement of goals and a favorable outcome. In other words, completion of such action steps is *instrumental* in the achievement of the service goals. For example, people who believe they are powerless or helpless in certain life circumstances often become passive, inactive, reclusive, and withdrawn. They might even be called “depressed.” Numerous research studies suggest that when people identified as depressed increase their level of activity, become more engaged in meaningful individual and social activities, and begin to change what and how they think about themselves and life, they usually become less depressed and more satisfied. Based upon such research-based evidence, in work with

clients whose goals are to become less depressed and more satisfied with life, a social worker might encourage such “depressed” clients to consider instrumental objectives or actions steps designed to increase the frequency and duration of (1) physical activity, (2) meaningful activity, (3) social activity, and (4) thoughts of personal competency. Based upon our knowledge of the research, social workers might hypothesize that such action steps would be instrumental in achieving the goal of reducing clients’ levels of depression and increasing their degree of life satisfaction.

Of course, there are many ways to resolve issues and achieve goals. Some approaches require changes in the person, others involve changes in the social situation or physical environment, and many entail changes in multiple dimensions. Changes such as increasing one’s knowledge about parenting or increasing one’s skill in communicating assertively are examples of person-focused change. Securing adequate food and shelter or organizing a tenants’ union to lobby for improved building conditions exemplify situation-focused or environmental change. In social work practice, changes are rarely limited to the individual person. We usually seek changes in the situation as well. When you engage in policy practice and whenever you serve as an advocate, broker, or mediator, you are working toward situational change. For example, an unemployed client’s situation could improve dramatically if you intercede with a prospective employer to help the client secure a new job.

Consider the example of a female client living with a man who periodically beats her. With your help, several situational changes might be possible. Her male companion could be encouraged to join in a process of relationship counseling designed to enhance direct verbal communication and decrease the risk of future violence. Alternately, he might begin to participate in a program for abusive men. The client might file a criminal complaint with the police and courts, or she might leave the household for a safe shelter. All these steps involve changes in the situation, and all would affect the person as well. Although an action step in any given case may be primarily person focused or primarily situation focused, you should be aware of the following systemic principle: Changes in one aspect of the person-issue-situation nearly always result in changes in other aspects as well. In other words, person-focused change will probably affect the situation in some way—just as situation-focused change will likely affect the person in some way.

Completion of tasks or action steps contributes to the achievement of larger goals. Because they usually involve relatively small steps, they tend to have a higher probability of success than would be the case if someone attempted to achieve a large goal in a single action. For example,



suppose you are 50 pounds overweight and wanted to lose that much to improve your health. You commit to a goal of losing 50 pounds as soon as possible. Except by surgery, it is physically impossible to lose 50 pounds through a single action. Reducing by 1 pound, then another, and then another, however, is conceivable. It is similar to the “one day at a time” principle of Alcoholics Anonymous (AA). Abstaining from alcohol for the rest of one’s life is indeed a large order for anyone who has drunk large quantities of alcohol every day for many years. Abstaining for 1 day, 1 hour, or even for 1 minute is more manageable and certainly more probable. By putting together and accomplishing several smaller tasks or action steps (subordinate goals), a large goal that otherwise would seem insurmountable may be successfully achieved.

Identifying action steps involves determining what will be done, when, and by whom. These actions constitute steps, tasks, or activities that you or the client will take in your efforts toward goal accomplishment. Various action steps may be referred to as *client tasks*, *worker tasks*, *in-session tasks* (Tolson, Reid, & Garvin, 1994), or *maintenance tasks*. Client tasks are action steps that clients take during the intervals between your meetings. Sometime social workers refer to client tasks as “homework” activities or assignments. However, the term *task* may better convey that the worker and client jointly determine the activity. Usually, the worker does not “assign” the task as a teacher might assign homework to a student. Rather, social workers and clients together decide what tasks to undertake.

Worker tasks are those that the social worker completes before you meet again with a client. In-session tasks are procedures, activities, or intervention techniques that you or clients undertake during your meetings together. Maintenance tasks are those regularly occurring personal or situational activities that become routine or institutionalized by clients to promote long-term change. Although maintenance tasks may occur within sessions, clients more often complete them between sessions or after the conclusion of their work with a social worker.

In attempting to specify tasks or action steps, you and the client first engage one another in generating a first small step toward the goal. You may initiate this process by asking questions such as “What would represent a first step toward achieving this goal?” or “What needs to change for you to be able to make a small step toward achieving this goal?”

Questions such as the following may also help to generate action steps and, later, to identify ways to evaluate progress: “What will be the first sign that you are beginning to make progress toward this goal?” “What will be the very first indication that there is progress in this matter?” “What will be the very first sign that you are taking steps to reach your goal?” Such questions tend to increase clients’ optimism and motivation. They do so by bringing the near future into clients’ present thinking. You ask clients to imagine or visualize the situation as somewhat improved and to identify signs of that improvement. These signs often indicate the kinds of specific action steps that might produce progress toward goal attainment.

Notice the emphasis on identifying actions to take. Your focus is on doing something that represents movement toward goal achievement. Depending on the nature of the agreed-upon goals, you may encourage clients to identify steps leading to changes in themselves (for example, their thoughts, feelings, or behaviors) or in their situations that might help to resolve the identified issues.

When the agreed-upon goals require long-term change (for example, maintain a 50-pound weight loss for 1 year, or abstain from all alcohol use for 6 months), you engage the client in identifying action steps that directly relate to the maintenance of durable change. We do not require such maintenance tasks in circumstances where a single decision or short-term action is the goal. Lasting change, however, requires ongoing attention. Therefore, social workers and clients identify ways and means to maintain change over the long term. Durable change is most likely when personal or situational policies, practices, or activities become routine or institutionalized. The most effective maintenance tasks occur regularly (for example, hourly, daily, weekly, or biweekly) and function as reminders, incentives, or rewards for the individuals, families, groups, organizations, or societies involved.

In identifying maintenance tasks, you and the client anticipate that positive changes have occurred and the service goals have been achieved. Together you address the question, “How do we maintain these changes over the long term?” You ask yourselves, “How can these changes become a natural and routine part of everyday life?” Building on the mutual understanding gained earlier, you jointly generate possible maintenance tasks within each relevant sphere of the person-in-environment.

During this part of the contracting processes, you ask questions and share information that leads to the identification of small and manageable tasks that, if completed, would contribute to the accomplishment of one or more agreed-upon service goals. As you and the client reach consensus concerning action steps, reflect them in clear terms, seek feedback from the client, and note them in your case records.

In practicing the skill of identifying action steps, use a format such as the following:

PRACTICE FORMAT: IDENTIFYING AN ACTION STEP

So, the (first or next) step that (you, I, or we) will take is _____. (You, I, or We) will complete this task by (insert date) and talk about it at our next meeting.

EXAMPLE: IDENTIFYING AN ACTION STEP

CLIENT: (identifying an action step) I’ll go ahead and talk with her to see if she’d be interested in the idea of joint counseling.

WORKER: (identifying an action step) Okay, the next step that you will take is to talk with your partner and ask her if she might be interested in joining us for a few meetings. You’ll talk with her within the next few days in order to give her a chance to think about it and give you her response before our next meeting. How does that sound? Fine, let me jot that down so we can keep it in mind.

By identifying an action step, you firmly cement the contract for your work with the client. The following are some examples of typical processes by which a worker might engage a client in establishing action steps.

EXAMPLE: ESTABLISHING ACTION STEPS

WORKER: (reflecting a goal; seeking an action step) You want to improve your sleeping patterns. Right now, you sleep through the night only about 1 out of every 7 days. You want to be able to do so at least 5 days per week. Going from 1 to 5 nights is a pretty large jump. It might be helpful to start with something a bit smaller. What would represent a good first step toward achieving the goal?

EXAMPLE: ESTABLISHING ACTION STEPS

WORKER: (reflecting a goal; seeking an action step) You want to improve your sleeping patterns. Right now, you sleep through the night through about 1 day per week and you want to be able to do so at least five times per week. What will be the first signs that you are beginning to sleep better?

If the client cannot or does not respond to your encouragement by identifying a small action step, you may tentatively propose one for consideration. Of course, as always, be sure to seek the client's reactions to the idea. In proposing a task, you might use a format such as the following.

PRACTICE FORMAT: PROPOSING AN ACTION STEP

As a first step toward the goal of _____, what do you think about (insert client task, worker task, or in-session task as needed)?

EXAMPLE: PROPOSING AN ACTION STEP

WORKER: (proposing a client task) We have identified the goal of graduating from high school by completing your General Education Diploma (GED) within the next 12 months. As a first step toward that goal, what do you think about contacting the school that you attended through the ninth grade to ask for your academic records?

EXAMPLE: PROPOSING AN ACTION STEP

WORKER: (proposing a worker task) We have identified the goal of graduating from high school by completing your GED within the next 12 months. As a first step toward that goal, I'd like to contact the department of education and ask for information about local GED programs. How does that sound to you?

EXAMPLE: PROPOSING AN ACTION STEP

WORKER: (proposing an in-session task) Here's a copy of the application form for the GED program. I thought we might try to complete it together during our meeting today. What do you think?

The social worker typically assumes responsibility for making a formal record of the jointly agreed-upon tasks or action steps (see Table 11.3). In the recording, the worker identifies the person or people responsible for undertaking each task and the time frame for completion.

TABLE 11.3 Action Steps Associated with Agreed-Upon Service Goals	
Service Goals	Action Steps
Client has warm temporary shelter by this evening.	Client Task: Gather together belongings. Worker Task: Contact temporary housing shelters; make arrangements for short-term shelter.
Client has warm, permanent housing within 3 months of today's date.	Client Task: Complete necessary application forms. Worker Task: Locate low-cost housing.

(continued)

TABLE 11.3 (continued)
Action Steps Associated with Agreed-Upon Service Goals

Service Goals	Action Steps
Client receives at least 1 week's supply of diabetes medication within 4 hours of this time.	Client Task: Describe medical condition. Worker Task: Contact medical clinic to secure interim supply of medication.
Client meets with a medical doctor within 1 week of today's date.	Client and Worker Tasks: Schedule appointment with medical clinic; arrange for transportation if needed.
Client has ongoing relationship with health care system within 3 months of today's date.	Client Task: Arrange for follow-up visit with medical clinic. Worker Task: Facilitate arrangement of follow-up visit if needed.
Client has regular employment within 3 months of today's date.	Client Tasks: Search for job openings; make application; secure employment, preferably with company that provides health insurance. Worker Task: Search for job openings; help client with application and preparation for job interview; help arrange for transportation if needed.
Client has stable income from employment within 3 1/2 months of today's date.	Client Task: Share information with worker. Worker Task: Seek information from client.
Client has medical insurance within 5 months of today's date.	Client Task: If employment does not include health insurance, make application with low-cost carrier. Worker Task: Locate low-cost health insurer—if employment does not include health insurance.

EXERCISE 11-7: IDENTIFYING ACTION STEPS

Continuing with the cases previously described, review your responses to Exercises 11-5 (establishing goals) and 11-6 (developing an action plan). Then, in the spaces provided, use the suggested format to write the words you might use to encourage each client to identify an initial small task or action step. Then, write three action steps (client tasks, worker tasks, and in-session tasks) that you might propose to each client. Of course, they should be congruent with the identified issues and goals and, if completed, clearly represent progress toward goal achievement.

1. a. Write the words you might say in encouraging Mrs. O. to identify an action step.

- b. Write the words you might say in proposing a client task, a worker task, and an in-session task to Mrs. O.

2.
 - a. Write the words you might say to help members of the S. family identify an action step.

 - b. Write the words you might say in proposing a client task, a worker task, and an in-session task to the S. family.

3.
 - a. Write the words you might say in encouraging Mrs. F. to identify an action step.

 - b. Write the words you might say in proposing a client task, a worker task, and an in-session task to Mrs. F.

4.
 - a. Write the words you might say in encouraging the group at the troubled social service agency to identify an action step.

 - b. Write the words you might say in proposing a client task, a worker task, and an in-session task to the group at the social service agency.

5. When you have completed these exercises, review the tasks or action steps identified and ask yourself the following questions: Do you describe the steps so that they involve actually doing something? Are the steps clear and specific? Would they in any way infringe on the personal values and the cultural preferences that you might expect of these clients? Finally, are the action steps congruent with the specified issues, the goals, and the action plans identified in Exercises 11-4, 11-5, and 11-6? Are the action steps consistent with the strategies and interventions used in evidence-based practices and services? In particular, what is the probability that, if completed, the action steps would indeed contribute to and maintain the achievement of the identified goals? Specify those aspects of action step identification you need to strengthen.

Planning for Evaluation

As professionals, we are responsible for evaluating progress toward problem resolution and goal achievement. Regardless of the nature of the agency setting, the presenting issue, or the client's circumstances, you should be able to identify some means to measure progress toward goal attainment. In doing so, be sure to consider the "goodness of fit" between the evaluation "tools" and clients' capacities and resources. For example, some clients are unable to create frequency charts or to complete paper-and-pencil instruments. Nonetheless, start with the presumption that you can locate or create some reasonable and relevant form of evaluation. In many practice contexts, failure to evaluate progress would constitute negligence and perhaps malpractice.

You can measure progress toward goal attainment in several ways. One of the more applicable methods is called goal attainment scaling (Kiresuk & Sherman, 1968; Kiresuk, Smith, & Cardillo, 1994). Goal attainment scaling (GAS) is particularly well suited to social work practice because the dimensions for measurement are not predetermined, as is the case with standardized tests and questionnaires. In GAS, the dimensions for assessment evolve from the goals negotiated by you and the client. Therefore they are specific to each person-issue-situation. Kagle (1984, pp. 74–76) provides a useful summary of GAS procedures, and Marson and Dran (2006) sponsor a resourceful website on the topic.

In developing a Goal Attainment Scale (see Table 11.4), social workers and clients identify and "weight" the importance of each of the agreed-upon goals. Use a 1- to 10-point scale, where 10 is the "most important." Record each goal in the appropriate cell. Then collaborate with the client to generate a series of five descriptive predictions concerning the possible outcomes of work toward achievement of each goal. Record those in the appropriate cells as well. These predictions provide you and your client with markers on which to base your evaluation of progress. The possible outcomes range from "most unfavorable" to "most favorable," as shown in Table 11.4 (Bausell et al., 2000; B. R. Compton et al., 2005; R. J. Cox & Amsters, 2002; Fleuridas, Leigh, Rosenthal, & Leigh, 1990; Kiresuk & Sherman, 1968; Kiresuk et al., 1994; Marson & Dran, 2006).

TABLE 11.4					
Blank Goal Attainment Scale Form					
Client: _____ Session Number or Date _____					
Outcomes	Goal 1 Weight _____	Goal 2 Weight _____	Goal 3 Weight _____	Goal 4 Weight _____	Goal 5 Weight _____
-2 Most unfavorable results thought likely					
-1 Less than expected success					
0 Expected level of success					
+1 More than expected success					
+2 Most favorable results thought likely					

Other means for evaluating progress toward goal achievement include frequency counting and subjective rating. In counting, you, the client, or another person in the client’s environment keeps track of the frequency of a goal-related phenomenon (see Table 11.5). For example, consider self-esteem: people with low self-esteem often think disparaging and critical thoughts about themselves. You and such a client might identify as a final goal to increase the frequency of self-approving thoughts. You might provide the client with a small notepad in which to keep track of the number of self-approving thoughts during a given period (for example, each day for 1 week). You could then transfer the frequency counts onto graph paper, with the expectation that the change program will lead to a higher frequency of self-approving thoughts per day. We often

TABLE 11.5	
Frequency Count Form	
Client: _____	
Date	Frequency
Day 1	12
Day 2	13
Day 3	10
Day 4	10
Day 5	9
Day 6	7
Day 7	8

use frequency counting to establish a baseline for the targeted phenomenon, before implementing intervention plans. Then, we use the baseline as a benchmark for evaluating the effectiveness of the service approach. You can apply frequency-counting procedures to many different phenomena in various person-in-environment dimensions.

Subjective rating requires that you, the client, or another person make a relative judgment concerning the extent, duration, frequency, or intensity of a targeted phenomenon. For example, you might ask a client to create an imaginary 10-point scale that runs from “worst” or “least” (number 1) to “best” or “most” (number 10). The client may then use this subjective scale to rate the target phenomenon. For example, suppose a client is concerned about the quality of the relationship with her partner. You could make a request in this fashion: “Would you please imagine a scale that runs from 1 to 10, with 1 being the lowest possible and 10 being the highest possible? Now let’s rate the quality of each encounter you had with your partner yesterday. We’ll use this form [see Table 11.6] to record your ratings.” By using the form with the client during your meeting, you increase the likelihood that she will understand how to use it and improve the chances that she will use it to record the quality of daily encounters between sessions. Suppose the client reports she had four interactions with her partner yesterday. The first interaction was positive (Level 8), the second was unpleasant (Level 3), the third was okay (Level 5), and the last was extremely positive (Level 9). You could then ask the client and perhaps her partner as well to use subjective rating forms (see Table 11.6) to track the quality of their interactions throughout the day. You could phrase the request in this manner: “I’ll give you several blank copies of the Subjective Rating Form. Following each encounter with your partner, use a row in the form to indicate the date and time, provide a brief description of the interaction, and record your rating of its quality. Please do not share your ratings with your partner until we meet together again. When we have several weeks’ worth of ratings, we will create a graph so we can determine how your views change as we work toward improving the quality of the relationship. How does that sound?”

Subjective ratings also work well for problems that involve the intensity of unpleasant personal feelings or sensations. We often call this a Subjective Units of Distress Scale (SUDS). For example, suppose you have a teenage high school student as a client. The teenager reports intense anxiety when she talks in front of her peers in classroom contexts. In this case, we plan to track progress by recording subjective ratings of the relative intensity of her anxious feelings in various classroom situations. Table 11.7 illustrates how you might use subjective ratings of distress for evaluation purposes.

TABLE 11.6 Sample Subjective Rating Form		
Client: _____		
Date/Time	Encounter	Subjective Rating (0-10)
Day 1: 7:30 A.M.	Early morning conversation	8
Day 1: 11:30 A.M.	Phone conversation	3
Day 1: 6:17 P.M.	Early evening conversation	5
Day 1: 10:30 P.M.	Nighttime interaction	9

TABLE 11.7
Sample Subjective Units of Distress Scale (SUDS)

Client: _____ **Issue: Classroom Anxiety**

Date/Time	Situation	SUDS Rating (1–10)
Day 1: 9:15 A.M.	English class: Teacher calls on me to answer a question. I know the answer.	7
Day 1: 11:20 A.M.	Math class: Teacher asks me to complete a problem on the board in front of the entire class.	9
Day 1: 1:12 P.M.	Speech class: I give a 1-minute preview of a 10-minute speech I'm supposed to give next week.	9
Day 1: 2:30 P.M.	Science Class: Teacher calls on me to answer a question from today's required reading. I don't know the answer.	10
Day 2:		

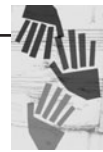
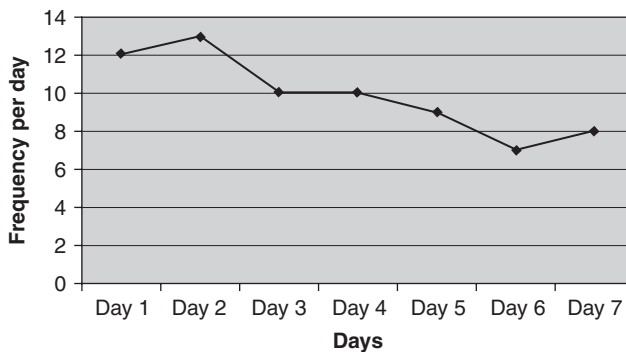
Subjective ratings can be used in relation to almost all forms of human phenomena (for example, physiological, psychological, social). Of course, because they are subjective by definition, they are susceptible to individual bias and other forms of human error. Nonetheless, subjective ratings can be extremely useful when used as a complement to objective measures or when objective tools are inappropriate or impractical.

Frequency counts and subjective rating tables can easily be converted into graphic form through a spreadsheet software program such as Microsoft Excel™. For example, Figure 11.4 reflects a graphic illustration of the data contained in Table 11.5.

In addition to frequency counts and subjective ratings, social workers may also select from a vast array of widely available, valid, and reliable paper-and-pencil instruments—often called rapid assessment instruments (RAIs). For example, *The Clinical Measurement Package: A Field*

FIGURE 11.4

Sample Frequency Count Graph



Manual (Hudson, 1982) contains nine scales that are useful to social workers. These scales relate to phenomena that often affect our clients. The CMP scales address dimensions such as self-esteem, generalized contentment, marital satisfaction, sexual satisfaction, parental attitudes, child attitudes toward mother, child attitudes toward father, family relations, and peer relations. Each of the scales may be completed and scored quickly.

Measures for Clinical Practice: A Sourcebook (Fischer & Corcoran, 2007a, 2007b) is another extraordinary resource. The authors' most recent edition includes two volumes of rapid assessment instruments relevant for many aspects of social work practice. Volume 1 contains more than 100 measures relevant for assessing various dimensions of couples, families, and children (Fischer & Corcoran, 2007a). Volume 2 includes more than 200 instruments relevant for adults (Fischer & Corcoran, 2007b). Among the measures are instruments to aid assessment of various kinds of abuse, acculturation, addiction, anxiety and fear, assertiveness, beliefs, children's behavior, client motivation, coping, couple and marital relationships, death concerns, depression and grief, ethnic identity, family functioning, geriatric issues, guilt, health issues, identity, impulsivity, interpersonal behavior, locus of control, loneliness, love, mood, narcissism, pain, parent-child relationship, perfectionism, phobias, posttraumatic stress, problem solving, procrastination, psychopathology and psychiatric symptoms, rape, satisfaction with life, schizotypal symptoms, self-concept and -esteem, self-control, self-efficacy, sexuality, smoking, social functioning, social support, stress, suicide, treatment satisfaction, and substance abuse. The two volumes of *Measures for Clinical Practice* represent a rich resource of easily administered and rapidly scored instruments.

EXERCISE 11-8: PLANNING FOR EVALUATION

Review your responses to Exercises 11-1 through 11-7 as they relate to the previously described case situations. Then, in the spaces provided, describe two means for evaluating progress toward goal achievement in each of those case situations. First, plan an evaluation process that is more objective in nature. Then, plan a subjective method to measure progress. The primary purpose is to encourage you to consider various means for measuring progress in your work with clients. Of course, whatever evaluation plans you generate should relate directly to the identified issues and goals so that progress can be determined.

1. Prepare a brief plan by which you might subjectively evaluate progress toward goal achievement in your work with Mrs. O. Then, outline a plan by which you might objectively evaluate progress toward goal achievement in your work with Mrs. O.

2. Prepare a brief plan by which you might subjectively evaluate progress toward goal achievement in your work with the S. family. Then, outline a plan by which you might objectively evaluate progress toward goal achievement in your work with the S. family.

3. Prepare a brief plan by which you might subjectively evaluate progress toward goal achievement in your work with Mrs. F. Then, outline a plan by which you might objectively evaluate progress toward goal achievement in your work with Mrs. F.

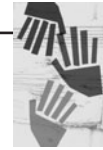
4. Prepare a brief plan by which you might subjectively evaluate progress toward goal achievement in your work with the troubled social service agency. Then, outline a plan by which you might objectively evaluate progress toward goal achievement in your work with the organization.

5. When you have completed these exercises, please consider the means of evaluation you have identified and ask yourself the following questions: How subject to evaluator bias and error are these evaluation procedures? What are the ethical implications of these forms of evaluation? Do the procedures appear to be respectful of the personal values and the cultural preferences you might expect of these clients? Finally, are the procedures likely to yield an accurate indication of progress toward the goals specified in Exercise 11-5? In the following space, specify those aspects of evaluation planning you need to strengthen.

Summarizing the Contract

Summarizing the contract involves a concise review of the essential elements of the service agreement that you and the client approved. The service contract covers issues for work, goals, an action plan, tasks or action steps, and the means by which you and the client intend to evaluate progress.

Written agreements are generally preferred so that all involved parties may have copies and can refer to them as needed (Hanvey & Philpot, 1994). The service agreement may be organized in accordance with the framework shown here (see Box 11.3) and incorporated into a DAC (see Appendix 12 for a completed example). Alternately, they may be prepared separately as formal contracts, using letterhead paper, with spaces for you and the client to sign. Whether formal or informal, written or unwritten, the service agreement provides for the description of issues, goals, and plans. The service contract reflects your commitment to work together with the client toward achievement of the agreed-upon goals. Of course, the specific dimensions of the format shown here may not be relevant for practice in all social work settings or with all clients, issues, or situations. As a professional social worker, you are responsible for adopting contract guidelines that best match the needs and functions of your agency program and your clients. Regardless of setting, however, you will probably find that service agreements or contracts represent a key component of effective social work practice.



BOX 11.3

Guidelines for Completion of the Service Contract

III. Service Contract²

A. Problems/Issues

1. Client-Identified Issues

In this section, clearly outline the problems/issues that the client identifies.

2. Worker-Identified Issues

In this section, outline the issues that you identify.

3. Agreed-Upon Issues for Work

In this section, outline the issues that both parties agree to address. These are the issues that remain the focus for work unless subsequently renegotiated by you and the client. Of course, either party may request revisions to the service agreement.

B. Service Goals

In this section, outline the final outcome goals that you and the client select. Of course, they should relate directly to the problems or issues for work. If possible, define the final goals in a SMART format. Sometimes, of course, only general goal statements are possible or advisable. Whether specific or general, record the agreed-upon goal statements in this section of the contract.

²Appendix 12 contains an example of a completed DAC.

C. Plans

1. Action Plan/Service Approach

In this section, build upon the case formulation to summarize the general parameters of the action plan or service plan that you and your client have devised. Make note of factors such as who will be involved; where, when, and how often the work will occur, and for how long; and how the process will unfold. Identify, where applicable, the social work role or roles you will assume, and the theoretical approach, perspective, or model selected for use in work with this particular client as you collaboratively pursue the service goals.

a. Client Tasks/Action Steps

In this section, outline the initial tasks or action steps that the client agrees to undertake in his or her attempt to achieve the agreed-upon goals.

b. Worker Tasks

In this section, outline the initial tasks or activities that you plan to undertake in your effort to help achieve the agreed-upon goals.

c. In-Session Activities

In this section, outline the initial tasks or activities that you and the client agree to undertake during your meetings together.

d. Maintenance Tasks

If the goals involve long-term change, use this section to outline the tasks or activities that you agree will occur on a regular, ongoing basis to promote lasting change.

2. Plans to Evaluate Progress

In this section, outline the means and processes by which you and the client will evaluate progress toward goal accomplishment. Whenever possible, incorporate valid and reliable objective evaluation instruments to accompany subjective means and processes.

Social workers typically prepare service contracts (that is, service agreements or treatment plans) in narrative form for inclusion in the case record. However, the addition of a graphic representation (for example, logic models, concept maps, tables) of the agreement can serve multiple purposes (Alter & Egan, 1997; Alter & Evans, 1990; Alter & Murty, 1997; Julian, 1997; Julian, Jones, & Deyo, 1995; Mattaini, 1993a, 1993b, 1995; Mulroy & Lauber, 2004). Indeed, preparation of an Action-Planning Table (APT) enables you and your clients to refer regularly to the agreed-upon problems/issues and goals as well as the action plan and the evaluation plan for each goal. You can also incorporate specific action steps, the results of those steps, and the results of various outcome indicators (for example, subjective rating scores, scale scores). In a sense, such a planning table is another kind of “concept map” or “logic map.” However, we typically arrange the components in a linear fashion to highlight the relationship of problems/issues to goals, goals to plans for action and evaluation, plans to action steps, and action steps to outcomes.

TABLE 11.8			
Action-Planning Table: Mrs. Chase			
Problem/Issue	Service Goal	Action Plan	Evaluation Plan
Issue 1: Arguments with son and husband	Goal 1a: Decrease frequency of arguments by 50% within 4 weeks.	Service Plan 1a: 8 weekly cognitive-behavioral and task-centered service sessions	Evaluation Plan 1a: Argument log (completed daily)
	Goal 1b: Increase frequency of satisfying exchanges with son and husband by 50% within 4 weeks.	Service Plan 1b: 8 weekly cognitive-behavioral and task-centered service sessions	Evaluation Plan 1b: Satisfying exchanges log (completed daily)
Issue 2: Irritable, critical, angry feelings toward son and husband	Goal 2a: Decrease frequency and intensity of negative feelings of irritation and anger toward son and husband by 50% within 4 weeks.	Service Plan 1a: 8 weekly cognitive-behavioral and task-centered service sessions	Evaluation Plan 1a: Argument log (completed daily)
	Goal 2b: Increase frequency and intensity of positive feelings of comfort and acceptance of son and husband by 50% within 6 weeks.	Service Plan 1b: 8 weekly cognitive-behavioral and task-centered service sessions	Evaluation Plan 1b: Satisfying exchanges log (completed daily)

For example, an abbreviated version of an Action Planning Table for Mrs. Chase might approximate that presented in Table 11.8.

EXERCISE 11-9: SUMMARIZING THE CONTRACT

For this exercise, please review the information you organized into the description and assessment sections of your own DAC in Exercises 10-1 and 10-2. Based on what you know about yourself and what you included in the description and assessment sections, word process a written contract as if you are your own social worker. In creating your contract, be aware that you, despite your considerable self-understanding, may miss some key issue or issues that a professional social worker might help you to identify. Therefore—even though it concerns you rather than someone else—view the contract as a dynamic document, subject to later revision. Prepare the contract in accordance with the format provided in the contract section of the DAC. When complete, place the assessment and case formulation portions of the DAC into the “My Personal Case Record” section of your Social Work Skills Learning Portfolio. At this point, you have completed all three sections of a DAC—the Description, the Assessment, and the Contract.

Summary

Based on the assessment and in conjunction with the client, during the contracting phase of social work practice you attempt to define clearly the issues and goals for work and develop plans likely to resolve the identified issues and achieve the final goals. Skills that are especially applicable to this phase of practice include (1) reflecting an issue, (2) reflecting hypotheses, (3) identifying an issue, (4) clarifying issues for work, (5) establishing goals, (6) developing an action plan, (7) identifying action steps, (8) planning for evaluation, and (9) summarizing the contract.

CHAPTER 11 SUMMARY EXERCISES

Building on the earlier two interviews that you had with your colleague, conduct a third interview to develop a contract for work. Ensure that the interview setting is private and again videotape and record the meeting. Using the exploring and contracting skills and other relevant social work skills, interview your colleague with a view toward negotiating a contract. At the conclusion of the meeting, arrange for another meeting in about one week.

1. Following the interview, ask your partner for candid feedback concerning his or her thoughts and feelings about the experience. Ask for a completely honest reaction to the following questions: (a) Did you feel comfortable and safe with me? Did you feel that I seemed like a person you could trust? (b) Did you feel that I was sincerely interested in you and in what you had to say? (c) Did you feel that I understood what you were trying to communicate? If so, what contributed to that? If not, what indicated to you that I did not understand? (d) Does the contract as I summarized it really match your views of the issues that concern you? (e) Do the goals we've established fit your needs and preferences? (f) What is your reaction to the first action steps we've planned? (g) What do you think about our plans for evaluating progress? (h) Did you find the experience productive? (i) What could I do better or differently in order to improve the quality of this interview? (j) How could the interview have been better or more satisfying for you? Summarize your partner's feedback in a word-processed document titled "Third Meeting With a Practice Client." Label the section "Practice Client Feedback."
 2. Review your own reaction to the conversation. How did you feel about the interview? What did you like and what did you dislike about it? Do you believe that you used relevant skills during the interaction? Were you able to develop the essential elements of a contract? If so, what helped you to do that? If not, what hindered you in that effort? What additional information would be useful? What would you do differently if you were to redo the interview? Summarize your reactions and reflections in a section of the "Third Meeting With a Practice Client" document. Label the section "My Reactions and Reflections."
 3. Based on your experience, word process a contract according to the format provided in the DAC. After you have written the contract, replay the videotape. Identify the specific social work skills that you used. Make notes of significant exchanges that affect the way in which you drafted the contract, and revise the contract accordingly. Place the contract in the Practice Case Record section of your Social Work Skills Learning Portfolio.
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CHAPTER 11 SELF-APPRAISAL

Now that you have finished this chapter and completed the exercises, please assess your proficiency in the contracting skills by completing the following self-appraisal exercise.

SELF-APPRAISAL: THE CONTRACTING SKILLS

Please respond to the following items. Your answers should help you to assess your proficiency in the contracting skills. Read each statement carefully. Then, use the following 4-point rating scale to indicate the degree to which you agree or disagree with each statement. Record your numerical response in the space provided.

4 = Strongly agree

2 = Disagree

3 = Agree

1 = Strongly disagree

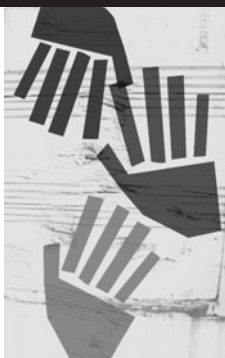
4	3	2	1	Rating Statement
				<i>At this point in time, I can:</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Discuss the purposes and functions of contracting.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Reflect an issue.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Reflect hypotheses.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Identify an issue.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Clarify issues for work.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Establish goals.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Develop an action plan.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Identify action steps.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Plan for evaluation.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Summarize the contract.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Assess proficiency in the contracting skills.
				Subtotal

Note: These items are identical to those contained in the Contracting Skills section of the Social Work Skills Self-Appraisal Questionnaire presented in Appendix 3. If you completed Exercise 2-2 in Chapter 2, you have already responded to these items. You may now compare your item responses to those you made earlier. You may also compare the subtotal scores. If you think you are developing greater proficiency in these skills, more recent scores should be higher than earlier ones.

Finally, reflect on the skills addressed in this chapter and the results of your self-appraisal. Based on your analysis, word process a succinct one-page summary report titled “Self-Assessment of Proficiency in the Contracting Skills.” In the report, be sure to identify those skills that you know and do well (for example, a score of 3 or 4). Also, specify those that need further practice (for example, scores of 2 or less) and briefly outline plans by which to achieve proficiency in them. When you have finished, include the report in your Social Work Skills Learning Portfolio.

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CHAPTER 12



WORKING AND EVALUATING

As you engage clients in the process of working toward the goals you jointly agree to pursue, you make a transition. Until this point in the helping process, you use social work skills primarily for collecting information, developing a relationship, formulating an assessment, and negotiating the service contract. Once you agree on a contract, however, you may legitimately use skills to promote change within various aspects of the person-issue-situation. This chapter (see Box 12.1) should help you develop proficiency in the working and evaluating skills. These skills build on clients' experience and frames of reference by introducing, in a much more active and expressive fashion, your own professional knowledge and expertise.

The skills covered in earlier chapters are primarily empathic, exploratory, and contractual in nature. You use them to clarify policies under which you operate; explore factors associated with the origin, development, and maintenance of the issues of concern; learn about and understand clients' experience from their own perspective; collaboratively develop an assessment; agree on plans to pursue; and evaluate progress toward the jointly determined goals for work. Throughout these processes, you regularly listen actively to convey empathic understanding, reflect hypotheses, ask questions, and seek feedback. This encourages further self-expression and self-exploration by clients while also strengthening your working relationship. You may sometimes go slightly beyond clients' literal statements, but your primary focus is on their experience and frame of reference.

The working and evaluating skills are significantly different. Here, you may appropriately proceed from your social work frame of reference—your professional knowledge, experience, and expertise; and your capacity to think critically, rationally, and free from superstition and prejudice. These skills tend to be more active and expressive than empathic in nature. Through the working and evaluating skills, you express your professional agenda—your thoughts, feelings, beliefs,



BOX 12.1

Chapter Purpose

The purpose of this chapter is to help learners develop proficiency in the working and evaluating skills.

Goals

Following completion of this chapter, learners should be able to demonstrate proficiency in:

- ◆ Discussing the purposes and functions of the working and evaluating skills
- ◆ Rehearsing action steps
- ◆ Reviewing action steps
- ◆ Evaluating
- ◆ Focusing
- ◆ Educating
- ◆ Advising
- ◆ Representing
- ◆ Responding with immediacy
- ◆ Reframing
- ◆ Confronting
- ◆ Pointing out endings
- ◆ Progress recording
- ◆ Assessing proficiency in the working and evaluating skills

Core Competencies

The skills addressed in this chapter support the following core EPAS competencies:

- ◆ Identify as a professional social worker and conduct oneself accordingly (EP2.1.1).
- ◆ Apply social work ethical principles to guide professional practice (EP2.1.2).
- ◆ Apply critical thinking to inform and communicate professional judgments (EP2.1.3).
- ◆ Engage diversity and difference in practice (EP2.1.4).
- ◆ Apply knowledge of human behavior and the social environment (EP2.1.7).
- ◆ Respond to contexts that shape practice (EP2.1.9).
- ◆ Intervene, and evaluate with individuals, families, groups, organizations, and communities (EP2.1.10[c–d]).

opinions, hypotheses, deductions, and conclusions. You first use such an active and expressive skill during the beginning phase of practice, when you suggest a tentative purpose for meeting and outline relevant policy and ethical factors. You also express your knowledge and experience when you identify an issue, suggest a goal, or propose an instrumental objective or an action step during the assessing and contracting processes.

Occasionally, the expressive skills bear little obvious relationship to clients' words or actions. However, most of the time, use of the expressive skills reflects an attempt to expand or extend clients' experience. You take what you have learned from the client and process it through your knowledge of research findings and evidence-based theoretical perspectives. Then, you apply the results in words and actions that you reasonably anticipate will help clients progress toward their goals.

Because the working and evaluating skills tend to be expressive rather than empathic, you must have a clear and justifiable rationale for their use at a particular time. Your motivations should be professional, not personal. Resist temptations to share your knowledge, feelings, or opinions simply because they occur to you in the moment. Rather, the working skills you apply should consistently relate to the contract for work. That is, you use your knowledge, intelligence, and expertise to help clients in their pursuit of agreed-upon goals. Indeed, unless you can demonstrate a clear relationship to the goals, it would be quite difficult to establish a rationale for the use of an expressive skill. To determine whether an expressive work-phase skill is appropriate and applicable, you might critically consider the following questions:

- ◆ Have we adequately explored the person or people involved, the issue or issues, and the circumstances?
- ◆ Have I sufficiently communicated empathic understanding of the client's experience so that I may now reasonably consider using an expressive work-phase skill?
- ◆ Do we have a clear service agreement or contract?
- ◆ What is my objective in choosing one or more expressive work-phase skills at this particular time?
- ◆ Will my use of one or more expressive work-phase skills now help the client progress toward resolution of our agreed-upon problems or issues and goals?
- ◆ Will the use of a particular work-phase skill convey respect for the client's personal values and cultural preferences?
- ◆ How will the client likely react to my use of a particular expressive work-phase skill?
- ◆ What is the risk that using one or more expressive work-phase skills now might endanger the client's individual or social well-being?
- ◆ What might be the risks that using one or more expressive work-phase skills now might endanger other people?
- ◆ How might my personal thoughts and feelings about this client at this time influence my selection or application of one or more expressive work-phase skills?
- ◆ Am I tempted to use an expressive work-phase skill now to express a personal view of my own, satisfy an individual need, or fulfill my own impulses?

If you think critically about these questions and consider their implications, you should be able to determine the appropriateness and applicability of a particular expressive work-phase skill. If you remain uncertain, however, you may choose a skill that is clearly more appropriate or return to an empathic exploring skill until you and the client are ready to take interventive action.

During the work and evaluation phase, social workers continue to use many of the empathic skills previously discussed. Indeed, we use skills of reflecting feelings, meanings, feeling and meaning, and hypotheses as well as going beyond throughout the entire helping process. We also regularly use the skills of seeking feedback, asking questions, and seeking clarification. During the working and evaluating phase, however, skills such as rehearsing, reviewing, focusing, reframing, and advising are increasingly used. In using expressive work-phase skills, you maintain your focus on the assessment and service contract. In particular, shape your efforts according to the agreed-upon goals and the service approach you and the client have established. Each application of a working skill should relate in some way to one or more of the identified goals or their associated instrumental objectives (that is, action steps).

The skills especially applicable to this phase include (1) rehearsing action steps, (2) reviewing action steps, (3) evaluating, (4) focusing, (5) educating, (6) advising, (7) representing, (8) responding with immediacy, (9) reframing, (10) confronting, (11) pointing out endings, and (12) recording progress.

Rehearsing Action Steps

As part of the contracting process, clients often agree to attempt a task or action step. In the work phase, social workers prepare and encourage clients to carry out agreed-upon tasks. Unfortunately, clients' good intentions during a meeting are not always realized. Life's demands and challenges sometimes get in the way so that certain action steps remain unattempted or incomplete. When this happens, you and your clients identify and confront those biopsychosocial or environmental obstacles that interfere with task accomplishment. You may do several things within the context of your meetings with clients. Various in-session activities such as role play, guided practice, and visualization bridge the gap between the special circumstances of the social work interview and the more common environment of everyday life. Involving more than talk alone, rehearsal activities constitute action step practice. By engaging several dimensions of experience (that is, thinking, feeling, doing) in the rehearsal activity, clients move closer to what is necessary in the real-world context.

Rehearsing an action step decreases anxiety associated with the idea of taking action, enhances motivation, and increases the probability that the task will be undertaken. It also improves the chances that the action step will be successful. Through rehearsal, social workers help clients identify what needs to take place, anticipate what will happen, consider probable scenarios, and prepare various ways and means to complete the task. Although many clients are quite capable of creatively generating alternate scenarios and potential courses of action, some are not. When clients need such help, you may appropriately assume a more active role to anticipate possible circumstances and identify various options. You might propose a few different ways to undertake the step or present examples of how other people might do so. As part of the rehearsal process, you could model an action step for clients by saying or doing what they could say or do in various circumstances. In similar fashion, you might engage clients in role play. For example, you could assume the role of a person who will be involved in a client's enactment of the action step. During or following the role play, you provide the client with guidance, feedback, support, and encouragement.

Another form of rehearsal involves clients visualizing themselves undertaking an agreed-upon action step (Lazarus, 1984). Before encouraging clients to engage in visualization, first determine whether they have the capacity to create mental images or "pictures." You might explore this by asking, "If I were to ask you to imagine in your mind's eye the kitchen in the place where you live, could you do so?" If the client says, "Yes," you could then say, "Good, some people aren't able to imagine as well as you do. Your mental capacity in this area will help in our work together." You might then say, "Please assume a relaxed position and take a few slow, deep breaths. You may close your eyes if you wish but closing your eyes is not essential—many people can visualize just as well with their eyes open." Then you might go on to ask, "Please imagine a movie screen on which you can see the context where the step you'll take will occur. Now see yourself actually taking the action we have discussed." You might pause for a moment to ask the client to study the visualized scene in detail, noticing all aspects of the action step.

You may use visualization to identify clients' fears and to anticipate potential obstacles to successful action, as well as for the purpose of rehearsal. Once your clients generate clear ideas (that is, mental pictures) about what needs to be done to complete the task, you may ask them to imagine successfully completing the action step. Following that, you may also ask clients to identify the positive thoughts and feelings that accompany imaginary completion of the action step.

The following is an excerpt from an interview in which Susan Holder helped Lynn Chase to rehearse an action step through role play.

EXAMPLE: REHEARSING AN ACTION STEP

WORKER: (*identifying an action step; seeking feedback*) One of the steps we identified is to express your affection for both Robert and Richard at least once each day. If I understand the usual patterns correctly, this would represent a change from the way you have recently related. Is that right?

CLIENT: (*MRS. CHASE*) Yes, it would be a big change.

WORKER: Making changes such as this usually requires some preparation and planning. By practicing ahead of time, we increase the likelihood that we will actually do it.

With that in mind, what do you think about taking a little time to plan and practice with me what you are going to say and do each day with Robert and Richard?

CLIENT: Okay.

WORKER: Thanks. Now, when you think of where and when you might make your first caring statement to Robert, what comes to mind?

CLIENT: Well, I think that I'd like to start off the day with something positive.

WORKER: Good idea! Where do you think you will be when you make your first affectionate statement?

CLIENT: Well, I think it will probably be in the kitchen.

WORKER: In the kitchen. . . . Okay, let me assume the role of Robert. And, if you would, please let's imagine that it's tomorrow morning and we are now in the kitchen. What will you say to him tomorrow?

CLIENT: Well, I think I'll say something like, "Robert, I know that we have been on each other's nerves lately. I know that a lot of it has been my fault. I guess I've been more stressed out than I realized. Anyway, I want to say I'm sorry and I want you to know that I have never loved you more than I do now."

WORKER: (*AS ROBERT*) Geez. Thanks, Mom. I love you too.

WORKER: (*AS HERSELF*) Thanks, Lynn. When you say those words to Robert, I can really feel your love for him. Especially when you look right into his eyes with gentleness and affection. How does it feel to you?

CLIENT: It feels really good. I feel warm inside. Loving toward him and also better about myself.

WORKER: How do you think Robert will respond to your words?

CLIENT: I'm not sure. But I do think he'll like it, and it should bring us closer.

WORKER: That's exactly what you want to happen, isn't it?

CLIENT: Yes, it sure is.

WORKER: How do you feel when you realize that Robert will probably appreciate your comments and feel very loved?

CLIENT: Really good. I can't wait until tomorrow morning!

The following excerpt illustrates how Ms. Holder, the social worker, helps Mrs. Chase rehearse an action step using visualization.

EXAMPLE: REHEARSING AN ACTION STEP

WORKER: (*identifying the step; exploring probability of action; seeking feedback*) One of the steps we identified as a means to decrease stress and increase feelings of personal comfort is to spend 15 minutes each day planning for or working in your garden. I must admit to wondering about your ability to actually do that. You are very busy. You do so many things that I wonder whether you will really take the time to do the 15 minutes of gardening each day. What do you think?

CLIENT: (*MRS. CHASE*) Well, to be honest, I have known for some time that I need to get back to gardening and I just haven't done it. I keep on making promises to myself and I keep on breaking them.

WORKER: Thanks for being frank with me. If we're going to get anywhere with these issues, honesty and openness is the best policy. If you don't think you will actually take a step that we identify, please share that so we can make better plans.

CLIENT: Okay, I will.

WORKER: Thanks, Lynn. Making changes such as this usually requires some preparation and planning. Unless we practice ahead of time, things tend to stay the same. With that in mind, shall we try a little experiment that may make it a little easier to actually do the gardening that you'd like to do?

CLIENT: Well, I guess so. What kind of experiment?

WORKER: I'm sure that you've heard the old saying, "Practice makes perfect." Well, for many people, practicing in one's imagination is nearly as effective as actually practicing in real life. If you happen to be one of the people who can form mental pictures, then we can use that capacity to visualize the steps you plan to take. By visual practicing, you increase the likelihood that you will actually begin to garden for real. Does that make sense to you?

CLIENT: Yes, I think so. How do I do it?

WORKER: First, let's find out about your picture-making ability. Please try now to imagine your garden as it used to be when it was in full bloom. Can you picture it?

CLIENT: Yes. I can see it now.

WORKER: Can you see it in color or is it black and white?

CLIENT: It's in color.

WORKER: Now, please imagine yourself in the garden tilling the soil around the growing plants. Is that the sort of thing you might be doing?

CLIENT: Yes. I'd be down on my knees, working the soil.

WORKER: Can you visualize that in your mind's eye?

CLIENT: Yes.

WORKER: Now, please describe what you are feeling, what you are experiencing, as you work the garden.

(continued)

CLIENT: Well, I feel warm and relaxed. I feel content. I feel happy. Working the soil is, well, it's pleasurable.

WORKER: Now, please picture yourself in the garden this very evening. Can you do that?

CLIENT: Yes.

WORKER: And does that feel as good as the other picture did?

CLIENT: Yes.

WORKER: Now, let's shift to a different picture. Suppose it rains. Can you imagine planning or preparing for the garden in a way that would also be relaxing or pleasurable?

CLIENT: Yes. I can work on my drawings of the garden. I kind of draft out what plants, what fruits, what vegetables go where in the garden. I also work out what to plant, when to plant, and the approximate dates they should be harvested.

WORKER: And what do you feel in this picture?

CLIENT: I feel just as relaxed and content as when I'm in the garden itself.

WORKER: Let's create a picture of you actually doing that on rainy days when you cannot go out into the garden.

CLIENT: Okay.

As a result of rehearsing—whether through role play, guided practice, visualization, or some combination of them—clients are more likely to carry out the activity in their own natural environment.

EXERCISE 12-1: REHEARSING ACTION STEPS

For these exercises, assume that you are a social worker with a family services agency. Respond in the spaces provided by describing what you would do and say in using the skill of rehearsing the action steps you identified as part of Exercise 11-7.

1. You are in the midst of an interview with Mrs. O., the 77-year-old widow who lives alone. You have agreed on the issues and goals for work and have identified an action step. In the following space, describe what you would do and say in using the skill of rehearsing the action step with this client. In formulating your description, anticipate what the client might say or do in response to your statements and actions.

Reviewing Action Steps

There are three possible outcomes when a client agrees to undertake an action step: (1) the client may complete it, (2) the client may partially complete it, or (3) the client may not attempt any portion of the action step. The first two outcomes typically represent progress; the third does not. Even the third outcome, however, may be useful if you and the client carefully review the process to improve the chance of success in the future. In working with clients, try to increase the probability that they will attempt and complete agreed-upon action steps. If clients rehearse an action step before attempting it for real, they are more likely to try it. Clients may also become more motivated to take action when they understand that they will have a chance to review the action step after attempting it. In general, you help to increase the probability that further action steps will be attempted when you demonstrate your interest in the process and outcome of their action steps by asking about them. By reviewing what happened following the attempt, you also gather information that contributes to the evaluation of progress toward goal achievement and the identification of subsequent action steps.

In reviewing action steps, adopt an attitude of supportive curiosity. Share your pleasure when clients partially or fully complete the task or activity. On the other hand, when clients fail to attempt an action step, do not express disapproval or criticism. Rather, convey your interest through questions such as “What do you think got in the way of the attempt?” In such circumstances, explore with clients the thinking and feeling experiences that led them to defer action. Also inquire about situational factors that may have contributed to a change in plans. Often, it will become clear that unanticipated obstacles interfered with completion of the action step. You and your clients can use that information to devise alternate plans that address the obstacles. Then, you can rehearse the revised action steps. When clients complete an action step, you may appropriately express both pleasure and curiosity as you inquire about the factors contributing to the accomplishment. “What was different this time that enabled you to take this step?” For clients who have partly completed the activity, inquire with pleasure and interest about those differences that made it possible to take this “step in the right direction.” Later, you may explore what factors blocked a more complete attempt and then collaborate to adjust the plan. When clients partially or fully complete the action step, encourage them to identify and express the satisfying thoughts and feelings that accompany action toward goal achievement. In most circumstances, you may also appropriately share your positive impressions about the client’s efforts. Following such encouragement, you and your clients may then proceed to identify and rehearse additional action steps.

EXAMPLE: REVIEWING A COMPLETED ACTION STEP

WORKER: (MS. HOLDER) Last time we talked, you agreed to spend 15 minutes each day in gardening activities. If you recall, we went through the process of visualizing those activities in your mind’s eye. How did that work out?

CLIENT: (MRS. CHASE) It was great! I gardened every day, sometimes more than 15 minutes, and I enjoyed it enormously. It spread out into other parts of my life too. I felt more calm and content throughout the day.

WORKER: Wonderful! So, it was truly effective in increasing your feelings of contentment?

CLIENT: Yes. It really worked. I had only one headache all week, and I felt much better.

(continued)

WORKER: Terrific! Now is there anything about the gardening activity that we should change to make it better?

CLIENT: No. It's working just fine. Let's not change anything about it.

WORKER: Agreed. Let's keep the gardening activity just the same. That is, each day you will spend 15 minutes in a gardening activity. Is that right?

CLIENT: Yes.

EXAMPLE: REVIEWING A PARTIALLY COMPLETED ACTION STEP

WORKER: (*MS. HOLDER*) Last time we talked, you agreed to spend 15 minutes each day in gardening activities. If you recall, we went through the process of visualizing those activities in your mind's eye. How did that work out?

CLIENT: (*MRS. CHASE*) Well, I gardened on 2 days this week but I couldn't find the time to do any more than that. I was just too busy.

WORKER: You were able to find time to do the gardening on 2 of the 7 days. That's a very good beginning. On the 2 days that you gardened, what was it like?

CLIENT: Well, I guess at the beginning of the week I was just determined to do the gardening. I did it and I liked it. It's a lot to do, to start up a garden when you haven't worked on it for a long time. But I enjoyed it a lot and I felt good on those 2 days. On the third day, I just couldn't find the time.

WORKER: It sounds like the 2 days that you did the gardening were very good days for you. You enjoyed those days a lot. On the third day when you did not garden you didn't feel as well. Would I be correct in saying that the gardening is definitely a helpful activity?

CLIENT: Oh, yes! If only I would do it!

WORKER: Let's see if we can figure out some way to make it easier for you to do the gardening and gain the benefits from it. What was different about the days that you did garden from the days that you didn't?

CLIENT: Well, I was really motivated on the first 2 days. On the third day, I had a tough time at work, and I was exhausted when I got home. I just slumped onto the sofa and went to sleep. I guess I was tired every night after that.

WORKER: Let's assume then that when you come home from work really tired, it's much harder for you to do the gardening, even though it leads to relaxing and contented feelings. I wonder, when you fall asleep on the sofa after work, do you awaken feeling as rested and relaxed as you do when you garden?

CLIENT: Actually, I feel much worse after dozing on the sofa. I'm kind of grouchy for the rest of the evening. And I don't sleep very well at night. It's better when I garden.

WORKER: Now that we know that, let's see what we can do to help you garden even when you're tired and exhausted from work. Imagine that you have just come home from a stressful day at work. You're exhausted. Your usual pattern has been to crash on the sofa. This time, however, imagine yourself taking a drink of ice water and walking out to the garden. You sit in a chair and look at your garden

(continued)

while drinking the ice water. You don't do anything. You just sit there. After 10 minutes or so, you can feel the stress and exhaustion begin to lessen. You decide to do just a little bit of gardening. After 15 minutes, you pause, and notice that you feel calm and relaxed. You're no longer tired. Instead, you're ready to go on with the rest of your evening.

How about it, Mrs. Chase, could you imagine that pretty clearly?

CLIENT: Yes. And I can see myself really relaxing during the gardening. I don't relax as well when I sleep on the sofa.

WORKER: In that case, what do you think about trying the 15 minutes of gardening again during this next week—only, let's go for 4 days instead of all 7?

CLIENT: That sounds good. I think I'll do it this week.

EXAMPLE: REVIEWING AN UNATTEMPTED ACTION STEP

WORKER: (*MS. HOLDER*) Last time we talked, you agreed to spend 15 minutes each day in gardening activities. If you recall, we went through the process of visualizing those activities in your mind's eye. How did that work out?

CLIENT: (*MRS. CHASE*) Well, I thought about it but I couldn't find the time to do any gardening at all. I was just too busy.

WORKER: You were unable to find time to do the gardening at all during this past week. Tell me, during this week's time, have there been any signs that things are getting better?

CLIENT: Well, no. Things are about the same. I did feel a lot better after talking with you last time, but that lasted only a day or so.

WORKER: It sounds like there was some temporary relief from talking about the problems with me, but there hasn't been any real progress, is that right?

CLIENT: Yes, I'm afraid so.

WORKER: Let's talk some about the gardening activity itself. In our discussion last time, you were quite sure that when you begin to garden again, even for a little bit, you will soon feel better. Do you think that still holds true, or have you reconsidered whether gardening would actually be helpful to you?

CLIENT: Well, I know it would help me, but I just can't find the time.

WORKER: If you still think the gardening would be helpful, let's see if we can identify what gets in the way of taking time to do it. During this past week, what did you end up doing instead of the gardening?

CLIENT: Well, on the first evening I planned to garden, Robert injured his knee playing basketball and I had to take him to the emergency room. He has been in bed all this week. I've been nursing him each evening after I get home from work.

WORKER: Your son's injury got in the way. How is his knee now?

CLIENT: Well, it's much better. He should be able to get out of bed about the middle of next week. Then he'll start walking around the house. By the first part of the following week, he should be able to return to school.

(continued)

- WORKER:** It sounds as if your son is well on the way to recovery, and you will soon have more time once he can get around on his own. Do you think that when he does start to walk again, you will be more likely to do the gardening?
- CLIENT:** I think so. It depends upon how much help he needs.
- WORKER:** It sounds like you'll be nursing him at least for another several days. What is involved when you care for him in the evening?
- CLIENT:** Well, first I make him supper and then I take it to his room. Then we talk for a while. Then I clean up the kitchen and do the dishes. Then I check on Robert again. We usually talk some more. By that time, it's time for bed.
- WORKER:** Lynn, it seems to me that we have a choice to make here. First, if you really believe that once Robert is better you will begin the gardening, we can simply delay our start date for the gardening activities. If you believe, however, that if it were not Robert's injury it would be something else that would prevent you from gardening, then perhaps we should take this opportunity to challenge the pattern of excessive caretaking. When we explored this before, we used the phrase "overmothering" to refer to the way you sometimes care so much for others, especially Richard and Robert, that it interferes with their ability to care for themselves. If your decision not to garden is a matter of neglecting yourself and overmothering rather than simply a matter of unusual circumstances, then perhaps we might begin to address that right now while Robert is still injured. What do you think?
- CLIENT:** Well, honestly, I think it's some of both. Robert's injury gives me an opportunity to care for him. I'm not sure it's overmothering but I certainly do more than is really necessary. And, focusing so much on him this past week kept me away from the gardening activities that I was truly looking forward to.
- WORKER:** Then, what do you think? Should we delay the start date for the gardening activities, or should we start now in order to challenge the tendency to avoid caring for yourself?
- CLIENT:** Well, I guess I'd like to start right now. Even with Robert's injury, I should be able to find 15 minutes at some point during the evening.
- WORKER:** All right. I wonder, though, because of the extra responsibilities caused by Robert's injury, should we change the plan from 15 minutes every single day to 15 minutes three times during the next week? That might be more reasonable, given the current circumstances.
- CLIENT:** Yes, yes. I think that would be just about right. I know I can garden three times during the next 7 days.
- WORKER:** Okay. We've changed the plan for gardening from once every day to three times during the next week. Now, what do you think about rehearsing this a little bit?

As a result of reviewing action steps, clients are more likely to believe that you genuinely care about between-session tasks and are serious about helping them progress toward agreed-upon goals. Reviewing action steps increases the probability that clients will attempt and complete more tasks in the future.

4. You are working with the executive director of the social service agency for which you are providing social work consultative services. The director reports completion of the agreed-upon action step—that of making the presentation to the board of directors. What might you say in reviewing the action step with the director? Anticipate what the director might say or do in response to your statements and actions.

Evaluating

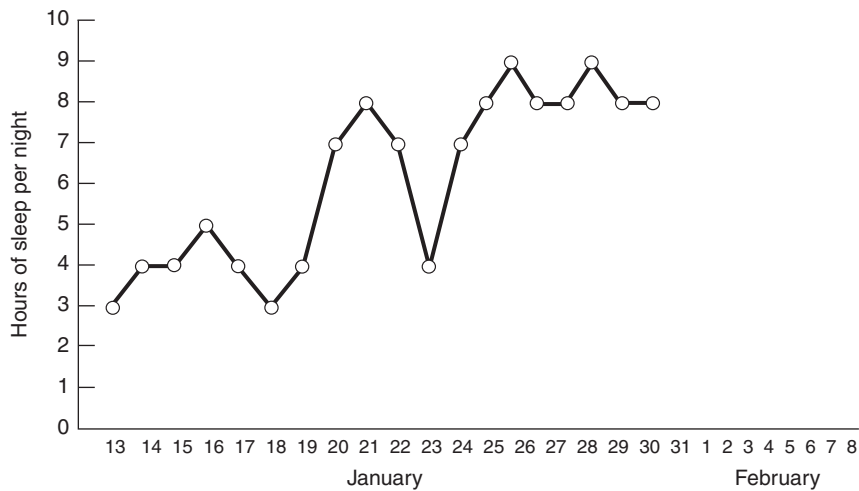
Evaluation of progress is crucial during the work and evaluation phase. It often occurs while you are reviewing action steps. Through the skill of evaluating, you engage the client in reviewing progress toward goal attainment. You and the client may identify progress through changes in such indicators as goal attainment scales, frequency counts, individualized or subjective rating scales, rapid assessment instruments, or other paper-and-pencil and online instruments. Include the results of evaluations in case records. Also, track results so that you may note the presence or absence of progress as well as the rate of change. If you use a spreadsheet software program, you can readily convert numerical scores into tables, line graphs, pie charts, bar graphs, forest plots, and other graphic forms that clients can easily understand. Such graphic evidence of progress may enhance clients' self-efficacy and increase their motivation to take further action. Over time, if evaluation reveals little or no progress, or suggests a deteriorating trend, you and your clients would reconsider the assessment, the contract, and the action steps that you planned. Obviously, when progress toward goal achievement is not forthcoming, you need to reexamine the approach to change.

Through the skill of evaluating, you engage clients in examining data in accordance with the plans for evaluating progress. You determine whether the evaluation data reflect progress toward goal attainment, no change, or a change in the wrong direction. As you do when reviewing action steps, you may appropriately express your pleasure when there is clear evidence of progress. Encourage clients to identify those factors that contribute to positive change. When there is no evidence of progress, enlist clients in a collaborative exploration of the reasons why. Then, jointly consider whether you need to make a major revision to the plan or whether relatively minor adjustments might suffice. Frequently, the evaluation instruments provide useful information to supplement clients' experiences and your own observations. When issues worsen, an intensive reanalysis is needed. You and your clients attempt to determine if the planned action steps, rather than helping, actually contribute to the deteriorating situation. Occasionally, initial negative effects are an expected but temporary phenomenon, subsequently followed by positive results. Because of the systemic nature of many issues, at first "things may sometimes become worse before they get better." However, this phenomenon—if it occurs at all—should be short-lived. If it continues for any length of time, it represents a problem that must immediately be addressed. Also, negative



FIGURE 12.1

Sleep Pattern: Lynn Chase



effects are not always the result of either your professional efforts or the action steps undertaken by clients. Rather, they may be the effects of changes in circumstances. Of course, sometimes the change program itself produces negative consequences. When this occurs, a major revision to the contract is imperative.

As an example, consider Mrs. Chase's daily log, in which she records the number of hours she sleeps each night. Susan Holder, the social worker, has reviewed these daily logs and converted the sleep data into the graph displayed in Figure 12.1.

As the line graph reveals, Mrs. Chase slept approximately 4 hours nightly during the period between January 13 and January 19. According to her, 4 hours has been the approximate amount she slept each night over the last several months. On the evening of January 20, following the second interview with Susan Holder, Mrs. Chase implemented the change program they had jointly devised. From that night on, Mrs. Chase's daily log reflects general progress toward the goal of sleeping 8 hours nightly. She slept less than 7 hours on only one night.

In evaluating progress, Mrs. Chase and Susan can reasonably infer that, in regard to the goal of sleeping more, the plan is working successfully. Of course, they would also review Mrs. Chase's subjective ratings concerning how refreshed she feels when she awakens each morning. Susan could also convert these subjective ratings into graphic form for ready review.

EXERCISE 12-3: EVALUATING

For these exercises, assume that you are a social worker with a family services agency. In the spaces provided, create simulated dialogues between yourself and the client, showing how you might use the skill of evaluating progress toward goal attainment.

1. You are in the midst of evaluating progress toward goal attainment with Mrs. O. The measurement data clearly indicate that progress toward goal achievement has not

occurred; in fact, the issues have worsened. Write the words you would use to initiate a review of the data and discuss the implications with Ms. O.

2. You are in the midst of evaluating progress toward goal attainment with the S. family. The measurement data indicate that progress toward goal achievement has not occurred. There has been no change in either a positive or a negative direction. Write the words you would use to review of the data and discuss the implications with the S. family.

3. You are in the midst of evaluating progress toward goal attainment with Mrs. F. The measurement data clearly indicate that progress toward goal achievement has occurred. There is a definitive change in a positive direction. Write the words you would use to initiate a review of the data and discuss the implications with Mrs. F.

4. You are in the midst of evaluating progress toward goal attainment with the board of directors of the agency for which you are providing social work consultation services. The measurement data clearly reflect progress toward goal achievement. There is a definitive change in a positive direction. Communication among staff members has improved, staff now receive weekly supervision, the agency director is pursuing an active and engaged approach to leadership, and morale is improving. Write the words you would use to initiate a review of the data and discuss their implications with the board.

Focusing

Focusing (Perlman, 1957, pp. 145–149) is a skill used to direct or maintain attention to the work at hand. Occasionally, both workers and clients wander away from the agreed-upon issues and goals. These diversions are sometimes productive, leading to greater understanding and improving the chances for effective change. At other times, however, such departures are clearly unproductive. Through the skill of focusing, you redirect energy to relevant topics. Also, clients sometimes miss significance phenomena that relates to targeted problems and goals. By directing attention to them, you may heighten their awareness. For example, in working with a family, you may observe that just as plans for an action step are about to be finalized, one sibling interrupts with a complaint about another family member's past misbehavior. As a social worker, you might hypothesize that the interruption represents a defensive or self-protective act, ambivalence about change, or perhaps an attempt to maintain family-system equilibrium. However you regard it theoretically, you may use the skill of focusing to respond to the interruption. You could say to the family member who interrupts, "Would you please hold on to that thought so that we can come back to it later? Let's complete our plans first. Thanks." Through such a form of focusing, you guide the family back to the work at hand. To accomplish a different purpose, that of enhancing process awareness, you might focus in a different way: "I noticed that just about the time we were reaching consensus on a step to address one of the issues, Johnny brought up his concern about Sheila's past behavior. I wonder, Johnny, what do you think led you to raise the topic at this particular time?"

EXERCISE 12-4: FOCUSING

For these exercises, assume that you are a social worker with a family services agency. In the spaces provided, write the words you would say in using the skill of focusing.

1. You are reviewing action steps with Mrs. O. In the midst of this process, Mrs. O. begins to reminisce about a childhood friend. Based upon the service goals, you believe that Mrs. O. would benefit if you were to complete the process of reviewing action steps. You intend to return later to her childhood memory. Write the words you would say in using the skill of focusing with Mrs. O.

2. You are in the midst of exploring a new topic of importance to the S. family. Only the parents and the teenage children are present for this meeting. The subject involves the emerging sexuality of one of the adolescents. As the discussion begins, you observe that Mrs. S. changes the subject to a less anxiety-provoking issue. This pattern seems to occur whenever the adolescent family members begin to express sexual concerns. Based on

your professional judgment, you conclude that continuing with the topic of adolescent sexuality would be congruent with the values and cultural background of the family, would be helpful to the family, and would represent a step toward goal achievement.

You therefore decide to use the skill of focusing. Write the words you would say to redirect the discussion back to the topic of adolescent sexuality. Then indicate how you might refocus to enhance the family's awareness of the pattern of shifting away from difficult topics.

3. You are in the midst of role-playing an action step with Mrs. F. She has assumed the role of her own daughter. A few moments after taking the part of her daughter, Mrs. F.'s eyes begin to water, and then tears start to fall onto her cheeks. Mrs. F. shrugs and continues in the role of her daughter. You make a professional judgment that Mrs. F. would benefit from a more complete expression of her feelings and an exploration of the meaning of the tears. You also realize that such steps would be entirely consistent with the contract for work. In the space provided, write the words you would say in using the skill of focusing to call attention to the tears as well as to the thoughts and feelings behind them.

4. You are in the midst of evaluating progress toward goal attainment with the board of directors of the agency for which you are providing social work consultation services. Following your summary presentation of data regarding progress, the board members begin an active discussion of the implications of these positive findings. Suddenly, one of the participants introduces the topic of the former director's misbehavior. In your professional judgment, a shift away from the current discussion at this time would detract from the board's work. Write the words you would say to help the board members continue to discuss the implications of the positive evaluation data.

Educating

During the work phase, it may become apparent that clients lack useful or valid information or skills that could contribute to the achievement of the agreed-upon goals for work. In such circumstances, you may appropriately assume the role of teacher or educator. The skill of educating involves several dimensions. Often, you share knowledge and hypotheses. For example, you might inform parents about major developmental milestones to anticipate in an infant's first year of life. You could share your ideas about how parents might facilitate childhood development through, for instance, mutual play activities. In educating, convey the information in such a way that clients may freely consider its relevance for their particular situation and decide whether to accept it. This is particularly true when sharing hypotheses rather than facts. Even when you present factual information, however, continue to respect the right of clients to disagree and choose their own course of action.

In educating clients, realize that all people do not learn in the same way. There are several different learning styles; some of your clients are likely to have learning styles that differ from your own preferred manner of teaching or learning. Therefore, individualize your educational approach so you can reach each client. For example, some clients have an affinity for deductive thinking. They enjoy theoretical concepts and principles. Once they comprehend an abstract principle, they can apply it through deductive reasoning to everyday life. Other clients possess strength in inductive thinking. They can take a specific incident or situation and reach a clear understanding of it. Sometimes, they can apply this understanding to similar circumstances in the future, but at other times, these clients may have to go through the learning process all over again. Such clients often benefit more from examples, illustrations, and specific guidelines than from abstract principles. Many clients also learn better when you tell a story, use a metaphor, or share an analogy. For example, in working with an adult male client who feels trapped by circumstances, you might realize—having thoroughly explored the situation with the client—that he is, in many ways, trapping himself. There are options, but the client has not really seen or seriously considered them. At such a time, you might tell a story in the following fashion.

EXAMPLE: EDUCATING

I remember a comic strip I once saw. In the first frame, there is a desperate-looking man, staring out between the iron bars of a jail. His eyes and head are absolutely still. He looks only through the bars and nowhere else. He seems to be highly anxious, afraid, and depressed all at the same time. In the second frame, we see the scene from a more distant perspective. Again we notice the desperate man looking out between the bars. But then we notice that there are iron bars on one side of the room only. The other three sides don't have bars at all; there aren't even any walls. It's completely open. The prisoner, if he would only move his head out from between the bars and look in another direction, could easily see that he could walk away any time he wanted.

Some clients learn best by hearing, others by seeing, and others through a multisensory learning approach (a combination of hearing, seeing, and physically experiencing). Some people learn best by working independently and some by working cooperatively with others, receiving guidance and feedback throughout the process. Certain individuals are more receptive to learning during the morning, others during the afternoon, and still others during the evening hours.

Some people enjoy moving around while learning, whereas others prefer stillness. Some prefer to have stimulation in the form of music or background noise, whereas others learn best when it is absolutely quiet. As you try to educate clients, discover their preferred learning styles and adapt your teaching approach accordingly.

Sometimes, you can serve important educational functions by sharing personal feelings and experiences. It is very much like telling a story, but it is a story about yourself. In self-disclosing, you typically become a more genuine human being to the client. In addition, the personal experience may carry special meaning to the client, who might attribute considerable significance to the message or moral of your personal story. In sharing your personal feelings and experiences, however, be careful not to become the client's client. There should be a clear relationship between your self-disclosures and the identified problems and established goals for work. Also, do not take so much time in sharing your experiences and feelings that it detracts significantly from clients' opportunities for self-expression. If you share too much of yourself, especially personal difficulties or tragedies, clients may begin to view you as troubled or needy rather than as competent. If your clients begin to see you in this light, it could seriously diminish your effectiveness. Clients might abruptly end the relationship with you and look for a "healthier" professional. Alternately, clients may start to take care of you, assuming the role of caretaker or surrogate parent. In addition, your clients might begin to protect you from the full impact of the truth about their situations. Therefore be cautious about speaking of yourself too often or at too great a length. Remember, social work services are primarily for clients, not for you.

EXERCISE 12-5: EDUCATING

For these exercises, assume that you are a social worker with a family services agency. In the spaces provided, write the words you would say in using the skill of educating.

1. You are in the midst of discussing Mrs. O.'s eating patterns with her. You discover that she almost never has a hot meal and rarely eats vegetables. Her most typical meal is a bologna sandwich. You and Mrs. O. agree that she needs to eat balanced meals. You then begin to educate Mrs. O. about the meals-on-wheels program available in your community. Through this program, Mrs. O. could have delivered to her apartment one or two hot, nutritionally balanced meals per day. In the space provided, outline the major elements of the information you would like to communicate to her. Then write the words you would say as you begin to educate Mrs. O. about the meals-on-wheels program.

2. You are in the midst of an individual meeting with a teenage member of the S. family. She reports to you in confidence that she is sexually active and “will continue to have sex with my boyfriend no matter what my mother says!” She reports that she and her boyfriend do not practice birth control but that she would like to have some protection. She also mentions that she has recently begun to feel some unusual itching and discomfort “down there” (in her vaginal area). What would you like to communicate to her? How would you begin to educate the teenager about birth control possibilities and about medical care?

3. You are role-playing an action step with Mrs. F. She plays the role of her daughter and you play the part of Mrs. F. Through this experience, Mrs. F. becomes aware of her feelings of extreme guilt about the way she has reared her children. She sobs and says, “I tried not to repeat the bad things my parents did to me, but it looks like I did so anyway.” How might you educate her about the human tendency to repeat intergenerational family patterns even when trying to avoid them?

4. You are in the midst of evaluating progress toward goal attainment with the board of directors of the agency for which you are providing social work consultation services. The measurement data clearly indicate that progress toward goal achievement has occurred. The board members report their satisfaction with this news. However, you are well-aware that maintenance of positive changes such as these require continued attention over a considerable period of time. Without a clear, continuing plan for maintenance of change, reversion to previous, long-established patterns is quite likely. How might you educate them about the potential to return to previous, dysfunctional organizational patterns and the need for continued engagement?

Advising

In working with clients, it is sometimes proper for you to provide advice. Making a suggestion or recommendation can be a perfectly appropriate action by a social worker. In using the skill of advising, you should almost always convey that the client may freely accept or reject your advice. As Maluccio (1979) observes, many clients very much value and appreciate professional advice. Nonetheless, particularly during the early stages of your professional development, you may experience conflict about advising. You may be tempted to give too much advice or perhaps too little. As a social worker, you are probably keenly aware of the values of self-determination and respect for the uniqueness of each person. In interpreting these values, you might conclude that you should never offer any advice at all. Conversely, you might decide that clients are entitled to all the knowledge you possess; you might therefore provide a great deal of advice, whether or not clients request or need it. These two positions represent the extremes of a continuum. Most likely, you will take a more moderate stance, giving advice in certain circumstances but not in all. Some advice is usually appropriate and helpful. The challenge is knowing when to, when not to, and especially how to give advice.

In general, resist the temptation to offer advice based on your own personal feelings, attitudes, and preferences. This can be difficult in situations when a client asks, “What should I do?” or “What would you do if you were in my place?” For example, suppose you have worked for several weeks with a 19-year-old man who is gay. Through your exploration together, the young man has become much more self-accepting and comfortable with his sexual orientation. Recently, he raised the issue of whether to tell his tradition-bound parents the truth about his sexual orientation. He asks you, “Should I tell them?”

Of course, you could deftly avoid answering his question by responding with a question of your own: “What do you think?” Alternately, you could respond directly and share your personal opinion: “Of course. Tell them. You have nothing to be ashamed about.” Or, not knowing what to do or say, you might become confused and uncertain. On the one hand, you might expect that the client would probably feel less distressed and more personally integrated if he were to tell his parents about his sexual orientation. On the other hand, you might also anticipate that such an encounter between the young man and his parents could be extremely stressful. It could conceivably lead to the loss of his parents’ approval and support; he might even lose all contact with them. You might conclude that this decision is ultimately his and his alone to make. Following that line of thinking, you might respond directly to his question, but without advising him what to do: “I’d be more than glad to explore this issue with you and help you make a decision. However, I cannot simply give you an easy, direct answer to that question. I cannot advise you what to do. The final decision is yours and yours alone to make.”

Of course, there are also many occasions when you clearly should offer direct and specific advice. For example, suppose that you have been helping an adult female client become more assertive with her lover. You and the client have rehearsed assertive communication during your meetings together. The client is about to take a step toward greater assertion in her intimate relationship. You believe that soft or caring expressions tend to strengthen relationships and provide a basis for moving toward hard or confrontational assertions. You therefore advise the client to begin with affectionate, caring assertions and later, after some experience, to initiate assertive expressions that involve requests that her partner make changes.

Advising is involved in many aspects of practice. For example, you might advise an adult male client who grew up in a household where his father was regularly intoxicated and abusive to read selected books on the topic of children of alcoholic families. You might suggest that the client consider attending Adult Children of Alcoholics (ACOA) or Al-Anon meetings as an adjunct

to your work together. You might advise another client concerning how best to complete a job application or how to request a raise. You might advise a client to seek medical care. You might appropriately give advice concerning a variety of life circumstances. In so doing, you would phrase the advice in slightly different ways to accomplish different objectives. Unless life-threatening circumstances exist, however, you should nearly always express advice in the form of a suggestion or perhaps a strong recommendation. Avoid communicating advice as commands or directives, such as an authoritarian boss might deliver to a subordinate employee or an angry parent might say to a disobedient child.

As you begin to practice the skill of advising, please use the format outlined here. As you become more proficient in using the skill, experiment with alternate formats.

PRACTICE FORMAT: ADVISING

I have a suggestion that I'd like you to consider. I suggest (or recommend) that you _____.

EXERCISE 12-6: ADVISING

For these exercises, assume that you are a social worker with a family services agency. In the spaces provided, write the words you would say in using the skill of advising.

1. You have now provided Mrs. O. with information about the meals-on-wheels program available in your community. However, Mrs. O. seems uncertain and ambivalent about the service. In the space provided, write the words you would say in advising Mrs. O. to participate in the meals-on-wheels program.

2. During an individual meeting with a teenage member of the S. family, she describes clear symptoms suggesting she has contracted a sexually transmitted disease (STD). In the space provided, write the words you would say in advising the teenager to seek medical care.

adult woman is currently homeless and desperately needs immediate shelter, food, clean clothes, and financial support. Based on your joint assessment, you and the client concur that a particular resource agency would probably deny her application if she applied directly and in person. Therefore, the client asks you to represent her in this matter. You agree to make an initial contact with the appropriate agency. Then, with the support of the client, you sketch out several action steps. As you would use the preparing skills in advance of a first meeting with a client, you also carefully prepare for the contact with the agency to improve your chances of effectively representing the client.

During the course of your social work career, collect the names, phone numbers, and e-mail addresses of other social workers and representatives of various community resources. Get to know people at churches, temples, mosques, community centers, hospitals, neighborhood associations, government welfare organizations, and other systems that might serve as resources for clients. Make notes about such people and keep them in a card file or computerized database for easy access. Periodically send them friendly thank-you notes and mail letters of praise to their supervisors and agency administrators. Such actions tend to enhance your value within the helping community and improve the chances that your clients will receive the high-quality service they deserve.

In the instance of the woman in need of food and shelter, you might decide that a good first step would be to contact a social work colleague at the agency in question. Once you make telephone contact, proceed in much the same manner as if you were beginning with a client. Introduce yourself and secure an introduction in return. Depending on the circumstances, you might make a few informal, friendly remarks to put your colleague at ease. Then outline the purpose for the contact: "I have a client here with me who needs assistance. She is unemployed, without money. She hasn't eaten for 2 days and has no place to stay tonight. I'm calling to determine whether she might be eligible to receive some help from your agency." Following this description of purpose, you may seek feedback to confirm that your message has been understood. At this point in the process, you could invite your colleague to provide information about eligibility requirements or to inquire further about your client's circumstances.

Representing clients in such cases is often extremely satisfying. Interactions with resource people may be both pleasant and productive. Your clients may be treated well and receive what they need. If you cultivate positive relationships with resource people and know something about the mission and programs of various service organizations, you are more likely to be effective in representing your clients.

However, representing clients is not always enjoyable or satisfying. Sometimes, you must become an assertive advocate on behalf of clients that receive unfair or poor-quality treatment. It can be frustrating. For example, consider the situation of a client who seeks your help in dealing with a property owner. In the middle of a cold winter, heat, which all tenants are supposed to receive in return for their rent, is not reaching into the client's apartment. Despite several complaints, the property owner has taken no action to correct the situation. The client then asks you to represent her by contacting the property owner on her behalf.

First, you would use the preparing skills to formulate a preliminary plan. You explore the situation more fully with the client, securing detailed facts about the heating problem and learning about her experience as a tenant there. You might then consult city officials who are knowledgeable about housing regulations and landlord-tenant laws, expanding your own knowledge base. You also prepare for the initial contact with the property owner. In this instance, suppose you decide to telephone first. You might telephone, give your name, and say, "I am a social worker with the tenants' advocacy program of the city social services agency. One of your tenants, Mrs. Wicker, has contacted us about a problem with the heating system. It seems that the family has been without heat for 5 days. Could you tell me what's being done to repair the problem and how much longer it will be before their apartment is warm enough for them to live there?"

If the property owner does not acknowledge the problem and, for example, begins to denigrate the client, you might respond, “Regardless of the complaints you have about Mrs. Wicker and her family, they still need heat. As you know, it’s dangerously cold, and the lives of the family members could be in serious jeopardy if heat is not restored soon.” If the landlord remains unresponsive, you might outline the steps you could take should the heating system remain unrepaired and the family continues to be in danger. In several respects, your comments are similar to those you might share in beginning with a client. You state your purpose, describe your role as client advocate, and discuss the actions you could take should your client continue to be in need or at risk (that is, your policies and procedures). You also make a specific request for action from the property owner (that is, you outline the property owner’s role).

If the property owner acknowledges the problem, outlines a plan and a timetable for repair, and makes a commitment to provide the family with sufficient heat, you may appropriately express your thanks and credit him for being responsive to your request. You would then apprise the client of the property owner’s plan and request that she notify you about the outcome. If the property owner implements the plan as promised, you might communicate appreciation for the positive action. If the property owner does not follow through, however, you would probably contact him again, report that the apartment is still dangerously cold, and inform him specifically about the steps you will now take to ensure the safety and well-being of your client.

You will probably represent clients quite frequently as a regular part of social work practice, to link clients with needed community resources and to secure fair and equitable treatment, as part of the processes of mediation and conflict resolution. In representing, ensure that you have clients’ informed consent to act on their behalf, always keep their best interests in mind, and regularly give them updates about your activities.

EXERCISE 12-7: REPRESENTING

For these exercises, assume that you are a social worker with a family services agency. In the spaces provided, outline the action steps you might take in representing the clients in the following situations. Describe how you would prepare to represent the client, and then write the words you would say in beginning with the person or organization contacted on behalf of the client.

1. With her consent, you are representing Mrs. O., an elderly person who almost never has hot or nutritionally balanced meals. You are about to contact the community meals-on-wheels program to seek their help in providing Mrs. O. with at least one sound meal daily. In the space provided, outline the steps you would take before making contact, and then write the words you would say as you begin to represent Mrs. O. with the resource agency.

2. With her consent and that of her parents, you are representing Gloria, a teenage member of the S. family, in relation to certain sexual issues. You have jointly decided that you will contact the office of her family physician to arrange for a prompt appointment to deal with a sexually transmitted disease. Outline the steps you would take before making contact with the physician's office, and then write the words you would say in beginning to represent Gloria in this matter.

3. With the informed consent of Mrs. F., you are representing her during interactions with the principal of the school where her daughters report that several teenage boys have harassed them. According to the girls, the boys spit on them and used ethnic epithets in referring to their Latino heritage. Outline the steps you would take in preparing for contact with the principal and then write the words you would say.

4. As part of your consultative work with a social service agency, you recruited a group of about 10 current and former clients to meet together with you and with the agency's newly appointed "consumer advocate" about once per month in an effort to improve service quality and advocate for agency consumers. During the most recent consumers' group meeting, one participant—a current client—expressed her disappointment and frustration with the fact that her social worker has not returned any of the several telephone calls she has made over the course of the past 2 weeks. She wanted to schedule an appointment to talk about an urgent matter involving her 8-year-old daughter. First, you ask the client if she would prefer to handle the matter herself or might she want the help of the agency's consumer advocate. The client says she would love the help and provides permission for the advocate to represent her in this matter. Then, you turn to the consumer advocate and ask, "What might be done to help here?" What do you think the agency's consumer advocate might say in outlining a preliminary plan to represent the client in: (a) providing feedback regarding her dissatisfaction and (b) securing an early appointment with a social worker to help her with the urgent matter involving her 8-year-old daughter?

Responding with Immediacy

The skill of responding with immediacy (Carkhuff & Anthony, 1979, pp. 114–116) involves exploring clients' experiences and feelings about you, your relationship, or your work together as they occur. In responding with immediacy, you focus on clients' experience of what occurs here and now between you. These thoughts and feelings become the subject for immediate exploration. Responding with immediacy makes things real. It intensifies the relationship and encourages clients to explore relational concerns as they emerge. When you respond in an immediate manner, you also demonstrate or model an open communication style. Such openness may promote greater honesty and authenticity on the part of clients, increase their understanding of interpersonal patterns, and reduce any hesitation to address issues and goals. One format for responding with immediacy is as follows.

PRACTICE FORMAT: RESPONDING WITH IMMEDIACY

Right here and now with me you seem to be (thinking/feeling/doing/experiencing)

Usually, the skill is applied directly to clients' immediate experience about you, your relationship, or the nature and utility of your work together. Your response becomes less immediate and less powerful as you move away from the context of "right here and right now with me." Responding with immediacy occurs in the present tense. Whenever the discussion shifts into the past or future tense, the interaction becomes less immediate. For example, if you comment about something that happened a week or two earlier, clients may recall it differently or not at all, or they may process the information intellectually without feeling its full impact. Although it may still be a useful comment to make, exploring a previous exchange rarely has the powerful effect of responding immediately to something that is occurring right here and right now.

In many cases, the manner in which clients relate to you is representative of their general pattern of relating with people. Clients sometime re-create in the working relationship the same patterns that emerge in other relationships. By responding immediately to such relational patterns as they emerge, you can help clients learn to recognize them and to develop new, more useful styles of interaction.

Responding with immediacy is not appropriate for use with all clients. It depends on the nature of your contract, including the goals for work and your plans for change. In general, you would not respond with immediacy unless clients' reactions are clearly relevant to the issues and goals for work. Also, social workers differ in the degree to which they emphasize and attend to immediate interactions in their relationships with clients. Some social work practice approaches regard worker–client relational factors as extremely important, whereas others consider them less so. Nonetheless, most social workers recognize that client reactions within the working relationship are often relevant to the helping process. Responding with immediacy is a skill for addressing and exploring client experiences as they occur.

For example, suppose that you have begun to work with an adult female client who is troubled because her spouse reports that he does not like to spend time with her company. Indeed, her spouse confirms this: "It's true. I'm sorry to say that I don't like to spend time with her. Every time we start to talk, she drifts off into the ozone—into some daydream world." During your meetings with this client, you notice that her attention frequently does seem to wander, in a fashion similar to her spouse's description. She seems to focus on her own thoughts and listens just enough to your

comments to stay distantly aware of the conversation. You begin to observe and to feel that when you talk, she essentially tunes you out. Because this pattern relates to the agreed-upon contract, you might appropriately respond with immediacy: “Right here and now as I’m talking, I notice that your eyes are turned away from me. You seem to be looking off into the distance and thinking about something else. What are you experiencing right now?”

Responding with immediacy often results in a significant increase in energy between you and your clients. Both social workers and clients are likely to become much more oriented to the present moment and more engaged with one another. Because immediate responses often heighten intensity and interpersonal intimacy within the professional relationship, use the skill only after rapport is well established and, of course, a contract has been negotiated. Your clients should know that you genuinely have their interest at heart before you move into the intimate realm of immediacy.

EXERCISE 12-8: RESPONDING WITH IMMEDIACY

For these exercises, assume that you are a social worker with a family services agency. In the spaces provided, write the words you would say in using the skill of responding with immediacy.

1. During a discussion with Mrs. O. about her eating patterns, you advise her to enroll in a meals-on-wheels program so she can get at least one well-balanced meal per day. As you share your recommendation, you notice Mrs. O. turn her body away from you and subtly shake her head. You conclude that her nonverbal behavior may be saying no to your advice. In the space provided, write the words you would say in responding with immediacy to Mrs. O.’s nonverbal reaction.

2. You are in the midst of an individual meeting with Gloria, a teenage member of the S. family. She confides to you that although she is sexually active with her boyfriend, she often fantasizes about another person. As she says that, she looks deeply into your eyes, blushes, and then looks away in an apparently embarrassed reaction. You suspect that she has had sexual fantasies about you. You know that it would be quite consistent with your contract to discuss this directly. In the space provided, write the words you would say in responding with immediacy to the teenager’s expression.

3. As Mrs. F. talks with you about her own parenting practices and those that she experienced as a child in her own family of origin, you observe that she sits back in her chair, crosses her arms in front of her, and appears to frown. You're not entirely certain what this reaction means, but you suspect that she may be feeling ashamed and vulnerable. You think she is afraid that you might be critical of her. In the space provided, write the words you would say in responding with immediacy to Mrs. F.

4. As part of your consultative work with a social service agency, you meet regularly with the executive director to review actions taken, consider the results of evaluation data, and identify next steps to take. During today's meeting you and the director discuss findings from client satisfaction evaluation data. Some of the data reflect unfavorably upon the agency's current administration. Learning of this, the director's facial expression and body language begin to change, and both the volume and pace of speech increase as the director says, "You're encouraging clients to criticize agency administration in general and me in particular. I don't think that's fair. As a consulting social worker, you're supposed to be helping—not making things harder for me." Use the space below to write the words you would say in responding with immediacy to the director's words.

Reframing

The term *reframing* (Bandler & Grinder, 1979; Hartman & Laird, 1983; Tingley, 2001) refers to the words you say and the actions you take in introducing clients to a new way of looking at some aspect of themselves, the issue, or the situation. Usually, reframing involves sharing a different perspective from that which clients had previously adopted. Clients sometimes embrace a point of view in such a determined fashion that the perspective itself constitutes an obstacle to goal achievement. Of course, fixed views are not always problematic. Do not indiscriminately attempt to challenge or reframe clients' perspectives. Reframing is applicable when clients' viewpoints constitute a fundamental part of the issue for work. Similar to the skill of educating, it differs in that the overall purpose of reframing is to liberate the client from a dogmatic perspective. As a result of reframing, clients may reconsider strongly held beliefs. This may, in turn, affect their feelings and behavior as well.

There are several forms of reframing. One of the more common is *reframing a negative into a positive*.

EXAMPLE: REFRAMING A NEGATIVE INTO A POSITIVE

When you say that you're "stupid" and "indecisive" because you find it difficult to choose from among various courses of action, I feel confused. I mean, what you refer to as indecisive appears to me to be the ability to see different points of view. It seems to me that you're open-minded and willing to consider many perspectives and options. This sounds like flexibility—not indecisiveness. And what you call stupidity sounds a great deal to me like carefulness, thoroughness, and patience. These are attributes that I find extremely appealing and functional. Are you sure they are so bad?

Personalizing meaning (Carkhuff & Anthony, 1979, pp. 95–131) is another form of reframing through which you encourage clients to shift the attribution of responsibility away from other people, organizations, or external forces (that is, the situation) and toward themselves. Personalizing meaning can help people assume greater responsibility for effecting change. It can be liberating, even empowering. Personalizing meaning can help clients see a relationship between their own beliefs, values, attitudes, and expectations, on the one hand, and the feelings they experience or the behavior they enact on the other. This form of reframing involves going beyond the communication directly expressed by the client. You slightly alter the client's expression to shift an externalized meaning toward a more internalized or personalized meaning, for which the client is likely to feel greater responsibility, personal power, and control. In personalizing meaning, you may use a format such as the following.

PRACTICE FORMAT: PERSONALIZING MEANING

You feel (do/experience) _____ because you think (believe/value/perceive/expect) _____.

Because the skill of personalizing meaning derives from your frame of reference rather than the client's, it constitutes an expressive rather than an empathic skill. Therefore you should phrase your comments in a tentative manner. Personalizing meaning suggests that the client's thoughts, feelings, or actions are more associated with conscious individual processes than with external or situational factors. Occasionally, it may leave clients feeling more guilty or more burdened with responsibility. It also may convey a sense of considerable optimism, because such feelings result from one's own values, beliefs, or thoughts. These are aspects of a person that are not necessarily permanent—one's beliefs and attitudes can and do change. Notice how much more positive such an explanation is than the view that one feels a certain way because one is jinxed, has a deficient superego structure, had a lousy childhood, suffers from a personality disorder, or "That's just the way I am."

Here is an example of a social worker talking with a client who happens to be a social work student.

EXAMPLE: PERSONALIZING MEANING

CLIENT: I'm devastated! I got a C+ in my social work field placement. I'll never make it through the program. I'm a total failure.

WORKER: You're disappointed in yourself because you believe you should do better than C+ work, and you're afraid that getting a C+ means that you won't be able to graduate?

Situationalizing meaning is another form of reframing through which you change the meaning suggested by clients' expressions. Although there is certainly an empathic element, in this form of reframing you also begin slightly to alter the meaning as presented by the client. In the case of situationalizing meaning, you reflect understanding of the client's feelings or behaviors but then suggest that they may also be viewed as a result of external, societal, systemic, situational, or other factors beyond the client's individual control or responsibility. Frequently, situationalizing meaning results in an expansion of clients' perspectives and a lessening of their sense of guilt, self-blame, or personal responsibility.

EXAMPLE: SITUATIONALIZING MEANING

CLIENT: I'm a wreck. I can't sleep or eat; I can't concentrate. I know my head is really messed up. I've been kind of crazy.

WORKER: You feel awful; you're anxious and depressed and you have lots of issues. I wonder, though, might these feelings be an understandable reaction to the recent changes in your life? Wouldn't even the best-adjusted person feel out of sorts and have some difficulty sleeping after losing a good job without any immediate prospects for another?

EXERCISE 12-9: REFRAMING

For these exercises, assume that you are a social worker with a family services agency. In the spaces provided, write the words you would say in using the skill of reframing.

1. You are in the midst of discussing Mrs. O.'s eating patterns. She says that she has not been eating balanced meals because "I cannot get anyone to drive me to the grocery store, it's too far to walk, and when I telephone to have it delivered they always get it wrong." In the space provided, write the words you would say in reframing Mrs. O.'s statement so that it reflects a personalized meaning.

2. You are in the midst of an individual meeting with Gloria, a teenage member of the S. family. She says, “My mother is always on my case. She’s so controlling. I can’t do anything I want to do. She thinks that I’m 5 years old.” Reframe her statement from a negative to a positive. Then, reframe her statement so that it has a personalized meaning.

3. During a meeting with Mrs. F., she confirms that she is indeed feeling guilty and ashamed that she may have harmed her children. She says, “I feel so ashamed. I’ve done just what I’ve always criticized my parents for.” Reframe Mrs. F.’s statement so that it reflects a situationalized meaning. Then reframe her statement so that it has a personalized meaning. Finally, reframe it from a negative into a positive.

4. As part of your consultative work with a social service agency, you meet regularly with a group of about eight professional social workers. During today’s meeting, one social worker expresses concern that the recent changes (for example, more active and engaged leadership by the agency director, clear and complete communications throughout the agency, regular supervisory meetings, and emphasis on quality control) may limit the professional autonomy of the social work staff. She says, “I’m becoming increasingly concerned and worried about these changes. If these trends continue, before long the other social workers and I will become little more than glorified technicians and bureaucrats. We’ll have to check with a supervisor before we take any action with clients. We won’t be able to exercise our independent professional judgment and do what we think is best for our clients.” Reframe the social worker’s statement so that it reflects a situationalized meaning. Then, reframe it so that it has a personalized meaning. Finally, use the skill of reframing a negative into a positive.

Confronting

In *confronting* (Carkhuff & Anthony, 1979, pp. 116–119), you point out to clients—directly and without disapproval—discrepancies, inconsistencies, or contradictions in their words, feelings, and actions. In confronting, you challenge clients to examine themselves for congruence. For example, suppose an adult male client has requested help from you regarding a troubled marriage. The client says, “I am willing to do whatever is necessary to improve this relationship.” Following a joint meeting with you and his spouse, during which he promised “to go out for a date with my spouse this week,” he voluntarily worked overtime at his job and arrived home 3 hours late—too late for the date. After the client subsequently misses another planned date night, you might use the skill of confronting by saying, “You said you want to improve the relationship and you agreed to two dates with your spouse. However, you worked late on the nights you had planned to go out with your wife. What do you think this might mean?”

In confronting, you may use the following format (Carkhuff & Anthony, 1979, p. 117).

PRACTICE FORMAT: CONFRONTING

On the one hand you say (feel, think, or do) _____ but (and/yet) on the other hand you say (feel/think/do) _____.

Confrontation can have a powerful effect on clients. It has the potential to cause severe dis-equilibrium in people who are highly stressed or have fragile coping skills. Therefore, before confronting a particular client, be certain that person has the psychological and social resources to endure the impact. Certainly you should establish a solid relationship with the client before any confrontation. When you do confront inconsistencies, try to be descriptive about the incongruities or discrepancies that you observe. Avoid judgmental or evaluative speculations and conclusions. Finally, it is usually wise to “precede and follow confrontations with empathic responsiveness” (Hammond et al., 1977, p. 280).

EXERCISE 12-10: CONFRONTING

For these exercises, assume that you are a social worker with a family services agency. In the spaces provided, write the words you would say in using the skill of confronting.

1. You are in the midst of an interview with Mrs. O., approximately 2 weeks after she has begun to receive daily hot meals through the meals-on-wheels program. Before that, she had agreed that more balanced meals would be desirable and said that she would eat the food when it was delivered. During the course of this meeting, you notice that the day’s meal remains untouched. There is also evidence that Mrs. O. has not eaten the delivered meals for the past 2 days. In the space provided, write the words you would say in confronting Mrs. O. about the uneaten meals.

Pointing Out Endings

In *pointing out endings*, you remind the client “some time before the last sessions that the working relationship is coming to a close” (Shulman, 1992, p. 206). In most cases when you and clients agree to work together and establish a service contract, you also determined a time frame. This occurs as a significant part of the goal setting and planning processes (see Chapter 9). Periodically during the work phase, you refer to this time frame. Of course, you and clients may renegotiate the timetable when the situation warrants. Ideally, however, you and the client carefully consider and openly discuss any such revision. Extending a time frame does not necessarily increase the probability of goal achievement. Additional time could imply that the goals are just too difficult to accomplish. Also, time extensions may leave an impression that your work together can go on indefinitely.

Social work in several practice settings (for example, hospitals, residential facilities, prisons) has natural ending points that are partially or fully beyond either clients’ or social workers’ control. There are numerous legal as well as practice implications related to ending processes (“Lawsuit Seeks,” 1999). Consider, for example, the process of discharge following a stay in a medical or psychiatric hospital. Discharge planning is a complex ending process that often involves additional assessment, contracting, and working activities (Christ, Clarkin, & Hull, 1994; Clemens, 1995; C. B. Cox, 1996; Morrow-Howell, Chadiha, Proctor, Hourd-Bryant, & Dore, 1996; Oktay, Steinwachs, Mamon, Bone, & Fahey, 1992; Proctor, Morrow-Howell, & Kaplan, 1996; Spath, 2002; Tuzman & Cohen, 1992).

By pointing out endings, you may help motivate clients to work hard on the action steps so as to complete them within the established period. As Perlman (1957, pp. 48–77) suggests, the social work relationship is time limited. After all, as a social worker you are not marrying or adopting your clients. You are a professional helper, not a member of the family. By establishing time limits and pointing out endings, you help clients to prepare psychologically for the process of concluding the working relationship. If you and your clients avoid the topic of the forthcoming conclusion to the relationship, both of you can deny the immediacy of the feelings. Such denial may allow temporary emotional respite from strong feelings, but it also prevents the parties from psychologically anticipating and preparing themselves for ending. Therefore, despite feelings of discomfort, you should occasionally refer to the upcoming conclusion to the working relationship.

You may undertake the skill of pointing out endings in several ways. Regardless of the specific form it takes, this skill helps clients begin to prepare consciously and emotionally for the conclusion of your work together. Whether it involves a transfer, a referral, or a termination, you gently remind the client that there will soon be an ending and that he or she may very well have some thoughts and feelings about the change.

For example, suppose you and several family members contract to meet for eight sessions. The agreed-upon goal is to improve communication within the family. The work has proceeded quite well. By the fourth meeting, the family members have progressed to such an extent that they are able to express differences of opinion without feeling devalued or rejected. There has also been a noticeable decrease in tension and an increase in humor. Toward the end of the session, you say, “We’re now finishing up our fourth session. There are four meetings left. We’re halfway there.”

Following such a reminder, you might explore thoughts and feelings associated with the idea of ending. You might ask, “As we think about concluding our relationship, some thoughts or feelings may come up. I wonder, what comes to mind when you think about finishing our work together?” Or you might ask, “How will things be different once we have concluded our work together?” Although a specific format is not universally applicable, the primary element in pointing out endings is the reminder. Statements such as “We have ___ meetings left” or “We will

be meeting for another ____ weeks” serve this function. In the case of transfers or referrals, clarify what will happen following your ending with the client. You might say, “We have ____ meetings left before you begin to work with _____,” or “We will be meeting for another ____ weeks before you begin the program at _____.”

EXERCISE 12-11: POINTING OUT ENDINGS

For these exercises, assume that you are a social worker with a family services agency. In the spaces provided, write the words you would say in using the skill of pointing out endings.

1. You have been working with Mrs. O. for approximately 2 months. Her eating patterns have improved to the point where she no longer needs your services. She is now regularly receiving and eating meals delivered by the meals-on-wheels program. Her weight has returned to normal, and her energy level has improved. Three weeks earlier, you and Mrs. O. had discussed the progress and decided that you would conclude your relationship in 1 month. The meeting next week will be your last. In the space provided, write the words you would say in pointing out endings to Mrs. O.

2. You are in the midst of the next-to-last meeting with the S. family. During the past several months, many productive changes have occurred. Two sessions before, the family members indicated that they were well on their way to accomplishing their goals. At that time, you had agreed to meet three more times. Next week you will have the concluding session. In the space provided, write the words you would say in pointing out endings with the S. family.

3. Through a joint discussion 2 weeks earlier, you and Mrs. F. concluded that she could best complete work toward goal attainment by participating in a 10-week assertiveness training group sponsored by another community agency. The group begins in 3 weeks. Next week will be your last meeting together. In the space provided, write the words you would say in pointing out endings to Mrs. F.

4. For the past 9 months, you have provided consultation services to an agency that is trying to recover from incompetent management and fraudulent behavior under a previous administration. About every 5 or 6 weeks, you meet with a large group of agency personnel, board members, and key stakeholders to apprise them of progress, seek their feedback, and gather their input. Your 12-month contract with the agency expires in 3-months' time. You will meet with this group one more time after today's meeting. What would you say in pointing out endings with the group in this next to last meeting?

Recording Progress

As a professional social worker bound by numerous legal and ethical obligations, you must keep records throughout all phases of practice. During the work phase, you should keep track of any revisions to the initial assessment and contract. You incorporate in the case record notes about action steps and progress toward goal achievement. Include the results of evaluation procedures such as goal attainment scaling, individual or subjective rating scores, rapid assessment instrument and other test scores, and graphics that reflect trends. Describe phenomena and events and identify issues or themes that might relate to the process of working toward goal accomplishment. In some instances, you should provide a rationale for an action you are taking or a recommendation you are making. Suppose you were to learn from an adult male client that he sometimes sexually molests his infant son. Of course, you must report this information to relevant authorities. Usually, this means a telephone call to the child-protection services division of the department of welfare or human services. Because you acquired this information during a meeting protected by laws and ethics concerning client confidentiality, you should meticulously record the data (that is, the words the client said) that led you to conclude that the child may be at risk of abuse. You should also record what you said to the client in response. You may have informed him that you, as a professional social worker, have a legal obligation to report this information to child-protection authorities. You should note this. You may also have indicated that you would like to continue to serve as his social worker during this time; you should record this as well. When you make the phone call to the relevant authorities, be sure to record the date and time, the person contacted, and the contents of the conversation. Of course, unless the client provides informed consent to do so, you refrain from sharing information about the client beyond that which is relevant to the issue of possible child abuse.

In many settings, social workers use a problem-oriented recording (POR) approach during the work phase (Burrill, 1976, pp. 67–68; H. C. Johnson, 1978, pp. 71–77; Martens & Holmstrup, 1974, pp. 554–561). The well-known SOAP format (subjective data, objective data, assessment, and plan) is commonly used in medical settings and has been widely used in social services as well. The DAR (data, action, response) and APIE (assessment, plan, implementation, and evaluation) are fairly common, and there are several variations to the traditional SOAP structure. For example, SOAPIE stands for subjective, objective, assessment, plan, implementation or interventions, and

evaluation. SOAPIER adds “revisions” to the format. The SOAIGP format represents another derivation (Kagle, 1991, pp. 101–104; Kagle & Kopels, 2008, p. 133). SOAIGP stands for:

- ◆ S—supplemental information from clients or family members
- ◆ O—your observations and, if applicable, those of other agency staff
- ◆ A—activities that you, the client, or others undertake
- ◆ I—your impressions, hypotheses, assessments, or evaluations
- ◆ G—current goals
- ◆ P—plan for additional activities or action steps

In the supplemental category, you may include new or revised information provided by clients, family members, or other people in the client’s primary social systems. In the observation section, you may describe your own observations of the person, issue, and situation. If applicable, you may also include observations of other agency staff members. In the activities category, you may summarize client tasks, worker tasks, and in-session tasks that have occurred. In impressions, you may summarize your current evaluation of progress toward goal achievement and make note of your tentative impressions and hypotheses. You may also summarize results of frequency counts, subjective ratings, and test results in this section. Under goals, you may record goals that are the current focus of work or revise original goals. In the plan section, you may make note of changes in your approach and identify additional action steps that you or your client intend to take.

For example, following an interview with Mrs. Chase, Susan Holder might prepare a SOAIGP entry for the case file as follows.

EXAMPLE: PROGRESS RECORDING-SOAIGP

SOAIGP Entry for Meeting with Lynn Chase February 10

Supplemental. Mrs. Chase indicated that she had accomplished the action step we had identified for this week. She reported that it was a great help. She stated that she has felt in better spirits than she has for months. Before the meeting, Mr. Chase had telephoned to report that things are much better at home. He said, “Everybody has begun to help out at home, and we’re all much happier. Thanks a lot.”

Observations. Mrs. Chase does indeed appear to be in much better spirits. She speaks with energy and expressiveness. When talking about her family life and her gardening, her face becomes bright and animated. When she discusses work, there is a slight change to a more “businesslike” quality.

Activities. During today’s meeting, Mrs. Chase and I talked at length about her childhood. On several occasions, she referred to her mother’s drinking and the mixed feelings she experienced as a child when she dealt with her intoxicated mother. She sobbed when she talked of the embarrassment and rage she felt when a friend had visited while her mother was drunk and verbally abusive. She also revealed that she felt “somehow to blame” for her mother’s drinking. She said, “I used to feel that if I were somehow better or less of a problem, then Mother wouldn’t need to drink so much.”

I reminded Mrs. Chase that we had three more meetings together. She said that she would miss me, but already “things were much better.”

Impressions. Mrs. Chase’s daily logs (attached) reflect progress toward two of the goals: sleeping better and arguing less with Robert and Richard. It is my impression that the change program continues to be viable. There is no need to revise it at this time.

(continued)

Goals. The previously established goals remain in effect.

Plan. We identified a new action step. In addition to those already identified last week, Mrs. Chase agreed to read Janet Woititz's book, *Adult Children of Alcoholics* (1983), within 2 weeks of today's date.

Susan Holder, BSW, MSW

The problem-oriented recording formats just described and illustrated serve many valuable functions. The SOAPIE, SOAPIER, and SOAIGP adaptations improve on the earlier SOAP system with their greater emphasis on implementation or intervention and evaluation and, in the case of SOAIGP, specific recognition of the importance of goals. To further that trend, please consider the preliminary, experimental version of a goal-focused format, tentatively called GAAP:

- ◆ *Goals.* Summarize the goals and objectives reflected in the contract.
- ◆ *Activities.* Describe the tasks, activities, and interventions undertaken by participants (for example, social worker, client, others) during or in between meetings in pursuit of the goals.
- ◆ *Assessment.* Report the results of assessment and evaluation processes related to effects and outcomes of activities and progress toward goal achievement. Incorporate or attach the results of subjective and objective evaluation instruments (for example, RAIs, frequency counts, subjective ratings).
- ◆ *Plans.* Based on the assessment and evaluation, outline plans for additional goal-related tasks and activities including, when necessary, changes to the agreed-upon goals and objectives.

Progress recordings are legal as well as professional documents. Prepare them as if they could become public knowledge—perhaps in the context of a review committee or even a legal hearing or trial. Organize them in a coherent manner. Prepare them in a well-written, legible, and timely fashion. Include descriptive and factual information that pertains to the purposes and goals for work. Avoid complex abstractions that cannot be substantiated. Ensure that your records reflect accurate, objective, unbiased reporting, along with respect for the individual and cultural characteristics of clients and their active participation in decisions and processes. While maintaining the confidentiality rights of third parties, identify the sources of information and support the reasons for decisions and actions. Finally, ensure that your records reflect compliance with legal and agency policies (Kagle, 2002).

EXERCISE 12-12: RECORDING PROGRESS

For these exercises, assume that you are a social worker with a family services agency. In the spaces provided, prepare progress notes for case records concerning the following client interviews.

1. On Monday of this week, you completed an interview with Mrs. O. The meeting occurred a few weeks after she had begun to receive daily hot meals through the meals-on-wheels program. For the first 2 weeks, she appeared to eat each of the meals. During the course of this meeting, however, you realized that the day's meal remained untouched. It was also evident that she had not eaten the meals for the previous 2 days. You asked her about the uneaten food and she said that she has not felt hungry. You asked whether

she plans to eat tomorrow's meal. She said, "Oh, I don't know." In the space provided, prepare a progress note regarding the interview. Use the SOAIGP format.

2. Earlier today, you completed an interview with Gloria, a teenage member of the S. family. She reported that following your last meeting together, she had told her boyfriend that he would have to see his doctor and receive treatment before she would again have sex with him. She appeared to be pleased that she could report this to you. You praised her for taking that action and asked about her boyfriend's response. She said that he had left in a huff, but she thought that he might be back. Prepare a progress note regarding the interview. Use the SOAIGP format.

3. Earlier today, you completed a meeting with Mrs. F., her daughters, and the principal of their school. During the course of the meeting, the girls described in detail what the teenage boys had said and done to them. They talked of the boys spitting at them and calling them names that referred to their Latino heritage. The girls were able to identify the boys by name. The principal appeared surprised and disturbed by what the girls had to say. He apparently believed the girls because he said that he was indeed sorry that this had happened. Furthermore, he said that he would talk with the boys later that day. He also asked the girls to tell him right away if anything like this ever happened again. Prepare a progress note regarding the interview. Use the GAAP format.

4. For the past 9 months, you have been providing social work consultation services to an agency attempting to recover from the consequences of incompetent management and fraudulent behavior under a previous administration. Change in a positive direction is now apparent. Communication among staff members has improved, staff now receive weekly supervision, the agency director is pursuing an active and engaged approach to leadership, and morale is improving. Today, you met with the board of directors to review these positive trends and to outline your intentions to support the executive director, the administrators and supervisors, and other staff members in their efforts to improve. Although the board members were extremely pleased with your report and encouraged you to continue your fine work, they requested that you complete an evaluation of the executive director's performance and submit a recommendation to the board concerning his fitness to continue in that role. Prepare a progress note regarding the meeting. Use the SOAIGP format.

Summary

During the work and evaluation phase of social work practice, you and the client take action toward resolving the identified issues and achieving the established goals. In this process, you use both empathic skills and work phase expressive skills. Skills pertinent to the work phase include (1) rehearsing action steps, (2) reviewing action steps, (3) evaluating, (4) focusing, (5) educating, (6) advising, (7) representing, (8) responding with immediacy, (9) reframing, (10) confronting, (11) pointing out endings, and (12) progress recording.

CHAPTER 12 SUMMARY EXERCISES

Building on the earlier meetings you had with your colleague who serves as a practice client, conduct another interview. The primary purpose of this interview is to work toward the agreed-upon goals identified through the contracting process. As you did previously, ensure that the interview setting is private, and once again videotape and record the meeting. Using empathic and especially work-phase expressive skills, interview your colleague with a view toward helping him or her take steps toward goal attainment. Toward the conclusion of the meeting, arrange for another interview in about 1 week. Be sure to point out that the next meeting will be your last.

1. At the conclusion of the interview, ask your partner for feedback concerning thoughts and feelings about the experience. Ask for a candid reaction to the following questions.
 - (a) Did you feel that I conveyed understanding and respect to you during this interview?

(b) Did you think that the meeting was productive in helping you progress toward goal attainment? (c) What feedback do you have for me concerning the quality of my performance of various working and evaluating skills? (d) Did you find the experience satisfying? (e) Do you believe that you have made progress toward goal attainment? If so, what do you identify as having been most helpful to that progress? If not, what were the obstacles? Did I do anything that was not helpful to you? (f) What suggestions do you have for me concerning how the interview could have been better or more helpful for you? Summarize your partner's feedback in a word-processed document titled "Fourth Meeting With a Practice Client." Label the section "Practice Client Feedback."

2. Word process your own reactions to the interview. How did you feel about the interview? What did you like and what did you dislike about it? Do you believe that you used all of the relevant empathic and expressive skills during the interaction? What would you do differently if you were to redo the interview? What working and evaluating skills require further practice? Include your observations, reactions, and reflections in a section of the "Fourth Meeting with a Practice Client" document. Label the section "My Reactions and Reflections."
3. Word process a progress note regarding the meeting you had with your colleague. Use the SOAIGP format described earlier. After you have completed the SOAIGP record, play the audiotape or videotape. Make notes about significant exchanges that affected the way in which you prepared your SOAIGP record; then revise it to improve its accuracy. Place the SOAIGP record in the Practice Case Record section of your Social Work Skills Learning Portfolio.

CHAPTER 12 SELF-APPRAISAL

Now that you have finished this chapter and completed the exercises, please assess your proficiency in the working and evaluating skills by completing the following self-appraisal exercise.

SELF-APPRAISAL: THE WORKING AND EVALUATING SKILLS

Please respond to the following items. Your answers should help you to assess your proficiency in the working and evaluating skills. Read each statement carefully. Then, use the following 4-point rating scale to indicate the degree to which you agree or disagree with each statement. Record your numerical response in the space provided.

4 = Strongly agree

3 = Agree

2 = Disagree

1 = Strongly disagree

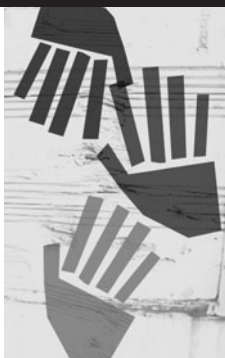
(continued)

4	3	2	1	Rating Statement
				<i>At this point in time, I can:</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Discuss the purposes and functions of working and evaluating.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Describe and perform the skill of rehearsing action steps.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Describe and perform the skill of reviewing action steps.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Describe and perform the skill of evaluating progress.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Describe and perform the skill of focusing.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Describe and perform the skill of educating.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Describe and perform the skill of advising.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Describe and perform the skill of representing clients.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Describe and perform the skill of responding with immediacy.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Describe and perform the skill of reframing.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Describe and perform the skill of confronting inconsistencies.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Describe and perform the skill of pointing out endings.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Prepare a written progress recording.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Assess proficiency in the working and evaluating skills.
				Subtotal

Note: These items are identical to those contained in the Working and Evaluating Skills section of the Social Work Skills Self-Appraisal Questionnaire presented in Appendix 3. If you completed Exercise 2-2 in Chapter 2, you have already responded to these items. You may now compare the responses you made on that occasion with those you made this time. You may also compare the subtotal scores. If you think you are developing greater proficiency in these skills, more recent scores should be higher than earlier ones.

Finally, reflect on the skills addressed in this chapter and the results of your self-appraisal. Based on your analysis, word process a succinct one-page summary report titled “Self-Assessment of Proficiency in the Working and Evaluating Skills.” In the report, be sure to identify those skills that you know and do well (for example, a score of 3 or 4). Also, specify those that need further practice (for example, scores of 2 or less) and briefly outline plans by which to achieve proficiency. When you have finished, include the report in your Social Work Skills Learning Portfolio.

CHAPTER 13



ENDING

This chapter (see Box 13.1) should help you develop proficiency in the ending skills. Social workers use these skills as we conclude our working relationships with clients. Although the particular form of ending may vary, several skills are important to the process. Drawing on the work of Schwartz (1971, 1976) and Kubler-Ross (1969), Shulman (1992) discusses the dynamics of the ending process and describes several skills associated with it. The skills presented here derive in part from those he identifies. The social work ending skills include (1) reviewing the process, (2) final evaluating, (3) sharing ending feelings and saying goodbye, and (4) recording the closing summary.

The four most common forms of concluding relationships with clients are (1) transferral, (2) referral, (3) termination, and (4) client discontinuation. In the first three, you and your clients openly discuss the ending process and jointly determine the best course of action given the circumstances. These are the preferred modes of ending. The fourth form, quite common in many agency settings, is exclusively client initiated. Often with good reason, clients may decide to stop meeting with you. They may do so by informing you during a meeting, in a telephone conversation, or even by letter. They may also discontinue without notification, perhaps by failing to attend a scheduled meeting. Their absence conveys the message. In such cases (assuming that you can make contact by phone or in person), it is often very useful to seek clarification from clients who discontinue in this manner. However, you should be extremely sensitive to clients' indirect expressions during these contacts. Sometimes, in response to your inquiry, clients might say they will resume meeting with you "because you were so nice as to call," when in fact they have decided to discontinue. If you listen carefully during such contacts, you may learn something about the ways you presented yourself or how you intervened that played a role in their decision to discontinue. This information may be helpful with other clients in the future. Providing clients with an opportunity to express themselves about the service may also help them conclude the relationship in a more satisfactory manner. It may sufficiently expand their view of you, the agency, and the experience to enable them to seek services again at some point in the future.



BOX 13.1

Chapter Purpose

The purpose of this chapter is to help learners develop proficiency in the ending skills.

Goals

Following completion of this chapter, learners should be able to demonstrate proficiency in:

- ◆ Discussing the purposes and functions of ending
- ◆ Reviewing the process
- ◆ Final evaluating
- ◆ Sharing ending feelings and saying goodbye
- ◆ Recording the closing summary
- ◆ Assessing proficiency in the ending skills

Core Competencies

The skills addressed in this chapter support the following core EPAS competencies:

- ◆ Identify as a professional social worker and conduct oneself accordingly (EP2.1.1).
- ◆ Apply social work ethical principles to guide professional practice (EP2.1.2).
- ◆ Apply critical thinking to inform and communicate professional judgments (EP2.1.3).
- ◆ Engage diversity and difference in practice (EP2.1.4).
- ◆ Apply knowledge of human behavior and the social environment (EP2.1.7).
- ◆ Respond to contexts that shape practice (EP2.1.9).
- ◆ Intervene, and evaluate with individuals, families, groups, organizations, and communities (EP2.1.10[c–d]).

Clients are more likely to discontinue without notification at certain times. There is an increased probability of client discontinuation whenever changes occur. Changing from a customary meeting time or relocating from one meeting place to another may lead clients to discontinue. The transfer of a client to another social worker within the same agency can also involve a stressful transition, which the client may resolve through discontinuation. Perhaps the most difficult of all involves a referral to another professional in a different agency. This involves many changes—a new location; another agency with at least somewhat different policies, procedures, and mission; a new meeting schedule; and, of course, a different helping professional. Many clients, understandably, cope with these numerous changes through discontinuation. Although the dynamics of transfers and referrals are similar, transfers are generally easier to manage. Referrals involve more change, and the psychosocial demands on the client are greater. Nonetheless, transfers and referrals, like termination and discontinuation, bring about a conclusion to the relationship between you and the client.

Ending a significant relationship is often a difficult and painful experience. It is certainly challenging for social workers. Concluding a relationship with a client can stimulate strong feelings of sadness, loss, and other emotions as well. For clients, the process of ending may be even more intense. By this time, clients usually view you as a kind, caring, and understanding person who listens well and has their best interests at heart. Often, clients have shared personally intimate thoughts and feelings. This may lead them to feel both safe and vulnerable. They may have entrusted their secrets to you, a person with whom they may never again have contact. They may have successfully addressed a major issue, turned their lives around, or reached a significant goal. They may

experience intense gratitude and want to express it to you—perhaps with a tangible or symbolic gift. The conclusion of the relationship may elicit a host of deep feelings. Some clients may feel intensely sad, as if they had lost a best friend, which may in fact be the case. They may feel frightened and dependent as they ask themselves, “How can I make it without you?” They may feel guilty that they did not work as hard as they might have or that they did not take as much advantage of the opportunities for change and growth as they could have. They may feel rejected by you or angry that the relationship is ending. They may think, “If you really cared about me, you wouldn’t end the relationship—you must not care about me at all. You must be glad to be rid of me!” Clients may also deny or minimize feelings that lie beneath the surface of awareness. They may present themselves as being quite ready to terminate, whereas they are actually struggling with strong feelings that they do not acknowledge or express. There are many manifestations of the psychological and social processes associated with ending—a transition that often provokes significant reactions from both you and your clients. Ideally, we explore these responses as part of the ending process.

Reviewing the Process

Reviewing the process involves a summary retrospection of what has occurred between you and your clients during the time you have worked together. It is a cooperative process; each party shares in the review. Typically, you invite clients to review the process from the time you first met through to the present. For example, you might say, “I’ve been thinking about the work we’ve done together during these last several months. We’ve covered a lot of ground together, and you have made changes in both your own behavior as well as in your situation. As you think back over all that we’ve done together, what memories come to mind?”

Following the responses to your request, you might ask about additional thoughts and feelings and then share some of your own significant recollections. This often stimulates recall of other experiences.

EXERCISE 13-1: REVIEWING THE PROCESS

For these exercises, assume that you are a social worker with a family services agency. In the spaces provided, write the words you would say in reviewing the process with each client.

1. You have been working with Mrs. O. for approximately 2 months. She has accomplished the goal of improving her eating and nutritional patterns. She has seen a medical doctor, who prescribed a medication that has effectively controlled the spells. You both seem quite pleased about the work you have done together. This is your last meeting. In the space provided, write the words you would say in reviewing the process with Mrs. O.

Final Evaluating

In addition to reviewing the process, you also engage clients in a final evaluation of progress toward issue resolution and goal attainment. For this discussion, you may draw on the results of measurement instruments such as questionnaires, various individual or subjective rating scales, and the graphic reflections of trends and patterns (for example, line graphs). You may also share your own subjective impressions of progress. Whatever you do share in the form of a final evaluation, be sure to seek feedback from clients. Although they usually concur with the evaluation, clients sometimes hold a slightly different view that deserves consideration and acknowledgment.

As part of this process, express your pleasure concerning positive changes that have occurred. Credit clients for all the work they have undertaken and help them identify issues that have not been completely resolved and goals that have been only partially achieved. Work toward such goals does not have to stop because you and your client are concluding your working relationship. The client alone, or with the support of friends and family members, may continue to take action steps toward desirable objectives. By the time clients conclude the working relationship with a social worker, many have become competent problem solvers in their own right. They are often quite capable of defining goals and identifying and taking action steps on their own. This phenomenon, when it occurs, is enormously satisfying for social workers. When clients become effective problem solvers who are skilled at self-help, you may reasonably conclude that you have indeed helped them to help themselves. If, because of their association with you, clients acquire skills with which to address future issues, they have gained a great deal indeed.

Like most of the ending skills, final evaluating is a cooperative process. You and the client share your respective evaluations of progress and jointly identify areas that may require additional work. To initiate this final evaluation, you may say something such as “Let’s now take a final look at where we stand in regard to progress toward the goals that we identified. One of our major goals was _____. How far do you think we have come toward achieving it?”

Be sure to review the results of subjective and objective evaluation instruments and provide a summary graphic. When clients see tangible evidence of progress in a graphic illustration, they often experience feelings of success and accomplishment in a different way than they do when we talk only verbally about their progress.

Join clients in celebrating largely or completely accomplished goals with appropriate pleasure and satisfaction. Encourage them to experience and enjoy the sense of personal competence, self-efficacy, and satisfaction that accompanies goal achievement. Help clients identify areas that need additional work and encourage them to plan additional action steps to take after you conclude your relationship together. Of course, this discussion is not nearly as extensive or as detailed as when you and clients established action steps as part of the contracting and work processes. Rather, you encourage clients to look forward to future activities that can support continued growth and development. You may initiate this process by asking a question such as “What kinds of activities do you think might help you to continue the progress you’ve made so far?”

As part of the final evaluation, you may seek feedback from clients about things you said or did that were helpful and things that were not. This kind of evaluation may help clients to identify behaviors they can adopt for their own future use. It may also provide an opportunity for clients to share their gratitude to you for your help. However, an important purpose for seeking feedback about helpful and unhelpful factors is to aid you in your own professional growth and development. In a sense, you request that clients evaluate your performance as a social worker. By seeking such evaluative feedback, you may gain valuable information about yourself that may prove useful in your work with other current and future clients. In asking for feedback, you might say, “I would appreciate it if you would tell me about those things I did that were particularly helpful to you during our work together. . . . And could you also identify things I did that were not helpful?”

EXERCISE 13-2: FINAL EVALUATING

In the spaces provided, write the words you would say to engage each client in the process of final evaluating. Prepare statements to encourage each client to identify future action steps. Finally, write the words you might say in seeking evaluative feedback from each client concerning what has been helpful and what has not.

1. You have worked with Mrs. O. for approximately 2 months. She has accomplished virtually all the goals that you identified together. This meeting is your last. In the space provided, write the words you would say to engage Mrs. O. in the process of final evaluating.

2. You are meeting for the last time with the S. family. During the past several months, many productive changes have occurred. There is still strain among some of the family members, but they seem to be coping with it quite well. There are several indications that they are communicating much more directly and honestly with one another. The family has achieved more than half of the goals that were identified. In the space provided, write the words you would say to engage the S. family in the process of final evaluating.

3. This is your concluding session with Mrs. F. She and her daughters have made quite remarkable gains. All three seem to be quite satisfied with the changes that have occurred. Mrs. F. is looking forward to the assertiveness-training group she will join in a week or so. In the space provided, write the words you would say in initiating the process of final evaluating with Mrs. F.

4. For the past 9 months, you have been providing social work consultation services to an agency that is trying to recover from the consequences of incompetent management and fraudulent behavior under a previous administration. You are meeting with this large group for the last time. The agency has made substantial progress toward achievement of almost all goals. Use the space below to write the words you would say in initiating the process of final evaluating with the agency group.

Sharing Ending Feelings and Saying Goodbye

The nature and intensity of the feelings clients experience as they conclude a relationship with you vary according to their personal characteristics, the duration of service, the issue and goals, the roles and functions you served, and the degree of progress (Hess & Hess, 1999). Because ending is a significant event in the lives of most clients, you should give them an opportunity to express feelings related to the ending process.

Clients may experience several emotional responses as they end their relationship with you: anger, sadness, loss, fear, guilt, dependency, ambivalence, gratitude, and affection. Clients may hesitate to express their emotions freely at this time. If they conclude the relationship without sharing some of these feelings, they may experience a sense of incompleteness. This “unfinished” quality may impede the appropriate process of psychological separation from you and inhibit the client’s movement toward increased autonomy and independence. Therefore, encourage clients to express their ending feelings. You may say, “We’ve reviewed our work together and evaluated progress, but we haven’t yet shared our feelings about ending our relationship with one another. As you realize that this is our final meeting together, what feelings do you notice?”

Of course, you will also experience various feelings as you conclude your working relationships with clients. You may have spent several weeks or months with a person, a couple, a family, or a group. During your work together, a client may have shared painful emotions, discussed poignant issues, or made significant progress. Despite your professional status and commitment to an ethical code, you are also human. It is entirely understandable and appropriate that you also experience strong feelings as you end your relationships with clients. During the ending process, you may find yourself feeling guilty, inadequate, proud, satisfied, sad, angry, ambivalent, relieved, or affectionate. The kind and degree of your feelings may vary because of many factors. Like clients, you will probably experience some kind of emotional reaction during the ending phase. It is often useful to share some of these feelings. Unlike clients, however, you retain your professional responsibilities, even in ending. You cannot freely express whatever feelings you experience. You must consider the potential effects on clients. For example, suppose you feel annoyed at an adult male client because he did not work as hard toward change as you had hoped he would. You should not share these or any other such feelings, unless to do so would help the client progress toward any remaining goals or conclude the relationship in a beneficial manner. Even during the final meeting, you choose

toward closure. In the space provided, write the words you would say in sharing ending feelings and saying goodbye to Mrs. F.

4. For the past 9 months, you have been providing social work consultation services to an agency that is trying to recover from the consequences of incompetent management and fraudulent behavior under a previous administration. You are meeting with a large group of agency personnel, board members, and key stakeholders for the last time. You are in the process of winding down this final meeting. You have reviewed the process and engaged in a final evaluation of progress. Now it is time to move toward closure. In the space provided, write the words you would say in sharing ending feelings and saying goodbye to members of the agency group.

Recording the Closing Summary

Following your final meeting with a client, you condense what occurred into a written closing summary. This final entry is usually somewhat more extensive than the typical progress recording. When the ending session has included a review of the process, a final evaluation, and a sharing of ending feelings, you will probably have most of what you need to complete a closing summary. Include the following information in the final record: (1) date of final contact; (2) your name and title as well as the name of the client; (3) beginning date of service; (4) the reason contact between you and the client was initiated; (5) the agreed-upon issues and goals for work; (6) the approach taken, the nature of the services that you provided, and the activities that you and the client undertook; (7) a summary evaluation of progress and an identification of issues and goals that remain unresolved or unaccomplished; (8) a brief assessment of the person-issue-situation as it now exists; and (9) the reason for closing the case (Wilson, 1980, pp. 119–120).

You may use the following section headings to organize your closing summary:

- ◆ Process and issues
- ◆ Evaluation
- ◆ Continuing goals
- ◆ Current assessment
- ◆ Ending process

As an illustrative example, consider how social worker Susan Holder might prepare a closing summary following the final interview with Mrs. Chase:

EXAMPLE: RECORDING—CLOSING SUMMARY—LYNN CHASE

Process and Issues. Mrs. Lynn B. Chase and I, Susan Holder, MSW, met together today for the eighth and final time. Mrs. Chase and I first met almost 3 months ago. At that time, we agreed on the following issues for work: (1) frequent arguments with and feelings of irritability and anger toward son and husband; (2) stress, tension, and anxiety; (3) sleep disturbance; (4) ambivalence about job; (5) thoughts and feelings of excessive responsibility and possibly of control; and (6) role strain and possibly conflict among the roles of mother, wife, homemaker, and employee. Based on these issues, we established several related goals and developed an 8-week plan by which to approach our work together.

Evaluation. In reviewing the work process and evaluating progress, Mrs. Chase reported today that the feelings of stress and anger have decreased substantially since the time of the first contact. She also indicated that relations between her and her son, her and her husband, and even her husband and her son have greatly improved since the family more evenly redistributed housework responsibilities. Her reports are consistent with the other evaluation measures we used.

She also said that she assumes less of a caretaker role with her husband and son. She said that she now believes that they have actually benefited from the assumption of greater family and household responsibility. She stated that she now sleeps fine and rarely has a headache. Mrs. Chase reported that her job at Fox Manufacturing is now quite satisfying; she said she is glad she kept it. And she has been engaging in more playful and pleasurable activities, particularly gardening.

Mrs. Chase indicated that the single most helpful aspect of our work together was when I said to her that “doing for your husband and son may prevent them from developing their full potential.”

Continuing Goals. Mrs. Chase indicated that she is still working on issues related to excessive caretaking and intends to do further reading. She reported that she might attend an Adult Children of Alcoholics (ACOA) meeting to see what it’s like. She said that she is also considering taking an assertiveness-training course.

Current Assessment. Based on the available evidence, Mrs. Chase, her son, and her husband are communicating more directly, sharing household responsibilities, and experiencing considerable satisfaction in their relationships with one another.

Robert seems to be negotiating the demands of adolescence in a constructive fashion, and Mrs. Chase has made considerable progress in reversing her long-held patterns of excessive responsibility and control.

Mrs. Chase and her family reflect numerous personal strengths that should serve them well in the future. I anticipate that Mrs. Chase will continue to grow and develop now that she has permitted herself to consider more expansive and flexible personal and familial roles.

Ending Process. Mrs. Chase and I concluded our work together in a positive manner. She expressed her gratitude, and I shared my affection for her as well as my pleasure at the progress she has made. We closed the case in the 8-week time frame as contracted.

Susan Holder, BSW, MSW

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may experience satisfaction concerning the progress achieved, regret about actions that were not taken, and sadness at the departure of a person who has been important. In optimal circumstances, you can explore these feelings as part of the ending process.

The particular form of ending may be transferral, referral, termination, or discontinuation. Several skills are important to the process, including (1) reviewing the process, (2) final evaluating, (3) sharing ending feelings and saying goodbye, and (4) recording the closing summary.

CHAPTER 13 SUMMARY EXERCISES

Conduct a final interview with the colleague who has served as your practice client during these past several weeks. As you did previously, ensure that the interview setting is private, and once again videotape and record the meeting. Using empathic, working, and especially ending skills, interview your colleague with a view toward concluding the relationship. This is your last meeting. Therefore use the relevant ending skills of reviewing the work process, final evaluating, and sharing ending feelings and saying goodbye.

1. At the conclusion of the interview, ask your partner about his or her thoughts and feelings regarding this concluding interview. In particular, ask for feedback concerning your use of the ending skills. Because this is your last meeting together as part of this exercise, ask your partner to provide you with feedback concerning the entire five-session experience. Summarize your partner's feedback in a word-processed document titled "Fifth Meeting With a Practice Client." Label the section "Practice Client Feedback."
2. Following this last session, record your own reaction to this final meeting. How did you feel about the interview? What did you like and what did you dislike about it? Do you believe that you used all the relevant empathic, expressive, and ending skills during the interaction? How well did you use the ending skills? What would you do differently if you were to redo this final interview? Which of the ending skills should you practice further? Summarize your reactions and reflections in a section of the "Fifth Meeting With a Practice Client" document. Label the section "My Reactions and Reflections."
3. Now consider the entire series of interviews. Summarize your overall impressions, reactions, and reflections about the experience in a section of the "Fifth Meeting With a Practice Client" document. Label the section "My Reactions to and Reflections on the Five-Session Experience."
4. Word process a written closing summary of your work with the colleague who served as your practice client. After you have completed the closing summary, replay the videotape. Make note of significant exchanges that affected the way in which you prepared your record. Revise the record accordingly. Now place the closing summary in your Social Work Skills Learning Portfolio.

CHAPTER 13 SELF-APPRAISAL

Now that you have completed this chapter and the exercises, please assess your proficiency in the ending skills by completing the following self-appraisal exercise.

SELF-APPRAISAL: THE ENDING SKILLS

Please respond to the following items. Your answers should help you to assess your proficiency in the ending skills. Read each statement carefully. Then, use the following 4-point rating scale to indicate the degree to which you agree or disagree with each statement. Record your numerical response in the space provided.

4 = Strongly agree 2 = Disagree
3 = Agree 1 = Strongly disagree

4	3	2	1	Rating Statement
				<i>At this point in time, I can:</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Discuss the purposes and functions of ending.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Describe and demonstrate the skill of reviewing the process.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Describe and demonstrate the skill of final evaluating.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Describe and demonstrate the skill of sharing ending feelings and saying goodbye.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Prepare a closing summary record.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Assess proficiency in the ending skills.
				Subtotal

Note: These items are identical to those contained in the Ending Skills section of the Social Work Skills Self-Appraisal Questionnaire presented in Appendix 3. If you completed Exercise 2-2 in Chapter 2, you have already responded to these items. You may now compare the responses you made on that occasion with those you made this time. You may also compare the subtotal scores. If you think you are developing greater proficiency in these skills, your recent scores should be higher than earlier ones.

Reflect on the skills addressed in this chapter and the results of your self-appraisal. Based on your analysis, word process a succinct one-page summary report titled “Self-Assessment of Proficiency in the Ending Skills.” In the report, be sure to identify those skills that you know and do well (for example, a score of 3 or 4). Also, specify those that need further practice (for example, scores of 2 or less) and briefly outline plans by which to achieve proficiency in them. When you have finished, include the report in your Social Work Skills Learning Portfolio.

3. Following your identification of important lessons learned, conduct a final evaluation of your proficiency in the social work skills. To do so, please turn to Appendix 3 and complete the Social Work Skills Self-Appraisal Questionnaire. You completed the questionnaire as part of an exercise in Chapter 2. At that point, it was part of a pretest or baseline assessment experience. This time, it represents a part of the posttest evaluation.

After you have finished the self-appraisal questionnaire, turn to Appendix 2 and complete the Social Work Skills Test. You first took this instrument as a pretest in a Chapter 2 exercise. When you finished the test, compare your posttest and pretest results. Then, using the space below, prepare an overall estimate of the nature and extent of your proficiency in the social work skills. Base your estimate on your results on the self-appraisal questionnaire and the social work skills test as well as your understanding of the material presented in the workbook, your reflections about the learning experiences, and your own lessons learned.

4. Finally, in the space below, identify in outline fashion those skills that, at this point in time, you think require additional practice.

THE SOCIAL WORK SKILLS LEARNING PORTFOLIO

Portfolios are widely used in many contexts to demonstrate talents, competence, achievement, and potential. Artists and photographers, for example, commonly maintain selections of their artistic work in portfolios. Then, when they are applying for jobs, bidding on a contract, applying to graduate schools or institutes, or seeking to display their work in an art gallery, they present examples of their artistic products as part of the process. You may use portfolios within learning contexts as well. A collection of written products, especially those that have been assessed or evaluated, can contribute to, as well as reflect the depth and breadth of, learning. The products you complete in undertaking the exercises contained in this workbook are especially well suited for incorporation into your own Social Work Skills Learning Portfolio.

Prepare the Social Work Skills Learning Portfolio in word-processed, computerized format. It should contain several completed exercises, assignments, self-assessments, and products that reflect your learning. At various points during the learning process, “interim portfolios” may be self-assessed or submitted to someone else (for example, a social work colleague, a professor, or a supervisor) for evaluation and feedback. You may later prepare a “final” portfolio that includes a selected collection of products that you have carefully revised and reworked to reflect your very best work. Such final portfolios may be used for various purposes, including job interviews. Most importantly, however, they can represent a foundation for ongoing lifelong learning and skill development throughout your entire social work career.

As a first step in creating a Social Work Skills Learning Portfolio, please consider the products you might include. The following represents a list of selected learning exercises contained in the workbook. You may use the “yes” or “no” boxes to keep track of those products you decide (or are assigned) to include in your portfolio.

Yes	No	Document
<input type="checkbox"/>	<input type="checkbox"/>	Chapter 1 (Summary Exercise 1-4): Notes—Websites of Professional Interest
<input type="checkbox"/>	<input type="checkbox"/>	Chapter 1 (Self-Appraisal Exercise): Short Essay—Initial Reflections About Social Work and Social Workers
<input type="checkbox"/>	<input type="checkbox"/>	Chapter 2 (Exercise 2-3.1): Multi-Generational Genogram
<input type="checkbox"/>	<input type="checkbox"/>	Chapter 2 (Exercise 2-3.3): Eco-Map
<input type="checkbox"/>	<input type="checkbox"/>	Chapter 2 (Exercise 2-3.4): Personal Critical Events Timeline
<input type="checkbox"/>	<input type="checkbox"/>	Chapter 2 (Summary Exercise): Report—Implications of Selected Aspects of Professionalism for Social Work Practice
<input type="checkbox"/>	<input type="checkbox"/>	Chapter 3 (Summary Exercise 8): Table of Synonyms and Keywords for a Practice-Relevant Research Question
<input type="checkbox"/>	<input type="checkbox"/>	Chapter 4 (Self-Appraisal): Report—Self-Assessment of Proficiency in the Valuing Diversity; Advancing Human Rights and Social Justice; and Promoting Social Well-Being Through Policy Practice Skills
<input type="checkbox"/>	<input type="checkbox"/>	Chapter 5 (Self-Appraisal): Report—Self-Assessment of Proficiency in the Ethical Decision-Making Skills
<input type="checkbox"/>	<input type="checkbox"/>	Chapter 5 (Summary Exercise): Report—Summary Assessment of My Motivation, Readiness, and Suitability for the Profession of Social Work
<input type="checkbox"/>	<input type="checkbox"/>	Chapter 6 (Exercise 6-3.2): Listening and Remembering Exercise
<input type="checkbox"/>	<input type="checkbox"/>	Chapter 6 (Summary Exercise 4): Transcript of an Early Interview
<input type="checkbox"/>	<input type="checkbox"/>	Chapter 6 (Summary Exercise 5): Report—Evaluation of an Early Interview
<input type="checkbox"/>	<input type="checkbox"/>	Chapter 6 (Self-Appraisal): Summary Report—Self-Assessment of Proficiency in the Basic Skills of Talking and Listening
<input type="checkbox"/>	<input type="checkbox"/>	Chapter 7 (Self-Appraisal): Summary Report—Self-Assessment of Proficiency in the Preparing Skills
<input type="checkbox"/>	<input type="checkbox"/>	Chapter 8 (Self-Appraisal): Summary Report—Self-Assessment of Proficiency in the Beginning Skills
<input type="checkbox"/>	<input type="checkbox"/>	Chapter 9 (Supplemental Exercise 1): First Meeting With a Practice Client—Practice Client Feedback
<input type="checkbox"/>	<input type="checkbox"/>	Chapter 9 (Supplemental Exercise 2): First Meeting With a Practice Client—My Reactions and Reflections
<input type="checkbox"/>	<input type="checkbox"/>	Chapter 9 (Supplemental Exercise 3): Transcript: First Meeting With a Practice Client
<input type="checkbox"/>	<input type="checkbox"/>	Chapter 9 (Supplemental Exercise 4): First Meeting With a Practice Client—Exploration Matrix
<input type="checkbox"/>	<input type="checkbox"/>	Chapter 9 (Supplemental Exercise 5): First Meeting With a Practice Client—Additional Exploration Questions to Consider
<input type="checkbox"/>	<input type="checkbox"/>	Chapter 9 (Supplemental Exercise 6): First Meeting With a Practice Client—Exploration of the Problem/Issue
<input type="checkbox"/>	<input type="checkbox"/>	Chapter 9 (Supplemental Exercise 7): First Meeting With a Practice Client—Additional Problem/Issue-Focused Questions to Consider

Yes	No	Document
<input type="checkbox"/>	<input type="checkbox"/>	Chapter 9 (Supplemental Exercise 8): First Meeting With a Practice Client—Risk and Protective Factors
<input type="checkbox"/>	<input type="checkbox"/>	Chapter 9 (Supplemental Exercise 9): First Meeting With a Practice Client—Looking for Strengths
<input type="checkbox"/>	<input type="checkbox"/>	Chapter 9 (Self-Appraisal): Summary Report—Self-Assessment of Proficiency in the Exploring Skills
<input type="checkbox"/>	<input type="checkbox"/>	Chapter 10 (Exercise 10-1): My Personal Case Record—Description Section of a DAC
<input type="checkbox"/>	<input type="checkbox"/>	Chapter 10 (Exercise 10-2): My Personal Case Record—Assessment and Case Formulation Section of a DAC
<input type="checkbox"/>	<input type="checkbox"/>	Chapter 10 (Supplemental Exercise 1): Second Meeting With a Practice Client—Practice Client Feedback
<input type="checkbox"/>	<input type="checkbox"/>	Chapter 10 (Supplemental Exercise 2): Second Meeting With a Practice Client—My Reactions and Reflections
<input type="checkbox"/>	<input type="checkbox"/>	Chapter 10 (Supplemental Exercise 3): Practice Case Record—Description and Assessment and Case Formulation Sections of a DAC (Based on the First and Second Meetings With a Practice Client)
<input type="checkbox"/>	<input type="checkbox"/>	Chapter 10 (Self-Appraisal): Summary Report—Self-Assessment of Proficiency in the Assessing Skills
<input type="checkbox"/>	<input type="checkbox"/>	Chapter 11 (Exercise 11-9): My Personal Case Record—Contract Section of a DAC
<input type="checkbox"/>	<input type="checkbox"/>	Chapter 11 (Summary Exercise 1): Third Meeting With a Practice Client—Practice Client Feedback
<input type="checkbox"/>	<input type="checkbox"/>	Chapter 11 (Summary Exercise 2): Third Meeting With a Practice Client—My Reactions and Reflections
<input type="checkbox"/>	<input type="checkbox"/>	Chapter 11 (Summary Exercise 3): Practice Case Record—Contract Section of a DAC
<input type="checkbox"/>	<input type="checkbox"/>	Chapter 11 (Self-Appraisal): Summary Report—Self-Assessment of Proficiency in the Contracting Skills
<input type="checkbox"/>	<input type="checkbox"/>	Chapter 12 (Summary Exercise 1): Fourth Meeting With a Practice Client—Practice Client Feedback
<input type="checkbox"/>	<input type="checkbox"/>	Chapter 12 (Summary Exercise 2): Fourth Meeting with a Practice Client—My Reactions and Reflections
<input type="checkbox"/>	<input type="checkbox"/>	Chapter 12 (Summary Exercise 3): Practice Case Record—Progress Note (SOAIGP Format)
<input type="checkbox"/>	<input type="checkbox"/>	Chapter 12 (Self-Appraisal): Summary Report—Self-Assessment of Proficiency in the Working and Evaluating Skills
<input type="checkbox"/>	<input type="checkbox"/>	Chapter 13 (Summary Exercise 1): Fifth Meeting With a Practice Client—Practice Client Feedback
<input type="checkbox"/>	<input type="checkbox"/>	Chapter 13 (Summary Exercise 2): Fifth Meeting With a Practice Client—My Reactions and Reflections

Yes	No	Document
<input type="checkbox"/>	<input type="checkbox"/>	Chapter 13 (Summary Exercise 3): Fifth Meeting With a Practice Client—My Reactions to and Reflections on the Five-Session Experience
<input type="checkbox"/>	<input type="checkbox"/>	Chapter 13 (Summary Exercise 4): Practice Case Record—Closing Summary
<input type="checkbox"/>	<input type="checkbox"/>	Chapter 13 (Self-Appraisal): Summary Report—Self-Assessment of Proficiency in the Ending Skills

THE SOCIAL WORK SKILLS TEST

Carefully read each of the following test items. Do not record your answers on the test itself. Instead, use the response sheets in Appendix 16 to record your answers to the True–False and Multiple-Choice portions (items 1 through 130) of The Social Work Skills Test.¹ Word process your responses to the Short-Answer and Case Study portions of the test (items 131 through 195). Number each of your responses so that you can easily refer back to the relevant test item. Also, record the date you complete the test. When you take this test again, you can compare your responses from earlier administrations with those from later.

True/False *Use the response sheets in Appendix 16 to indicate whether each of the following statements is true or false.*

1. All of the processes involved in ethical decision making are demanding. However, addressing competing legal and ethical duties represents the greatest challenge of all and requires the most advanced critical thinking skills.
A. True
B. False
2. In 2007/2008, Canada ranked considerably higher than the United States on the United Nations' Human Development Index (HDI)—a three-dimensional indicator of social well-being.
A. True
B. False
3. Failure to discuss relevant policy and ethical factors with clients may be grounds for malpractice action.
A. True
B. False
4. Usually appearing in the form of negative or unfavorable opinions about a person, phenomenon, or group, prejudice may occur in a positive or favorable direction as well.
A. True
B. False

¹The Social Work Skills Test (Ver. 1.1). Copyright © 2009 by Barry R. Courmoyer. For information about the test, email the author at bcourno@iupui.edu.

5. Several experimental research studies have demonstrated that false memories are quite difficult to produce.
 - A. True
 - B. False
6. There is more genetic variation within human races than exists between them. Indeed, DNA studies in the Human Genome Project suggest that distinct, identifiable subspecies or “races” do not appear among modern human beings.
 - A. True
 - B. False

Multiple Choice Use the response sheets in *Appendix 16* to identify the choice that best completes the statement or answers the question.

7. In conducting a detailed exploration of a problem or issue, social workers often encourage clients to discuss its onset, evolution or development, and the situational contexts in which it occurs. In addition, they typically consider the frequency, intensity or severity, and _____ of each episode.

A. prognosis	C. duration
B. implication	D. variability
8. A client says, “The company laid me off about 8 months ago and I haven’t been able to make the mortgage payments on the house for the last 6. I’ve looked and looked for work but I can’t find anything. I’m so discouraged that I’ve just about given up.” In response, the social worker says, “As you see it, there are at least three major issues you’d like to address in our work together. First, you’re unemployed and can’t find work. Second, you haven’t paid your home mortgage in several months. Third, you’re close to giving up hope that things will improve.” In this situation, the social worker is probably using the skill of

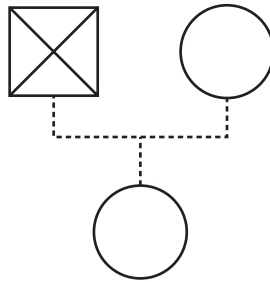
A. <i>partializing</i> .	C. <i>reflecting issues</i> .
B. <i>reflecting feeling and meaning</i> .	D. <i>going beyond what is said</i> .
9. The positive or negative treatment of people based on characteristics such as race, gender, religion, ethnicity, age, physical appearance or ability, or sexual orientation constitutes

A. ethnocentrism.	C. discrimination.
B. bias.	D. prejudice.
10. Multiple content areas are addressed in the standardized social work licensing examinations used throughout most of the 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and some Canadian provinces. The two content areas or domains that contain the largest percentage of items in the exam are

A. Issues of Diversity; Professional Values and Ethics.	C. Supervision in Social Work; Practice Evaluation and the Utilization of Research.
B. Human Development and Behavior in the Environment; Service Delivery.	D. Assessment in Social Work Practice; Direct and Indirect Practice.
11. Suppose a client (a high school senior) says, “I’ve been accepted to two universities. One offers the academic program that perfectly matches my career goals and interests. The other is located close to where my boyfriend will go to school. I’m hopelessly torn

between the two options.” The social worker responds to the client’s statement by saying, “You’re afraid that if you go to the school that you want to, the relationship with your boyfriend could end.” By responding in this way, the social worker is probably using the skill of

- A. *reflecting feeling.*
 - B. *going beyond what is said.*
 - C. *reflecting feeling and meaning.*
 - D. *reflecting content.*
12. According to the U.S. Bureau of Labor Statistics (BLS), by 2006 approximately _____ social workers were employed in the United States.
- A. 795,000
 - B. 395,000
 - C. 595,000
 - D. 195,000
13. The following graphic representation is an element of



- A. a social systems map.
 - B. a famframe.
 - C. an eco-map.
 - D. a genogram.
14. Suppose a new client says to a social worker, “I’m facing a whole lot of problems all at the same time. One of my kids needs surgery but I just lost my job and my health insurance. My husband just left us and moved across the country with a woman half my age. Good riddance to him but, of course, he’s not providing us any financial support. I’m hoping to get another job—one with health insurance—but my 18-year-old car just broke down and I can’t go anywhere. I don’t know what to do. I sure hope you can help.” In responding to the client’s message, the social worker would be wise to use the skill of
- A. *reflecting content.*
 - B. *focusing.*
 - C. *partializing.*
 - D. *reflecting feeling and meaning.*
15. Bloom’s taxonomy is often used in the preparation of individual or group learning objectives. The taxonomy proceeds through six categories or levels of learning. The first or basic level involves *recollection*, and the sixth level involves *evaluation*. The third level involves
- A. *synthesis.*
 - B. *analysis.*
 - C. *comprehension.*
 - D. *application.*
16. During the early phases of practice, social workers sometimes seek to gather specific information. For example, in some circumstances, a social worker might ask questions such as: “What is your phone number?” “What’s your address?” “What’s your date of birth?” Such questions would best be characterized as
- A. closed-ended.
 - B. data gathering.
 - C. open-ended.
 - D. detail oriented.

17. A social worker is meeting with Sharon Oh. The client says, "I'm glad I've come here. Last time I needed help, I went to the North Central Social Services Center. They were just awful. They didn't know what they were doing and didn't help me at all." Which of the following would be the best example of a social worker's optimum use of the talking and listening skills in responding to this client's statement?
- A. "Yes, I've heard other people say they have had bad experiences at that agency."
B. "Ms. Oh, you're hoping that we're more competent than that other agency."
C. "You didn't have a positive experience when you sought help before and you're looking forward to better service here."
D. "Sharon, I'm glad you've come here too."
18. At the conclusion of their work together, social workers typically provide clients an opportunity to express their feelings about the experience. Social workers often share some of their own thoughts and feelings as well. In doing so, they frequently use the skill of
- A. *pointing out endings.*
B. *self-disclosure, questioning, and educating.*
C. *reviewing the process.*
D. *sharing ending feelings and saying goodbye.*
19. Suppose a client (a high school senior) says, "I've been accepted to two universities. One offers the academic program that perfectly matches my career goals and interests. The other is located close to where my boyfriend will go to school. I'm hopelessly torn between the two options." The social worker responds to the client's statement by saying, "You're feeling stuck because you don't know whether to pursue your academic goals or your relationship goals." In responding in this way the social worker is probably using the skill of
- A. *reflecting content.*
B. *reflecting feeling and meaning.*
C. *focusing.*
D. *reflecting feeling.*
20. In advance of meetings, social workers often envision the world and the current circumstances of clients' perspectives and experiences. They try to anticipate what clients are likely to sense, feel, think, imagine, and do in the encounter. Through _____ social workers seek to anticipate others' subjective experience about seeking or receiving social service and about this particular meeting.
- A. *preparatory planning*
B. *preparatory anticipation*
C. *anticipatory assessment*
D. *preparatory empathy*
21. Suppose a social worker visits a household to determine if a child is being or has been abused by her parents or older siblings. Based upon the available evidence, the social worker concludes that child abuse has not occurred. Subsequent information, however, reveals that the social worker's conclusion was incorrect. In fact, the child had been abused on several occasions. The social worker's inaccurate conclusion constitutes a
- A. false negative.
B. false positive.
C. true positive.
D. true negative.

22. The standardized social work licensing examinations used throughout most of the 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and some Canadian provinces are developed under the sponsorship of the
- A. International Federation of Social Workers.
 - B. Association of Social Work Boards.
 - C. National Association of Social Workers.
 - D. Council on Social Work Education.
23. When social workers introduce clients to a new way of looking at some aspect of themselves, the issue, or the situation by sharing a perspective different from that which clients had previously adopted, she or he is probably using the skill of
- A. *paraphrasing*.
 - B. *going beyond what is said*.
 - C. *reflecting meaning*.
 - D. *reframing*.
24. A social worker says to a client, "I think we agree about the primary issues that we'll address in our work together. Let's review them, and I'll write them down so that we can refer to them as we go along. First, there is the problem of unemployment and finding work. Second, there's the problem of the overdue mortgage payments. Third, there's the problem of your own discouragement. How about it—is this an accurate list of the problems that we should address in our work together?" In this situation, the social worker is probably using the skill of
- A. *clarifying issues for work*.
 - B. *identifying issues*.
 - C. *partializing*.
 - D. *reflecting issues*.
25. As human beings, we tend to see what we hope or expect to see and find what we hope or expect to find. In research, these human tendencies may lead to misapplication of research designs or misinterpretation of data such that the anticipated findings are "discovered." When such tendencies are not controlled or managed in some way, research would likely be subject to the effects of
- A. confirmation bias.
 - B. attrition.
 - C. maturation.
 - D. reactivity.
26. A major theme or trend in contemporary psychosocial services involves the assessment of motivation. Many social workers reference the five "stages of change" as proposed in the transtheoretical model (TTM). The third of these five TTM stages is called
- A. contemplation.
 - B. maintenance.
 - C. preparation.
 - D. action.
27. A _____ is a simple table that reflects, in shorthand fashion, important events or experience in chronological order during a designated period.
- A. chronograph
 - B. ecogram
 - C. genomap
 - D. timeline
28. Before meetings, contacts, and interviews with individuals, families, groups, organizations, and communities with whom they interact, social workers engage in _____. In doing so, social workers often address questions such as: "Why is this meeting occurring? What is its overall purpose? What do I hope to accomplish

34. Many clients readily share ideas and explanations about “why” something happens. We can refer to these as their
- A. explanatory hypotheses.
 - B. exploratory hypotheses.
 - C. theoretical hypotheses.
 - D. change-oriented hypotheses.
35. The concept of “inclusive cultural empathy” involves at least three central processes. Which of the following is *not* one of the three?
- A. *Intellectual Understanding*: Know something about others’ cultures.
 - B. *Appropriate Interaction*: Engage others in ways that convey respect for their cultural affiliations.
 - C. *Cultural Matching*: Adopt the gestures, speech patterns, and slang or jargon of the diverse cultural groups with whom we interact.
 - D. *Affective Acceptance*: Accept and value those who belong to different cultural groups.
36. Suppose someone attempts to persuade you to adopt their position by suggesting that only two options apply to a complex issue. For instance, in regard to the topic of universal health care coverage, someone might frame the issue in “either/or” fashion such as “Do you prefer a free-market or a socialistic approach to health care?” In doing so, she or he is probably reflecting the _____ logical fallacy.
- A. same cause
 - B. straw man
 - C. red herring
 - D. false dilemma
37. A social worker tells other staff members they should not believe a client’s story about being sexually harassed because that client “is a liar.” However, the social worker fails to provide evidence that the client is currently lying or has done so in the past. Which of the following logical fallacies does the social worker’s statement best represent?
- A. popular belief
 - B. begging the question
 - C. ad hominem
 - D. personal experience
38. To encourage others to express themselves as fully and as freely as possible, a social worker would typically seek to communicate nonverbally that she or he is open, non-judgmental, and interested in and accepting of them as people. This process is commonly referred to as
- A. matching.
 - B. proxemics.
 - C. empathy.
 - D. attending.
39. The United Nations’ Human Development Index (HDI) is a composite indicator of three measures of human social development. Which of the following is *not* one of the three?
- A. health and longevity
 - B. knowledge
 - C. standard of living
 - D. personal property

46. The term _____ may be used to refer to the uses and abuses of power by those of higher status in relation to those of lower status. The feelings of shame, humiliation, indignity, or inferiority felt by a “nobody” when abused, oppressed, enslaved, imprisoned, or exploited, or even when addressed with superiority, arrogance, or condescension by a “somebody” are pretty much the same whether it appears as racism, sexism, ageism, ableism, lookism, heterosexism, or other insidious “isms.”
- A. xenophobia
B. elitism
C. ethnocentrism
D. rankism
47. Currently, one of the most popular trait approaches to personality assessment involves attention to the “big five” personality factors. These five aspects or dimensions of personality are captured in the acronym
- A. OCEAN.
B. MULTI.
C. CEASE.
D. FIVE.
48. When a social worker schedules an appointment, secures an interview room, locates an interpreter, or repositions furniture to better accommodate an incoming client who speaks a foreign language and is accompanied by a guide dog, she or he is reflecting the skill of
- A. *preparatory planning*.
B. *preparatory organizing*.
C. *preparatory arranging*.
D. *environmental preparation*.
49. During a meeting with a client, a social worker says, “When we began this process, we decided to meet 12 times. At first, we met twice per week, then once per week, and recently once per month. According to my calendar, we have two more meetings to go: one in another month and the last one a month after that.” In this situation, the social worker is probably using the skill of
- A. *confronting*.
B. *pointing out endings*.
C. *focusing*.
D. *clarifying*.
50. Four categories of common, nonspecific factors account for much of the variation in counseling and psychotherapy outcomes. These categories include: (1) client and situational factors, (2) relationship factors, (3) _____, and (4) model and technique factors.
- A. expectancy factors
B. socioeconomic factors
C. education and experience factors
D. professional identity factors
51. When a social worker identifies herself by name and profession, and by agency or departmental affiliation, she is probably using the social work skill of
- A. *self-identification*.
B. *self-disclosure*.
C. *introducing yourself*.
D. *orientation*.
52. During the beginning phase of the working relationship, many clients are quite unclear about what to expect and what they are “supposed to do.” When social workers clarify the ambiguous situation by describing what’s likely to happen and how clients can join you as active, collaborative participants in the helping process, they are using the social work skill of
- A. *orienting clients*.
B. *clarifying expectations*.
C. *socialization*.
D. *clarifying processes*.

53. During the exploration phase of practice, social workers often engage clients in *looking for strengths*. In doing so, social workers and clients typically look for (1) *competencies*, (2) *social support*, (3) *successes*, and (4)
- A. *happiness*.
 B. *fortunate events*.
 C. *life lessons*.
 D. *dreams*.
54. A social worker is meeting with Janna Olazavitz for the first time. The client says, "I'm Mrs. Olazavitz and I'd like your advice about how to help my 16-year-old son. He's gotten involved with the wrong crowd and his school grades have suffered. I'm worried he won't be able to get into college." Which of the following would be the best example of a social worker's optimum use of the talking and listening skills in responding to this client's statement?
- A. "Mrs. Olazavitz, you think your son's new friends have led him astray. His grades have dropped and you're worried that he might be drinking or using drugs."
 B. "Janna, you're terrified that your son is ruining his chances for a better life."
 C. "Mrs. Olazavitz, you're concerned about your son's new friends and his poor academic performance, and you'd like some guidance about how you might help him change things to improve his chances of going on to college."
 D. "So Janna, you'd like my help in helping your son."
55. Two classification systems that some social workers and their clients use as part of an assessment process are the *DSM-IV-TR* and
- A. *the PIE system*.
 B. *Bloom's Taxonomy*.
 C. *Gorman's Grid*.
 D. *the GARP Scale*.
56. Arguments typically contain a claim or a conclusion along with one or more premises. Consider the following argument:
- ◆ The bodies of all human males contain testosterone.
 - ◆ Testosterone causes violence.
 - ◆ Therefore all human males are violent.
- This particular argument is
- A. valid but unsound.
 B. invalid but sound.
 C. valid and sound.
 D. invalid and unsound.
57. A social worker says, "We've agreed that finding work is the first and most important goal for our work together. As a step toward that goal, I'd like to ask one of our employment consultants to review your resume and provide suggestions for improvement. How does that sound to you?" In this situation, the social worker is probably using the skill of
- A. *advising*.
 B. *proposing a goal*.
 C. *planning*.
 D. *proposing an action step*.
58. The Cultural Competency Continuum (1989) contains several stages. In which stage do individuals, families, groups, organizations, and communities actively respect, affirm,

and value the culture of diverse others through their beliefs, attitudes, policies, practices, words, and behaviors?

- A. Stage 7
B. Stage 4
- C. Stage 6
D. Stage 5
59. As described in the Educational Policy and Accreditation Standards (EPAS) of the Council on Social Work Education (2008), the purpose of the social work profession is actualized through the profession's quest for social and economic justice, the prevention of conditions that limit human rights, the _____, and the enhancement of the quality of life for all people.
- A. elimination of poverty
B. development of job and educational opportunities
- C. promotion of democratic political processes
D. distribution of food and material resources
60. When social workers engage other people or social systems on behalf of clients in pursuit of agreed-upon goals, they are typically using the skill of
- A. *educating*.
B. *representing*.
- C. *interpreting*.
D. *advising*.
61. Triangles of various kinds may emerge in families, groups, organizations, communities, and societies. Many of these reflect moral judgments and metaphors. The famous "dramatic triangle" involves three roles or positions. Which of the following is *not* one of them?
- A. Persecutor
B. Victim
- C. Rescuer
D. Mediator
62. Recognition that individual happiness is based, in part, upon genetic and biological factors, and tends to remain quite stable over time leads to the hypothesis that each person has a
- A. happiness ceiling.
B. relatively fixed happiness quotient.
- C. happiness floor.
D. happiness set point.
63. Occasionally, both workers and clients wander away from the agreed-upon issues and goals. These diversions are sometimes productive, leading to greater understanding and improving the chances for effective change. At other times, however, such departures are clearly unproductive. When social workers redirect attention and energy to relevant topics, they are probably using the skill of
- A. *focusing*.
B. *reframing*.
- C. *attending*.
D. *restructuring*.
64. When social workers ask questions about a prospective client or others, the problem or issue, and the situation prior to meetings, they are engaged in
- A. *preliminary questioning*.
B. *preparatory exploring*.
- C. *preparatory investigating*.
D. *preparatory reviewing*.
65. Based on their studies of happiness, Lyubomirsky and colleagues suggest that approximately ____ percent of a person's happiness results from voluntary, intentional activities.
- A. 40
B. 60
- C. 80
D. 20

66. A _____ is a diagrammatic representation of a person, family, or household in its social context—highlighting energy-enhancing and energy-depleting relationships between members of a primary social system (for example, family or household) and the outside world.
- A. a genogram
 B. an eco-map
 C. a social systems map
 D. a famframe
67. In advance of meetings, social workers seek to organize and manage their own personal thoughts, feelings, and physical sensations so that they do not interfere with their professionalism, performance, and delivery of social services. This skill is often referred to as
- A. *centering*.
 B. *clarifying*.
 C. *focusing*.
 D. *calibrating*.
68. In the context of social work practice, professionalism involves: (1) sophisticated knowledge, competence, self-efficacy, and expertise in the provision of social work services; (2) respect for and adherence to the values of the social work profession and its code of ethics; and (3) personal and professional integrity, self-understanding and self-control, and social support. Among the remaining aspects of professionalism identified in *The Social Work Skills Workbook* are
- A. confidence, hope, and optimism.
 B. critical thinking, scientific learning, and career-long learning.
 C. appearance, style, and presentation.
 D. honesty, determination, and dedication.
69. In *The Social Work Skills Workbook*, the author introduces several formats that social workers might use to organize written progress notes. Which of the following is *not* one of these formats?
- A. APIE
 B. GRAF
 C. SOAPIER
 D. GAAP
70. When a social worker encourages a client to explore the experiences and feelings about what is occurring right here and right now between the client and the social worker, she or he is probably using the skill of
- A. *responding with immediacy*.
 B. *exploring*.
 C. *questioning*.
 D. *focusing*.
71. According to the United States Census Bureau, the proportion of the nation’s “working age” population (18 to 64 years) should _____ from 63 percent in 2008 to _____ percent in 2050.
- A. decrease . . . 57
 B. increase . . . 65
 C. decrease . . . 61
 D. decrease . . . 49
72. In legal terms, malpractice, or *mal praxis*, by professional social workers is
- A. a felony.
 B. a violation of contract law.
 C. a misdemeanor.
 D. a tort.
73. Typically, the last entry in a completed case record is a
- A. *final evaluation*.
 B. *final progress note*.
 C. *terminal assessment*.
 D. *closing summary*.

74. According to the Council on Social Work Education (2008), pursuit of the social work profession's purpose is guided by a person and environment construct, a global perspective, respect for human diversity, and
- A. knowledge based on scientific inquiry.
 - B. international law.
 - C. Judeo-Christian values.
 - D. basic humanitarian principles.
75. Despite noble, idealistic, and altruistic motives, a social worker who lacks _____ might unwittingly act out unresolved personal issues or enact ideological, emotional, or behavioral patterns that harm the very people she or he hopes to help.
- A. self-awareness and self-control
 - B. integrity and commitment
 - C. knowledge and skill
 - D. confidence and self-efficacy
76. During the assessment phase of work, social workers and clients commonly generate a "theory of the case" that includes two kinds of hypotheses:
- A. Ad Hoc and Predictive.
 - B. Explanatory and Change Oriented.
 - C. Causal and Correlational.
 - D. Description and Assessment.
77. In its Code of Ethics, the National Association of Social Workers (NASW) identifies a set of six core values. These core values serve as the foundation of social work's unique purpose and perspective. The first of these is
- A. dignity and worth of the person.
 - B. integrity.
 - C. service.
 - D. social justice.
78. Although ethical decision making is demanding in most circumstances, those that involve _____ require advanced critical thinking skills and represent the greatest challenge of all.
- A. several relevant legal and ethical obligations that are consistent with each other
 - B. subordinating one's personal views to those of the social work profession
 - C. several relevant legal and ethical obligations that are inconsistent with each other
 - D. issues that remind a social worker of his or her own personal problems
79. A client says, "Well, I guess the first thing I'd like to accomplish is to get a job so I can pay some bills." The social worker responds by saying, "As you see it then, your most important goal is to find work." In this situation, the social worker is probably using the skill of
- A. *proposing a goal.*
 - B. *reflecting a goal.*
 - C. *seeking clarification.*
 - D. *reflecting content.*
80. A group of agency social workers are consulting with each other to improve the quality of their service to their clients. One social worker discusses a family she's serving. She describes a situation in which three young children were physically and sexually abused by their mother's boyfriend. The boyfriend is now in jail. Which of the following would be the best and most accurate way for the social worker to refer to the boyfriend?
- A. "I think he's a pedophile."
 - B. "He's a predator."
 - C. "He's a sex offender."
 - D. "He abused those children."

88. The legal *duty of care* applies to social workers and other helping professionals. This legal obligation requires the professional to
- A. adopt practice methods, models, and procedures that reflect the best research-based evidence of safety and effectiveness.
 - B. meet a minimal standard of care.
 - C. meet a reasonable standard of care.
 - D. possess advanced expertise in a practice method, model, technique, or procedure before using it with clients.
89. In its Educational Policy and Accreditation Standards (EPAS), the Council on Social Work Education (CSWE) endorses the six core values identified in the Code of Ethics of the National Association of Social Workers (NASW) and adds two more. These two are
- A. knowledge and expertise.
 - B. human rights and scientific inquiry.
 - C. honesty and professionalism.
 - D. equality and community.
90. Well-designed, practice-relevant outcome studies often produce information about the relative probability that a certain program, practice, policy, protocol, or interventive action will lead to a particular outcome. These studies typically involve good-size samples and random assignment of participants into “treatment” and “comparison” or “control groups.” Such studies often produce _____ of great value to social workers and clients as they consider how to address problems and pursue goals.
- A. nomothetic evidence
 - B. predictive evidence
 - C. projective evidence
 - D. idiographic evidence
91. When social workers seek advice from a social work supervisor or colleague concerning an upcoming visit with a prospective client or other people, they are engaged in
- A. *preparatory advice seeking*
 - B. *preparatory exploring*.
 - C. *preparatory consulting*.
 - D. *anticipatory supervision*.
92. There are three common forms of malpractice. Which of the following is *not* one of the three?
- A. misfeasance
 - B. masfeasance
 - C. malfeasance
 - D. nonfeasance
93. Human beings are generally remarkably resilient. In time, following stressful life events and difficult circumstances, most people return to or close to their previous levels of happiness. This phenomenon is often referred to as the
- A. process of accomodation.
 - B. adaptation theory of well-being.
 - C. restoration of equilibrium.
 - D. adjustment process.
94. When they encourage others to identify themselves by name and perhaps to share something about themselves, social workers are using the social work skill of
- A. *engaging others*.
 - B. *seeking introductions*.
 - C. *preliminary exploration*.
 - D. *identifying others*.

95. During the exploration of the problem or issue, social workers most often encourage clients to
- A. consider how others would approach the problem or issue.
 - B. discuss their previous attempts to resolve or cope with the problem or issue.
 - C. talk with their friends and family members to gain other perspectives about the problem or issue.
 - D. consider epidemiological research findings concerning the problem or issue.
96. DAC is an acronym that stands for *Description, Assessment, and*
- A. *Circumstances.*
 - B. *Conceptualization.*
 - C. *Conditions.*
 - D. *Contract.*
97. During the exploration phase of work, social workers and their clients commonly review three general aspects or dimensions: (1) the problem or issue, (2) the person, and (3) the
- A. family.
 - B. person's history.
 - C. the situation.
 - D. development of the problem.
98. As described in *The Social Work Skills Workbook*, a social work skill is a discrete set of _____ and _____ actions that are consistent and congruent with: (1) research-based knowledge; (2) social work values, ethics, and obligations; (3) the essential facilitative qualities or the "core conditions;" (4) the characteristics of professionalism; and (5) a legitimate social work purpose within the context of a phase or process of practice.
- A. professional (and) interpersonal
 - B. cognitive (and) behavioral
 - C. psychological (and) social
 - D. intrapersonal (and) interpersonal
99. During the previous meeting, a client agreed to undertake an action step each day until the next meeting. In today's meeting, the social worker says, "Last time we met, you said that each day before you went to sleep, you would get out your notebook and write down five things about which you're grateful. How did that work out?" In this situation, the social worker is probably using the skill of
- A. *responding with immediacy.*
 - B. *reviewing the action step.*
 - C. *evaluating.*
 - D. *focusing.*
100. Proficient use of the *preparing* skills contributes to a productive engagement between clients and social workers. Their use helps to reduce the high rates of premature discontinuation of needed services. Social workers who adequately prepare in advance of meetings are more likely to express accurate understanding of clients' views of the problem or issue that concerns them. Failure to do so _____ the probability of early dropout.
- A. triples
 - B. increases by half
 - C. quadruples
 - D. doubles
101. When social workers encourage clients to consider occurrences of problems in terms of their distant as well as proximate antecedent factors, co-occurring factors, and sequential factors, they are probably engaged in a process of
- A. factor analysis.
 - B. situational assessment.
 - C. systems analysis.
 - D. functional analysis.

102. Of the various claims of ethical misconduct filed against social workers, the largest single category involves
- A. incompetence.
 - B. poor-quality practice.
 - C. boundary violations.
 - D. fraud or dishonesty.
103. Evidence-based practice (EBP) involves five sequential steps. The second step in the EBP process involves the
- A. analysis of evidence in light of clients' needs, goals, culture, and preferences.
 - B. application of the evidence in practice with clients.
 - C. search for a discovery of relevant research-based evidence.
 - D. evaluation of the effects of the application in collaboration with clients.
104. Within the U.S. criminal justice system, there are many causes of wrongful convictions. However, more than 60 percent of defendants who were wrongfully convicted but subsequently exonerated involved _____, making it the single most common cause of wrongful convictions (Gross, Jacoby, Matheson, Montgomery, & Patil, 2004).
- A. witness perjury
 - B. eyewitness misidentification
 - C. prosecutor misconduct
 - D. defense attorney incompetence
105. Suppose a social worker asked a client, "Haven't you experienced lots of pain in your pelvic area? So, isn't it likely that you were sexually abused as a child?" Such questions would best be characterized as
- A. leading.
 - B. closed-ended.
 - C. open-ended.
 - D. theme building.
106. A social worker asks a client, "As we have talked about you and your situation, I've been wondering about the trouble you're having with sleep. It seems to me that you're sleeping only 2 or 3 hours each night." In this situation, the social worker is probably using the skill of
- A. *advising*.
 - B. *identifying an issue*.
 - C. *confronting*.
 - D. *reflecting issues*.
107. A social worker's responsibility to *warn and protect* a potential victim of violence may be distinguished from the *duty to report* child abuse in terms of the standard or level of evidence required. For example, the standard of evidence needed to take protective action in the case of an adult male client's threat to kill or harm his boss would _____ that required to report possible child abuse.
- A. sometimes be higher and sometimes lower than
 - B. be lower than
 - C. be higher than
 - D. be the same as
108. Suppose a social worker responds to a client's statement in this way: "You mention that you and your partner are no longer intimate. What do you mean by the phrase, 'no longer intimate'?" In responding in this way the social worker is probably using the skill of
- A. *questioning*.
 - B. *focusing*.
 - C. *seeking clarification*.
 - D. *going beyond what is said*.

109. During the early phases of practice, social workers often seek to explore clients' reasons for making contact with the agency at this particular time. For example, in some circumstances, a social worker might ask, "What led to the decision to call us at this particular time—rather than, say, 6 months or a year ago?" Such a question would best be characterized as
- A. leading.
 - B. open-ended.
 - C. closed-ended.
 - D. explanatory.
110. When social workers suggest a possible direction or function for a meeting, they are using the social work skill of
- A. *orienting others*.
 - B. *describing initial purpose*.
 - C. *focusing*.
 - D. *agenda setting*.
111. During the assessment phase of practice, social workers and clients attempt to make sense of the data gathered during the exploration phase. The assessment gives the parties involved a perspective from which to formulate goals and develop plans for action. Two skills are especially pertinent to the assessment phase. These are:
- A. *data collection and interpretation*.
 - B. *exploring and reviewing*.
 - C. *proposing and finalizing*.
 - D. *organizing information and preparing a tentative assessment and case formulation*.
112. When considering moral and ethical issues or dilemmas, a social worker would wisely consider dimensions such as _____, *means*, *ends*, and *effects*.
- A. *integrity*
 - B. *justice*
 - C. *motive*
 - D. *fairness*
113. To identify the potential effects of their own personal histories, characteristics, needs, biases, emotional tender spots, philosophical or religious views, and behavioral patterns, social workers often engage in _____ in advance of meetings with others.
- A. *preparatory self-management*
 - B. *preparatory self-exploration*
 - C. *preparatory sensitization*
 - D. *preparatory self-control*
114. In its Educational Policy and Accreditation Standards (EPAS), the Council on Social Work Education (CSWE) identifies _____ core competencies (the last of which contains four subordinate competencies that involve *engagement*, *assessment*, *intervention*, and *evaluation*).
- A. 12
 - B. 10
 - C. 8
 - D. 6
115. Suppose a client (a high school senior) says, "I don't know what to do. I'm so afraid that if I follow my heart to be near by boyfriend, I'll later regret that I gave up my academic goals for him—and who knows, we might not make it as a couple anyway. On the other hand, if we break up because I'm so far away from him, I might regret that too." The social worker responds to the client's statement by saying, "You're torn between two options and you're afraid that you'll make the wrong decision and have regrets later in life." In responding in this way the social worker is probably using the skill of
- A. *focusing*.
 - B. *reflecting content*.
 - C. *reflecting feeling and meaning*.
 - D. *reflecting feeling*.

- A. a casual relationship resulted in the birth of a male child who died.
- B. the biological father of a female child is deceased.
- C. the biological mother of a male child is deceased.
- D. a marital relationship that ended in divorce produced a female child.
123. *Hearing* or *receiving* others' words, speech, and language; *observing* their nonverbal gestures and positions; *encouraging* them to express themselves fully; and *remembering* what they communicate are elements of
- A. listening.
- B. registering.
- C. understanding.
- D. reflecting.
124. During a meeting with a longtime client, a social worker says, "On the one hand you say you want to improve the relationship with your children, and on the other hand you report that you cannot spend time with them because of your work responsibilities." In this situation, the social worker is probably using the skill of
- A. *confronting*.
- B. *reflecting meaning*.
- C. *reframing*.
- D. *going beyond what is said*.
125. Specific measures of various kinds may complement the assessment process and sometimes serve as indicators of goal attainment. One group of such measures are called RAIs—an acronym that stands for
- A. readiness assessment indicators.
- B. rapid assessment instruments.
- C. rational analysis indices.
- D. readable assessment indicators.
126. In work with client systems of different size at various phases or stages of practice, social workers should consistently demonstrate the essential facilitative qualities of: (1) empathy, (2) respect, and (3)
- A. support.
- B. understanding.
- C. authenticity.
- D. compassion.
127. During an initial meeting, a social worker learns that a client has recently begun to consider the possibility that she may have a problem with excessive consumption of alcohol. Although she has not taken any steps yet to change the pattern and has not developed a plan for change, she has begun to keep a record of when, where, what, and how much alcohol she drinks each day. In relation to the issue of alcohol consumption at this point in time, you and the client would probably consider her to be in the _____ stage of change.
- A. contemplation
- B. action
- C. maintenance
- D. preparation
128. In *The Social Work Skills Workbook*, the author outlines seven phases of practice that elaborate the four introduced in the Educational Policy and Accreditation Standards (EPAS) of the Council on Social Work Education. The second of the seven phases is
- A. exploring.
- B. beginning.
- C. assessing.
- D. working & evaluating.

129. Which social work skills build on clients' experience and frames of reference by introducing, in a much more active and expressive fashion, social workers' professional knowledge and expertise?
- A. the *contracting* skills
B. the *working and evaluating* skills
C. the *assessing* skills
D. the *exploring* skills
130. A social worker and client agree to work toward finding employment for the client. Together, they have developed a plan for pursuing that goal and are now engaged in planning ways to evaluate progress toward its achievement. They identify a range of possible outcomes that range from "most unfavorable" to "most favorable." In doing so, they are probably generating a
- A. subjective rating scale.
B. individualized rating scale.
C. goal attainment scale.
D. rapid assessment instrument.

Short Answer Use a word processor to record your responses to the following short-answer items. Label and date the file so that you can quickly determine when you completed each administration of this portion of the test.

131. A 17-year-old male client says, "I don't know what's wrong with me. I can't get a date to save my life. Nobody will go out with me. Every girl I ask out says no. I don't have any real guy friends either. I am so lonely. Even my folks hate my guts! My mother and I fight all the time, and my stepdad will have nothing to do with me. I spend most of my time alone in my room listening to music. I know I'm real depressed, but I don't know what to do about it."

Write the words you would say in using the skill of *partializing* in your attempt to focus the client's exploration following this client's statement.

132. You have been serving as a social worker in a counseling role with a voluntary client for about 6 months. The client has reached virtually all of the goals that you jointly identified during the contracting phase of work. You enjoy your visits with this client, and the client also appears to enjoy the meetings with you. You have extended the time frame for work once already, and as a professional you realize that it would be unwise to do so again. You therefore suggest to the client that you meet once more to conclude your working relationship.

When you make this suggestion, the client pauses for a moment and then says, "That sounds about right. You have helped me a great deal, and I think I am ready to try it on my own. In fact, you've become extremely important to me and I've come to like and respect you a great deal. I'd like it very much if we could become friends once I'm no longer a client. Instead of meeting one more time, I'd like to take you to dinner. What kind of food do you like?"

Identify and discuss the social work values, legal duties, and ethical principles, if any, that might apply in this situation. If applicable, develop a case-specific values hierarchy to help you resolve any conflicts. Then describe what you would do in this situation to behave in an ethical manner.

133. A 21-year-old male client says, "My father began to molest me when I was about 9 years old. When I think about it, I just shudder. It was so disgusting; so humiliating. Even today, whenever I think about it, I still feel dirty and damaged. My father kept doing it until I was 14. After that he'd try sometimes but I was too strong for him."

Write the words you would say in using the skills of (a) *reflecting feelings*, (b) *reflecting feeling and meaning*, and (c) *going beyond what is said* in your attempt to encourage further client exploration following this client's statement.

134. Briefly explain how and why members of a long-dominant majority group might be unaware of the privileges associated with their position in society.
135. The author of the *The Social Work Skills Workbook* identifies several social work skills associated with the preparing phase of practice. What are the eight *preparing skills*?
136. Which statements within the NASW Code of Ethics provide support for the principle of integrity as a central element of professionalism?
137. In *The Social Work Skills Workbook*, the author provides several reasons why social workers should engage in scientific inquiry. What are these reasons?
138. How might a lack of professionalism by a few social workers negatively affect the profession as a whole?
139. Briefly describe or create an action undertaken by a social worker that would reflect a high level of *professional integrity*.
140. What are the common factors or core conditions and nonspecific factors in relationships that account for much of the beneficial results of professional helping activities?
141. The author of *The Social Work Skills Workbook* identifies several social work skills associated with the working and evaluating phase of practice. What are the 12 *working and evaluating skills*?
142. How might a social worker's well-developed sense of professional self-efficacy contribute to positive client outcomes?
143. Yesterday, Mrs. Little telephoned the family service agency where you work to express concern that her husband of 6 months might be abusing her 7-year-old daughter, Shari. Although she loves her new husband, she's extremely worried about Shari—whose biological father abandoned the family several years earlier. In your agency, you serve as a social worker specializing in helping couples and families. You will be talking with Mrs. Little when she visits the agency later today.

Demonstrate your knowledge of and ability to use the applicable preparing skills (*preparatory arranging*, *preparatory empathy*, *preliminary planning*, *preparatory self-exploration*, and *centering*) in advance of your first meeting with Mrs. Little. Be sure to label each of the skills by making a brief notation beside it.

144. Assume that you are a social worker who has already prepared for an initial meeting with Mrs. Little (see previous item). The time for her appointment arrives. You walk up to her in the waiting room and then escort her to a private office or interview room.

Write the words you would say in beginning with Mrs. Little. If applicable, use any or all of the beginning skills that would be relevant in this situation. When you've finished writing the words you would say, label each of the skills you choose to use by making a brief notation alongside your use of the skill. If you determine that a particular beginning skill would not be applicable as you begin in this situation, provide a brief rationale for omitting it.

145. In *The Social Work Skills Workbook*, the author describes two primary social work skills associated with the assessing phase of practice. What are these *assessing skills*?
146. Discuss how and why cultural sensitivity is a central element of professionalism in the context of social work practice.
147. The author of *The Social Work Skills Workbook* identifies several social work skills associated with the contracting phase of practice. What are the nine *contracting skills*?

148. Why might a social worker who lacks a strong, positive social support network be susceptible to boundary violations with clients?
149. In *The Social Work Skills Workbook*, the author introduces several social work skills associated with the beginning phase of practice. What are the six *beginning skills*?
150. In relation to the dimensions of diversity, use your own words to explain the meaning of the phrase “intersectionality of multiple factors.”
151. The author of *The Social Work Skills Workbook* discusses certain social work skills associated with the ending phase of practice. What are the four *ending skills*?
152. An adult male client of African ancestry says, “Sometimes it seems so phony. I grew up hearing whites call me ‘boy’ and ‘nigger.’ I was poor as dirt and sometimes I was beaten just because of the color of my skin. But I fought on through it all. I kept my pride and made it to college. I did really well too. When I graduated, a lot of the big companies wanted to meet their minority quota so I was hired right away at a good salary. I’ve been at this company now for 5 years, and I have contributed a great deal. I’ve been promoted twice and received raises. But so far, not one white person in the company has ever asked me to his home. Now what does that say to you?”

Write the words you would say in using the skill of *going beyond what is said* in your attempt to encourage further client exploration following this client’s statement.

153. In discussing social justice, John Rawls suggests that people adopt a “veil of ignorance” in thinking about, proposing, or considering potential policies and actions. What does this notion of “veil of ignorance” mean in the context of social justice?
154. In regard to human rights, what is meant by the terms *inherent*, *universal*, *inalienable*, and *indivisible*?
155. Briefly describe or create an example of an action undertaken by a social worker that would epitomize the universal intellectual standard of *courage*?
156. In *The Social Work Skills Workbook*, the author identifies several aspects or characteristics of professionalism that social workers should reflect throughout their service to, with, and on behalf of others. What are these aspects or characteristics of professionalism?
157. Draw an abbreviated genogram of a family headed by a lesbian couple who have adopted a 7-year-old boy and a 6-year-old girl. Each of the adoptive parents had heterosexual parents. Their mothers are living. However, both of their fathers have died during the past 7 years.
158. In *The Social Work Skills Workbook*, the author discusses several social work skills associated with the exploring phase of practice. What are the seven *exploring skills*?
159. Provide brief descriptions of each of the “big five” personality factors.
160. The author of *The Social Work Skills Workbook* organizes the social work skills according to seven phases or processes of practice. List the seven phases in sequential order.
161. Draw an abbreviated eco-map to illustrate positive, energy-enhancing relationships between a four-member nuclear family and their religious community, their neighborhood, and the workplaces of the parents. Also, depict conflicted, energy-depleting relationships between the parents and their respective in-laws and between the children and their school.
162. According to the Council on Social Work Education, social workers are guided by several factors in their pursuit of social work’s purpose. What are these guiding factors?
163. What are the nine intellectual standards described in *The Social Work Skills Workbook*?
164. According to the Council on Social Work Education, the purpose of the social work profession is to promote _____ and _____.
165. Although there are numerous approaches to scientific discovery, some seven steps have traditionally characterized the “scientific method.” What are these steps?

166. A client who has been married for 1 year says, “We fight all the time about his teenage son—the one from his first marriage. My husband doesn’t think I should discipline the boy at all. He doesn’t want me to correct him or to punish him in any way. But, I’m around the boy much more than my husband is and I have to deal with the brat!”

Write the words you would say in using two forms of the skill of *asking questions* in your attempt to encourage further client exploration following this client’s statement. Make your first question *open-ended* and the second, *closed-ended*.

167. In its *Code of Ethics*, the National Association of Social Workers (NASW) identifies a set of six core values. These core values serve as the foundation of social work’s unique purpose and perspective. What are these six core values?

168. Identify at least one action verb for each level or category of Bloom’s taxonomy.

169. A 14-year-old male client says, “Sometimes I wonder whether there is something wrong with me. Girls just turn me off. But boys . . . when I’m close to a good-looking boy, I can feel myself becoming excited. Does that mean I’m gay?”

Write the words you would say in using the skill of *reflecting content* in your attempt to encourage further client exploration following this client’s statement.

170. A 14-year-old male client asks, “If I am gay, what will I do? If my mother finds out, she’ll be crushed. She’ll feel that it’s her fault somehow. I’m so scared and so worried. If my friends learn that I’m gay, what will they do?”

Write the words you would say in using the skills of (a) *reflecting feelings*, (b) *reflecting feeling and meaning*, and (c) *going beyond what is said* in your attempt to encourage further client exploration following this client’s statement.

171. According to the Council on Social Work Education, the purpose of the social work profession is actualized through the profession’s (1) quest for _____, (2) the prevention of _____, (3) the elimination of _____, and (4) the enhancement of _____.

172. A 14-year-old female client in foster care says, “This family treats me like dirt. They call me names and don’t let me do anything I want to do. Half the time they don’t even feed me. I just hate it there!”

Write the words you would say in using the skill of *seeking clarification* in your attempt to encourage further client exploration following this client’s statement.

Case Study *Use a word processor to record your responses to the items that refer to the following case study. Label and date the file so that you can quickly determine when you completed each administration of this portion of the test.*

Presume that you are a social worker in the Child-Protective Services (CPS) unit of a Department of Child Welfare. Your job is to investigate allegations of child abuse and neglect and to determine if the child or children involved require protective service.

A county resident has telephoned CPS to report that she has observed severe bruises on the back and the legs of Paul K., an 8-year-old neighborhood child. The neighbor has heard loud arguments in the child’s home and believes that the child has been beaten on several occasions.

You are called to respond to the allegation. You drive to the neighborhood and go to the K. home, where the abuse is reported to have occurred. The door is answered by a woman who confirms that she is the child’s mother, Mrs. K.

After you introduce yourself by name and profession, you describe your purpose and role and outline the relevant policy and ethical factors.

Mrs. K. says, “I know why you’re here—it’s that damn nosy neighbor down the street. She’s always butting into other people’s business. She called you, didn’t she?”

You respond to Mrs. K.'s expression by saying, "I'm not allowed to reveal how information regarding allegations of child abuse or neglect comes to us. My job is to investigate the reports however they occur and to determine whether a child is in danger. Is that clear?"

Mrs. K. says, "Yeah. Come on in. I guess you want to see Paul." She loudly calls for Paul (who has been playing in another room).

Paul enters the room with a quizzical look on his face. Using terms he can easily understand, you introduce yourself and outline your purpose and role. You take Paul to a quiet area, well away from his mother (who abruptly goes to the kitchen). Then you say, "I'm here to make sure that you are safe from harm and to find out whether anyone might have hurt you in any way. Paul, do you understand what I am saying? Yes? Okay, then, I'd like to ask you some questions. First, who lives in this house with you?"

Paul says, "Well, my mom lives with me. And, uh huh, her boyfriend stays here a lot too."

You ask, "What is he like?"

Paul hesitates, looks questioningly toward the kitchen, and then looks back into your eyes. It looks to you that he's afraid to say anything more.

You respond by communicating your understanding about how difficult and frightening it is to be interviewed in this way.

Paul responds to your empathic communication by saying, "Yeah, it sure is."

You follow that by asking, "Paul, does anyone ever hurt you?"

Paul again hesitates, but then says, "Yeah. Charlie, that's my mom's boyfriend, sometimes hits me with his belt."

You reflect his statement. Paul responds to your empathic communication by saying, "Yeah. He and my mom get drunk and yell and hit each other. I get so scared. If I make any noise at all, Charlie starts yelling at me. Then he takes off his belt and beats me with it."

You communicate your understanding of the feeling and meaning inherent in his message. Then you ask an open-ended question concerning the nature of the beatings and the location of any bruises that might exist.

Paul responds to your question by saying, "I have bruises all over my legs and back and my bottom. It hurts real bad. Sometimes when Charlie beats me, I start to bleed. I hate him! I hate him! I wish he'd just leave and never come back."

You then ask Paul to elaborate further. He responds by saying, "Things were fine until Charlie showed up. Mom and I got along great! See, my real dad was killed in a car wreck before I was born and so it has always been just Mom and me—until Charlie moved in."

173. Respond to Paul's statements by using the skill of *reflecting an issue*.

174. After you reflect the issue, Paul says, "Yeah, that's it all right."

Following that exchange, you excuse yourself from Paul and join Mrs. K in the kitchen. You indicate that you have seen severe bruises on Paul's legs and back. You go on to say that you will take Paul into protective custody and place him in temporary foster care until a more complete investigation can be conducted. You indicate that the final decision about Paul's custody is in the hands of Judge Dixon, who will conduct the hearing. But before leaving with Paul, you add that you would like to share with her your view of the problem.

Record the words you would say in using the skill of *identifying an issue* with Mrs. K.

175. At this point, you provide Mrs. K with a written summary of her rights and contact information so that she knows exactly who is responsible for Paul's care and safety during this time. You then arrange for Paul's temporary foster care, introduce him to the caretaking family, and facilitate his entry into the home.

After saying goodbye to Paul and the foster care family, you return to your office to prepare the case record. Outline the kinds of information that you might include in the *description section* of a case record as you consider organizing information concerning the K. case.

176. Outline, in general, what you might address in the *assessment section* of a case record that relates to the K. case.
177. Identify what you would include in the *contract section* of a case record as it relates to the K. case.
178. Based on your earlier description, formulate a goal that reasonably follows from the issue you identified with Mrs. K. Do so in two ways: First, write a *general goal statement*. Then, write a *specific goal statement* in SMART format.
179. Building on your view of the issue and the goal just described, identify at least one way in which you could *evaluate progress* toward attainment of that particular goal.
180. Next, in a manner that is congruent with the issue, goal, and evaluation method, *formulate an action plan* by which you and the client in this case might work together toward goal achievement.
181. Several weeks have passed. Charlie has been charged with various crimes associated with child abuse and left the K. household. He may have fled the area. Mrs. K. has progressed from an initial state of confusion to a point where she has stopped drinking and is now actively engaged in counseling. Indeed, she seems to find the conversations interesting and stimulating as well as helpful. She has already successfully completed several between-session tasks and activities.

Paul remains in temporary foster care, but he may be able to return home within this next week. Mrs. K. has visited him daily, and those visits have gone very well.

During one of your meetings, Mrs. K. says to you (while tears stream down her cheeks), "You know, when I was a child, my stepfather used to beat me too. He made me pull down my pants and he beat me with a razor strap. I used to cry and cry but he kept doing it, and my mother never could or would stop him. They never listened to me and nobody ever protected me. In fact, and it's strange to think about it this way, but when you came to this house to make sure that Paul was all right, that was the first time I had ever seen anybody try to protect a child from harm. And you are the first and only person who has ever seemed interested in me and in what I think and feel. Thank you so much for that."

Write the words you would say in responding to Mrs. K.'s verbal and nonverbal expression with the skill of *responding with immediacy*.

182. Following that exchange, you continue to explore with Mrs. K. her history of relationships with alcoholic and abusive men. It's a pattern that seems remarkably similar to the relationship she observed between her own mother and her stepfather. In the midst of this discussion, she says, "I guess I must be masochistic. I must like to be beaten and degraded. Boy, am I ever sick!"

Respond to Mrs. K.'s statement with the skill of *reframing a negative into a positive*.

183. Now, respond to Mrs. K.'s statement (above) with the form of *reframing* that *personalizes the meaning*.
184. This time, respond to Mrs. K.'s statement (above) with the form of *reframing* that *situationalizes the meaning*.
185. Now, respond to Mrs. K.'s statement (above) with the skill of *confronting*.

186. Following your *reframing* and *confronting* responses to Mrs. K.'s statements, it seems appropriate that you use the skill of *educating* in an attempt to help Mrs. K. understand how adults who were abused as children tend to think, feel, and behave. Write the words you might use in educating her about this topic.
187. Following your attempt to *educate* Mrs. K., it appears that she might benefit from some specific advice on how to be a better parent to her son Paul. Record the words you might use in *advising* her in this area.
188. Approximately 1 week goes by. Paul has returned home, and he and his mother are delighted. In a session with the two of them, you discuss one of the goals Mrs. K. has identified for herself: becoming a more loving parent and a better listener.
- You ask Paul, "How would you like your mother to show you she loves you?" Instead of answering the question, Paul grabs a ball and begins to bounce it.
- Please respond to the situation just described by using the skill of *focusing*.
189. Later during the visit, Paul, Mrs. K., and you are "playing a game" of drawing on large pieces of paper. With crayons, each of you draws a picture of the K. family. Interestingly, Paul's drawing reflects a mother and a child who are both large in size—that is, the child (Paul) is every bit as tall and as large as is the mother (Mrs. K.).
- Please respond to your observation about the relative size of the mother and son by using whatever social work skill you believe to be the most applicable. Record the words you might say in using the skill. Following that, discuss the rationale for your choice.
190. A few more weeks go by. Paul and Mrs. K. appear to be thriving. Paul is clearly no longer in danger. You have been authorized by the court to provide no more than four additional counseling sessions.
- Write the words you might say to Paul and Mrs. K. in *pointing out endings*.
191. A month goes by. You, Paul, and Mrs. K. are meeting for the last time. Things are better than ever. They have achieved all of the identified goals and are extremely pleased with their progress. They are also grateful to you.
- Write the words you might say in initiating a *review of the process* as part of ending your work with Paul and Mrs. K.
192. Write the words you might say in encouraging Paul and Mrs. K. to engage in a *final evaluation* as part of ending your work together.
193. Write the words you might say in *encouraging* Paul and Mrs. K. to *share their thoughts and feelings* as you conclude your work together.
194. Write the words you might say in *sharing your own ending feelings* before you, Paul, and Mrs. K. say your respective goodbyes.
195. Write the words you might say in *saying goodbye* to Paul and Mrs. K.

APPENDIX 3

THE SOCIAL WORK SKILLS SELF-APPRAISAL QUESTIONNAIRE

Compiled from the exercises that conclude each chapter, this questionnaire yields an estimate of your self-appraised proficiency in the knowledge and skills addressed in the workbook. Read each statement carefully. Then, use the following 4-point rating scale to indicate the degree to which you agree or disagree with each statement. Record your numerical response in the space provided:

- 4 = Strongly agree
- 3 = Agree
- 2 = Disagree
- 1 = Strongly disagree

Chapter 1 Self-Appraisal: Introduction				
4	3	2	1	Rating Statement
<i>At this point in time, I can:</i>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Describe the mission and purposes of the social work profession.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Identify the characteristics of professionalism.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Define the concepts of social work skills and competencies.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Identify the phases or processes of social work practice.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Describe the essential facilitative qualities and the nonspecific factors.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Describe the purposes of <i>The Social Work Skills Learning Portfolio</i> .
				Subtotal

Chapter 2 Self-Appraisal: Professionalism				
4	3	2	1	Rating Statement
<i>At this point in time, I can:</i>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Describe the characteristics of professionalism.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Discuss the significance of professionalism for effective social work practice.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Discuss how integrity serves as an integral aspect of professionalism.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Discuss how professional knowledge and self-efficacy, self-understanding and self-control, and social support relate to effective social work practice.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Prepare a family genogram.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Prepare an eco-map.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Prepare a critical events timeline.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Discuss the implications of a personality assessment.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Complete a preliminary assessment of proficiency in the social work skills.
Subtotal				
Chapter 3 Self-Appraisal: The Critical Thinking, Scientific Inquiry, and Career-Long Learning Skills				
4	3	2	1	Rating Statement
<i>At this point in time, I can:</i>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Discuss critical thinking, scientific inquiry, and career-long learning and their implications for social work practice.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Use critical thinking skills to evaluate the credibility of a claim, conclusion, or argument.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Use scientific inquiry skills to formulate a precise question and search for, discover, and analyze one or more research studies related to a practice or policy-relevant topic.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Assess career-learning needs, establish learning goals, and prepare learning plans.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Assess proficiency in the skills of critical thinking and scientific inquiry, and career-long learning.
Subtotal				

Chapter 4 Self-Appraisal: Valuing Diversity; Advancing Human Rights and Social Justice; and Promoting Social Well-Being Through Policy Practice

4	3	2	1	Rating Statement
				<i>At this point in time, I can:</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Value diversity and difference in service to others.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Advance human rights and social justice.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Engage in policy practice to promote social well-being.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Assess proficiency in the knowledge and skills associated with valuing diversity and difference, advancing human rights and social justice, and engaging in policy practice to promote social well-being.
				Subtotal

Chapter 5 Self-Appraisal: The Ethical Decision-Making Skills

4	3	2	1	Rating Statement
				<i>At this point in time, I can:</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Discuss the purposes and functions of ethical decision making.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Identify and discuss the legal duties that apply to helping professionals.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Access the laws that regulate the practice of social work in my locale.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Identify and discuss the fundamental values of the social work profession.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Discuss the ethical principles and standards that guide social work practice.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Identify the relevant ethical principles and legal duties that might apply in various professional contexts.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Analyze and determine the relative priority of competing legal and ethical obligations through the development and use of a case-specific values hierarchy.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Use critical thinking skills to reach an ethical decision and plan appropriate action.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Assess proficiency in the ethical decision-making skills.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Assess my readiness for the profession of social work.
				Subtotal

Chapter 6 Self-Appraisal: The Talking and Listening Skills				
4	3	2	1	Rating Statement
<i>At this point in time, I can:</i>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Describe and discuss the talking, listening, and active-listening skills.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Engage diversity and difference through culturally sensitive communications.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Demonstrate proficiency in nonverbal communications and body language.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Demonstrate proficiency in the talking skills.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Demonstrate proficiency in the listening skills.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Demonstrate proficiency in active listening.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Assess proficiency in the talking and listening skills.
Subtotal				
Chapter 7 Self-Appraisal: The Preparing Skills				
4	3	2	1	Rating Statement
<i>At this point in time, I can:</i>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Discuss the purposes and functions of preparing.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Describe and perform the skill of preparatory reviewing.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Describe and perform the skill of preparatory exploring.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Describe and perform the skill of preparatory consulting.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Describe and perform the skill of preparatory arranging.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Describe and perform the skill of preparatory empathy.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Describe and perform the skill of preparatory self-exploration.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Describe and perform the skill of centering.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Describe and perform the skills of preliminary planning and recording.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Assess proficiency in the preparing skills.
Subtotal				

Chapter 8 Self-Appraisal: The Beginning Skills				
4	3	2	1	Rating Statement
<i>At this point in time, I can:</i>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Discuss the purposes and functions of beginning.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Describe and perform the skill of introducing myself.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Describe and perform the skill of seeking introductions.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Describe and perform the skill of describing initial purpose.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Describe and perform the skill of orienting clients.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Describe and perform the skill of discussing policy and ethical factors.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Describe and perform the skill of seeking feedback.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Assess proficiency in the beginning skills.
Subtotal				
Chapter 9 Self-Appraisal: The Exploring Skills				
4	3	2	1	Rating Statement
<i>At this point in time, I can:</i>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Discuss the purposes and functions of exploring.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Explore relevant aspects of the person-issue-situation and look for strengths.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Ask questions.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Seek clarification.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Reflect content.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Reflect feelings.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Reflect feeling and meaning.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Partialize.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Go beyond what is said.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Assess proficiency in the exploring skills.
Subtotal				

Chapter 10 Self-Appraisal: The Assessing Skills				
4	3	2	1	Rating Statement
				<i>At this point in time, I can:</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Discuss the purposes and functions of assessment.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Describe and perform the skill of organizing descriptive information.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Describe and perform the skill of preparing a tentative assessment and case formulation.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Assess proficiency in the assessing skills.
				Subtotal
Chapter 11 Self-Appraisal: The Contracting Skills				
4	3	2	1	Rating Statement
				<i>At this point in time, I can:</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Discuss the purposes and functions of contracting.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Reflect an issue.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Reflect hypotheses.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Identify an issue.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Clarify issues for work.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Establish goals.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Develop an action plan.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Identify action steps.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Plan for evaluation.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Summarize the contract.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Assess proficiency in the contracting skills.
				Subtotal

Chapter 12 Self-Appraisal: The Working and Evaluating Skills				
4	3	2	1	Rating Statement
<i>At this point in time, I can:</i>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Discuss the purposes and functions of working and evaluating.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Describe and perform the skill of rehearsing action steps.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Describe and perform the skill of reviewing action steps.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Describe and perform the skill of evaluating progress.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Describe and perform the skill of focusing.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Describe and perform the skill of educating.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Describe and perform the skill of advising.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Describe and perform the skill of representing clients.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Describe and perform the skill of responding with immediacy.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Describe and perform the skill of reframing.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Describe and perform the skill of confronting inconsistencies.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Describe and perform the skill of pointing out endings.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Prepare a written progress recording.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Assess proficiency in the working and evaluating skills.
Subtotal				
Chapter 13 Self-Appraisal: The Ending Skills				
4	3	2	1	Rating Statement
<i>At this point in time, I can:</i>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Discuss the purposes and functions of ending.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Describe and demonstrate the skill of reviewing the process.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Describe and demonstrate the skill of final evaluating.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Describe and demonstrate the skill of sharing ending feelings and saying goodbye.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Prepare a closing summary record.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Assess proficiency in the ending skills.
Subtotal				
TOTAL				

This questionnaire provides you with an indication of your self-appraised proficiency in the social work skills. Because it is based on your own beliefs about your proficiency, absolute scores are relatively unimportant. Rather, use the results as a stimulus both to ask yourself further questions concerning your competency with various skills and to develop plans by which to improve your proficiency in those skill areas that need additional study and practice. You may complete the questionnaire at various points throughout the learning process. Increased proficiency may be reflected in changing scores over time. In considering your results, please remember that a higher rating suggests a higher level of appraised proficiency.

To score the Social Work Skills Self-Appraisal Questionnaire, simply sum the total of your ratings to the 104 items. Your score should range somewhere between 104 and 416. A higher score suggests a higher level of appraised proficiency. In theory, a score of 312 (or an average of 3 on each of the 104 items) would indicate that, on average, you “agree” with statements suggesting that you are proficient in the 104 items. Please note, however, that such an average score does not necessarily indicate that you are proficient in all of the skills. You might obtain such a score by rating several items at the “4” or “strongly agree” level and an equal number at the “2” or “disagree level.” Therefore, you should look carefully at your rating for each item, as well as the subtotals for each skill area.

Finally, you should recognize that this questionnaire reflects your own subjective opinions. You may consciously or unconsciously overestimate or perhaps underestimate your proficiency in these skills. Therefore, please use the results in conjunction with other evidence about your actual proficiency in the skills.

APPENDIX 4

SELF-EFFICACY SCALE

Instructions: This questionnaire¹ is a series of statements about your personal attitudes and traits. Each statement represents a commonly held belief. Read each statement and decide to what extent it describes you. You will probably agree with some of the statements and disagree with others. The answers are neither right nor wrong. Please be truthful and describe yourself as you really are, not as you would like to be.

Rate the degree of agreement or disagreement by inserting the number that most closely reflects your view about each statement. Please use the following rating system:

- 1 = Disagree strongly
- 2 = Disagree moderately
- 3 = Neither agree nor disagree
- 4 = Agree moderately
- 5 = Agree strongly

Self-Efficacy Scale					
1	2	3	4	5	Rating Statement
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. I like to grow house plants.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. When I make plans, I am certain I can make them work.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. One of my problems is that I cannot get down to work when I should.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. If I can't do a job the first time, I keep trying until I can.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Heredity plays the major role in determining one's personality.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. It is difficult for me to make new friends.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. When I set important goals for myself, I rarely achieve them.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. I give up on thing before completing them.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. I like to cook.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. If I see someone I would like to meet, I go to that person instead of waiting for him or her to come to me.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. I avoid facing difficulties.

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Self-Efficacy Scale					
1	2	3	4	5	Rating Statement
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. If something looks too complicated, I will not even bother to try it.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. There is some good in everybody.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. If I meet someone interesting who is hard to make friends with, I'll soon stop trying to make friends with that person.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. When I have something unpleasant to do, I stick with it until I finish it.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. When I decide to do something, I go right to work on it.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. I like science.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. When trying to learn something new, I soon give up if I am not initially successful.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19. When I'm trying to become friends with someone who seems uninterested at first, I don't give up easily.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20. When unexpected problems occur, I don't handle them well.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21. If I were an artist, I would like to draw children.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22. I avoid trying to learn new things when they look too difficult to me.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23. Failure just makes me try harder.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24. I do not handle myself well in social gatherings.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25. I very much like to ride horses.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26. I feel insecure about my ability to do things.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27. I am a self-reliant person.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28. I have acquired my friends through my personal abilities at making friends.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29. I give up easily.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30. I do not seem capable of dealing with most problems that come up in my life.
General Self-Efficacy Subscale					
Social Self-Efficacy Subscale					

To score the Self-Efficacy Scale, reverse-score items 3, 6, 7, 8, 11, 12, 14, 20, 22, 24, 26, 29, 30. To reverse-score an item, change ratings of 1 to 5, 2 to 4, 4 to 2, and 5 to 1. Ratings of 3 remain the same. After you have reverse-scored the identified numbers, sum the ratings of items 2, 3, 4, 7, 8, 11, 12, 15, 16, 18, 20, 22, 23, 26, 27, 29, and 30. This sum represents your General Self-Efficacy Subscale score. Record the number. Then sum the ratings of items 6, 10, 14, 19, 24, and 28 to yield a Social Self-Efficacy Subscale score. Note: items 1, 5, 9, 13, 17, 21, and 25 are not included within the subscales. Also, realize that the General Self-Efficacy Subscale and Social Self-Efficacy Subscale scores are not summed to give an overall score.²

²Note: In the 5th edition of *The Social Work Skills Workbook*, Statement #8 was incorrectly included within the Social Self-Efficacy Subscale. In this edition, it is correctly incorporated as part of the General Self-Efficacy Subscale.

APPENDIX 5

SELF-CONTROL SCHEDULE

Please read carefully each of the statements contained in the following instrument.¹ Indicate how characteristic or descriptive each of the following statements is by using the rating code provided below:

- +3 = Very characteristic of me
- +2 = Rather characteristic of me
- +1 = Somewhat characteristic of me
- 1 = Somewhat uncharacteristic of me
- 2 = Rather uncharacteristic of me
- 3 = Very uncharacteristic of me

Self-Control Schedule						
+3	+2	+1	-1	-2	-3	Rating Statement
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. When I do a boring job, I think about the less boring parts of the job and about the reward I will receive when I finish.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. When I have to do something that makes me anxious, I try to visualize how I will overcome my anxiety while doing it.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. By changing my way of thinking, I am often able to change my feelings about almost anything.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. I often find it difficult to overcome my feelings of nervousness and tension without outside help.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. When I am feeling depressed, I try to think about pleasant events.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. I cannot help thinking about mistakes I made.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. When I am faced with a difficult problem, I try to approach it in a systematic way.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. I usually do what I am supposed to do more quickly when someone is pressuring me.

¹From Rosenbaum (1980). Copyright © 1980 by the Association for Advancement of Behavior Therapy. Reprinted by permission of the author and publisher.

Self-Control Schedule						
+3	+2	+1	-1	-2	-3	Rating Statement
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. When I am faced with a difficult decision, I prefer to postpone it even if I have all the facts.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. When I have difficulty concentrating on my reading, I look for ways to increase my concentration.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. When I plan to work, I remove everything that is not relevant to my work.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. When I try to get rid of a bad habit, I first try to find out all the reasons why I have the habit.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. When an unpleasant thought is bothering me, I try to think about something pleasant.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. If I smoked two packs of cigarettes a day, I would need outside help to stop smoking.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. When I feel down, I try to act cheerful so that my mood will change.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. If I had tranquilizers with me, I would take one whenever I felt tense and nervous.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. When I am depressed, I try to keep myself busy with things I like.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. I tend to postpone unpleasant tasks even if I could perform them immediately.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19. I need outside help to get rid of some of my bad habits.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20. When I find it difficult to settle down and do a task, I look for ways to help me settle down.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21. Although it makes me feel bad, I cannot help thinking about all sorts of possible catastrophes.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22. I prefer to finish a job that I have to do before I start doing things I really like.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23. When I feel physical pain, I try not to think about it.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24. My self-esteem increases when I am able to overcome a bad habit.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25. To overcome bad feelings that accompany failure, I often tell myself that it is not catastrophic and I can do anything.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26. When I feel that I am too impulsive, I tell myself to stop and think before I do something about it.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27. Even when I am terribly angry with someone, I consider my actions very carefully.

Self-Control Schedule						
+3	+2	+1	-1	-2	-3	Rating Statement
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28. Facing the need to make a decision, I usually look for different alternatives instead of deciding quickly and spontaneously.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29. Usually, I first do the thing I really like to do even if there are more urgent things to do.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30. When I realize that I am going to be unavoidably late for an important meeting, I tell myself to keep calm.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31. When I feel pain in my body, I try to divert my thoughts from it.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32. When I am faced with a number of things to do, I usually plan my work.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33. When I am short of money, I decide to record all my expenses in order to budget more carefully in the future.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34. If I find it difficult to concentrate on a task, I divide it into small segments.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35. Quite often, I cannot overcome unpleasant thoughts that bother me.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36. When I am hungry and I have no opportunity to eat, I try to divert my thoughts from my stomach or try to imagine that I am satisfied.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37. When I do a boring job, I think about the less boring parts of the job and about the reward I will receive when I finish.
						Self-Control Score

Score the Self-Control Schedule in the following manner. First, reverse-score items 4, 6, 8, 9, 14, 16, 18, 19, 21, 29, and 35. On this scale, reverse-score means to change a positive number to its negative or a negative number to its positive (for example, a +3 would become -3; +2 would become -2; +1 would become -1). Then, sum the ratings for the 36 items. The total represents your self-control score.

As with other self-report measures, view the results of this inventory with a degree of caution. In assessing your capacity for self-control, consider information from other sources as well. In reviewing your score on the Self-Control Schedule, recognize that the scores could possibly range from -108 to +108. Average scores of most respondent samples tend to range from 23 to 27. The mean score of nonclinical populations tends to be approximately 25 ($SD = 20$) (Rosenbaum, 1980). A sample (Cournoyer, 1994) of 24 beginning MSW students scored an average of 36.46 ($SD = 20.60$) on the Self-Control Schedule. A higher score represents a greater degree or level of self-control. If your score is substantially less than these average scores, it may be helpful to institute a program designed to increase your level of self-control. If your score is +5 or lower, you should probably consult a professional concerning development of a program to enhance your self-control. If the score is an accurate reflection, such a low level of self-control could be problematic in your role as a professional social worker.

APPENDIX 6

THE SOCIAL SUPPORT APPRAISALS SCALE

Please carefully read each of the items in the instrument¹ presented below. Respond to each item as carefully and accurately as you can by choosing the response that best reflects your opinion. Please use the following 4-point rating system to record your responses.

- 1 = Strongly agree
- 2 = Agree
- 3 = Disagree
- 4 = Strongly disagree

The Social Support Appraisals Scale				
1	2	3	4	Rating Statement
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. My friends respect me.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. My family cares for me very much.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. I am not important to others.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. My family holds me in high esteem.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. I am well liked.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. I can rely on my friends.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. I am really admired by my family.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. I am respected by other people.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. I am loved dearly by my family.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. My friends don't care about my welfare.

¹Vaux, Phillips, Holly, Thompson, Williams, & Stewart. (1986). Copyright © 1986 by Springer Science and Business Media. Reprinted by permission of Alan Vaux and the publisher.

The Social Support Appraisals Scale				
1	2	3	4	Rating Statement
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Members of my family rely on me.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. I am held in high esteem.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. I can't rely on my family for support.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. I feel a strong bond with my friends.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. My friends look out for me.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. I feel valued by other people.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. My family really respects me.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. My friends and I are really important to each other.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19. I feel like I belong.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20. If I died tomorrow, very few people would miss me.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21. I don't feel close to members of my family.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22. My friends and I have done a lot for one another.
				Overall Social Support Score
				SS-A Family Subscale Score
				SS-A Friends Subscale Score

To calculate your overall score on the Social Support Appraisals Scale, first reverse-score items 3, 10, 13, 21, and 22. Then add the ratings for the 23 items. Your overall SS-A score should range somewhere between 23 and 92.

This instrument also contains family and friends subscales. To determine your family subscale score, sum the ratings for items 2, 4, 7, 9, 11, 13, 18, and 22. Find your friends subscale score by adding the ratings for items 1, 6, 10, 15, 16, 19, and 23. The Family Social Support Appraisal Subscale score should range between 8 and 32. The Friends Social Support Appraisal Subscale score should range between 7 and 28.

As you reflect on the significance of these scores, please recognize that a lower score indicates a greater level of appraised social support. Researchers have used the SS-A Scale in numerous studies. The instrument appears to have acceptable validity and reliability characteristics. Various studies have yielded average overall SS-A Scale scores that tend to range from the mid- to high 60s (Miller & Lago, 1990; O'Reilly, 1995), average family subscale scores in the low to mid-20s, and average friends subscale scores in the low 20s. Consider your results in light of these average ranges.

APPENDIX 7

THE CRITICAL THINKING QUESTIONNAIRE

Please read each of the statements contained in the following questionnaire.¹ Rate the degree of agreement or disagreement by circling the number that most closely reflects your view. Please use the following rating system:

- 1 = Strongly agree
- 2 = Agree
- 3 = Disagree
- 4 = Strongly disagree

Critical Thinking Questionnaire				
1	2	3	4	Rating Statement
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. I rarely make judgments based solely upon intuition or emotion.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. I almost always think before I speak or act.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. I almost never express opinions as if they were facts.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. I always identify the assumptions underlying an argument.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. I carefully consider the source of information in determining validity.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. I rarely reach conclusions without considering the evidence.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. I regularly think in terms of probabilities.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. I rarely think in terms of absolutes.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. I always question the validity of arguments and conclusions.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. I rarely assume that something is valid or true.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. I regularly identify my own biases and preferences.

¹The Evidence-Based Social Work Questionnaire (EBSWQ): Copyright © 2000 by Barry R. Cournoyer.

Critical Thinking Questionnaire				
1	2	3	4	Rating Statement
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. I regularly think about issues of reliability.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. I routinely identify my own logical fallacies.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. I rarely say that something is true unless I have supporting evidence.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. I regularly use a thinking process routine to reach decisions.
Total CT Questionnaire Score (Sum ratings of items 1–15)				

To score the questionnaire, simply sum the total of your ratings for all 15 items. Your overall score should range somewhere between 15 and 60. Lower scores suggest greater levels of critical thinking. Remember, however, that the questionnaire is still under development and its psychometric properties have not yet been determined. View the instrument and your results with caution. As a tentative indicator, however, you might compare your score with those of a convenience sample of 21 members of a foundation-year, MSW-level social work practice class. That sample yielded an average score of 32.38 (range 20–42; $SD = 6.26$) on the critical thinking questionnaire (Cournoyer, 1999). Another sample of more than 90 foundation- and concentration-year MSW students combined reflected an average score of 31.79 ($n = 95$; range 20–51; $SD = 4.51$) (Cournoyer, 2003).

APPENDIX 8

THE LIFELONG LEARNING QUESTIONNAIRE

Please read each of the statements contained in the following questionnaire.¹ Rate the degree of agreement or disagreement by circling the number that most closely reflects your view. Please use the following rating system:

- 1 = Strongly agree
- 2 = Agree
- 3 = Disagree
- 4 = Strongly disagree

Lifelong Learning Questionnaire				
1	2	3	4	Rating Statement
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. I regularly read professional journals in my field.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. I genuinely enjoy learning.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. I always do more than the minimum requirements in courses, seminars, or workshop.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. I regularly pursue opportunities to advance my knowledge and expertise.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. I never become defensive when someone offers feedback that could improve my skill.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. I like to study.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. I know my personal learning style.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. I am actively involved in learning experiences.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. I take personal responsibility for my own learning.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. I view examinations as a way to learn.

¹The Evidence-Based Social Work Questionnaire (EBSWQ). Copyright © 2000 by Barry R. Cournoyer.

Lifelong Learning Questionnaire				
1	2	3	4	Rating Statement
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. I know how to conduct a professional literature review.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. I sometimes contact national and international experts in my learning efforts.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. I have a list of learning goals.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. I have specific plans to advance my learning.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. I enjoy teaching others.
Total LLL Questionnaire Score (Sum ratings of items 1–15)				

To score the questionnaire, simply sum the total of your ratings for all 15 items. Your overall score should range somewhere between 15 and 60. There are two subscales. Lower scores suggest greater levels of lifelong learning. Remember, however, that the questionnaire is still under development and its psychometric properties have not yet been determined. View the instruments and your results with caution. As a tentative indicator, however, you might compare your score with those of a convenience sample of 21 members of a foundation-year, MSW-level social work practice class. That sample yielded an average score of 33.10 (range 20–43; $SD = 7.44$) on the lifelong learning questionnaire (Cournoyer, 1999). Another sample of more than 90 foundation- and concentration-year MSW students combined reflected an average score of 29.12 ($n = 97$; range 16–41; $SD = 5.44$) (Cournoyer, 2003).

APPENDIX 9

THE ACCEPTANCE OF OTHERS SCALE

This questionnaire¹ helps you assess your relative acceptance of others. It is not a test; right or wrong answers do not exist. Please answer each item as carefully and accurately as you can by placing a number by each one as follows:

- 1 = Almost always true
- 2 = Usually true
- 3 = True half of the time
- 4 = Only occasionally true
- 5 = Very rarely true

Acceptance of Others Scale					
1	2	3	4	5	Rating Statement of Present Condition or Action
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. People are too easily led.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. I like people I get to know.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. People these days have pretty low moral standards.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Most people are pretty smug about themselves, never really facing their bad points.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. I can be comfortable with nearly all kinds of people.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. All people can talk about these days, it seems, is movies, TV, and foolishness like that.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. People get ahead by using “pull” and not because of what they know.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Once you start doing favors for people, they’ll just walk all over you.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. People are too self-centered.

¹From Fey (1955).

Acceptance of Others Scale					
1	2	3	4	5	Rating Statement of Present Condition or Action
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. People are always dissatisfied and hunting for something new.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. With many people you don't know how you stand.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. You've probably got to hurt someone if you're going to make something out of yourself.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. People really need a strong, smart leader.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. I enjoy myself most when I am alone, away from people.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. I wish people would be more honest with me.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. I enjoy going with a crowd.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. In my experience, people are pretty stubborn and unreasonable.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. I can enjoy being with people whose values are very different from mine.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19. Everybody tries to be nice.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20. The average person is not very well satisfied with himself (or herself).
					Total Acceptance of Others Score

Score the Acceptance of Others Scale in the following manner: First, reverse-score items 2, 5, 16, 18, and 19. To reverse-score means to change an answer of 1 to 5, 2 to 4, 4 to 2, and 5 to 1. Ratings of 3 remain 3. Now add the answers for all 20 items to find your total score. As with other scales, interpret the results of this questionnaire with some caution. Use the results to formulate hypotheses to test by examining evidence from other sources. The guidelines that follow will help you evaluate your results (Fey, 1955).

People who score in the range of 85 to 100 generally tend to accept other people, to experience others as accepting of them, and to be accepted by others. The range from 66 to 84 includes the average scores of the majority of people. Approximately two thirds of all people taking the scale score in this medium range. A sample (Cournoyer, 1994) of 20 beginning MSW students reflected an average score of 78.4 ($SD = 7.61$) on the Acceptance of Others Scale. Such midrange scores show a mixture of caution about and acceptance of people. Although less accepting of certain persons, individuals scoring in this range clearly have the capacity to accept others fully. People scoring in the range of 0 to 65 may be very cautious about and intolerant of others. This hesitancy about other people could be a consequence of significant social, emotional, or physical pain caused by others at some point in the past.

THE SOCIAL WELL-BEING SCALE

Below are five statements with which you may agree or disagree. Using the following 1- to-7-point scale, indicate your agreement with each item by placing the appropriate number on the line preceding that item. Please be open and honest in your responding.

- 7 = Strongly agree
- 6 = Agree
- 5 = Slightly agree
- 4 = Neither agree nor disagree
- 3 = Slightly disagree
- 2 = Disagree
- 1 = Strongly disagree

Social Well-Being Scale							
7	6	5	4	3	2	1	Rating Statement
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. In most ways my life is close to my ideal.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. The conditions of my life are excellent.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. I am satisfied with my life.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. So far I have gotten the important things I want in life.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. If I could live my life over, I would change almost nothing.
							Total

Score the Social Well-Being Scale (Diener, Emmons, Larsen, & Griffin, 1985) in the following manner. After you have responded to each item, add the ratings to obtain a total score. Your score should range between 5 and 35. Interpret your scores according to the following guidelines as prepared by Dr. Ed Diener (2006, February 13):

30–35 Very High Score; Highly Satisfied

Respondents who score in this range love their lives and feel that things are going very well. Their lives are not perfect, but they feel that things are about as good as lives get. Furthermore, just because the person is satisfied does not mean she or he is complacent. In fact, growth and challenge might be part of the reason the respondent is satisfied. For most people in this high-scoring range, life is enjoyable, and the major domains of life are going well—work or school, family, friends, leisure, and personal development.

25–29 High Score

Individuals who score in this range like their lives and feel that things are going well. Of course their lives are not perfect, but they feel that things are mostly good. Furthermore, just because the person is satisfied does not mean she or he is complacent. In fact, growth and challenge might be part of the reason the respondent is satisfied. For most people in this high-scoring range, life is enjoyable, and the major domains of life are going well—work or school, family, friends, leisure, and personal development. The person may draw motivation from the areas of dissatisfaction.

20–24 Average Score

The average of life satisfaction in economically developed nations is in this range—the majority of people are generally satisfied, but have some areas where they very much would like some improvement. Some individuals score in this range because they are mostly satisfied with most areas of their lives but see the need for some improvement in each area. Other respondents score in this range because they are satisfied with most domains of their lives but have one or two areas where they would like to see large improvements. A person scoring in this range is normal in that they have areas of their lives that need improvement. However, an individual in this range would usually like to move to a higher level by making some life changes.

15–19 Slightly Below Average in Life Satisfaction

People who score in this range usually have small but significant problems in several areas of their lives, or have many areas that are doing fine but one area that represents a substantial problem for them. If a person has moved temporarily into this level of life satisfaction from a higher level because of some recent event, things will usually improve over time and satisfaction will generally move back up. On the other hand, if a person is chronically slightly dissatisfied with many areas of life, some changes might be in order. Sometimes the person is simply expecting too much, and sometimes life changes are needed. Thus, although temporary dissatisfaction is common and normal, a chronic level of dissatisfaction across a number of areas of life calls for reflection. Some people can gain motivation from a small level of dissatisfaction, but often dissatisfaction across a number of life domains is a distraction, and unpleasant as well.

10–14 Dissatisfied

People who score in this range are substantially dissatisfied with their lives. People in this range may have a number of domains that are not going well, or one or two domains that are going very badly. If life dissatisfaction is a response to a recent event such as bereavement, divorce, or a significant problem at work, the person will probably return over time to his or her former level of higher satisfaction. However, if low levels of life satisfaction have been chronic for the person, some changes are in order—in both attitudes and patterns of thinking, and probably in life activities as well. Low levels of life satisfaction in this range, if they persist, can indicate that things are going badly and life alterations are needed. Furthermore, a person with low life satisfaction in this range is sometimes not functioning well because their unhappiness serves as a distraction. Talking to a friend, member of the clergy, counselor, or other specialist can often help the person get moving in the right direction, although positive change will be up the person.

5–9 Extremely Dissatisfied

Individuals who score in this range are usually extremely unhappy with their current life. In some cases this is in reaction to some recent bad event such as widowhood or unemployment. In other cases, it is a response to a chronic problem such as alcoholism or addiction. In yet other cases, the extreme dissatisfaction is a reaction due to something bad in life such as recently having lost a loved one. However, dissatisfaction at this level is often due to dissatisfaction in multiple areas of life. Whatever the reason for the low level of life satisfaction, it may be that the help of others are needed—a friend or family member, counseling with a member of the clergy, or help from a psychologist or other counselor. If the dissatisfaction is chronic, the person needs to change, and often others can help.

Part That Is Common to Each Category

To understand life satisfaction scores, it is helpful to understand some of the components that go into most people's experience of satisfaction. One of the most important influences on happiness is social relationships. People who score high on life satisfaction tend to have close and supportive family and friends, whereas those who do not have close friends and family are more likely to be dissatisfied. Of course the loss of a close friend or family member can cause dissatisfaction with life, and it may take quite a time for the person to bounce back from the loss.

Another factor that influences the life satisfaction of most people is work or school, or performance in an important role such as homemaker or grandparent. When the person enjoys his or her work, whether it is paid or unpaid work, and feels that it is meaningful and important, this contributes to life satisfaction. When work is going poorly because of bad circumstances or a poor fit with the person's strengths, this can lower life satisfaction. When a person has important goals, and is failing to make adequate progress toward them, this too can lead to life dissatisfaction.

A third factor that influences the life satisfaction of most people is personal—satisfaction with the self, religious or spiritual life, learning and growth, and leisure. For many people these are sources of satisfaction. However, when these sources of personal worth are frustrated, they can be powerful sources of dissatisfaction. Of course there are additional sources of satisfaction and dissatisfaction—some that are common to most people such as health, and others that are unique

to each individual. Most people know the factors that lead to their satisfaction or dissatisfaction, although a person's temperament—a general tendency to be happy or unhappy—can color their responses.

There is no one key to life satisfaction, but rather a recipe that includes a number of ingredients. With time and persistent work, people's life satisfaction usually goes up when they are dissatisfied. People who have had a loss recover over time. People who have a dissatisfying relationship or work often make changes over time that will increase their dissatisfaction. One key ingredient to happiness, as mentioned above, is social relationships, and another key ingredient is to have important goals that derive from one's values, and to make progress toward those goals. For many people it is important to feel a connection to something larger than oneself. When a person tends to be chronically dissatisfied, they should look within themselves and ask whether they need to develop more positive attitudes to life and the world (pp. 1–2)

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ALPHABETIZED LIST OF FEELING WORDS

abandoned	affinity	angelic	artificial
abased	afraid	angry	ashamed
abashed	aggravated	angst	assailed
abdicated	aggressive	anguish	assaulted
abducted	aggrieved	animosity	assertive
abhor	aghost	annoyed	assuaged
abominable	agile	anomie	assured
abrasive	agitated	anonymous	astonished
abrupt	aglow	antagonistic	astounding
accepted	agonized	antagonized	attuned
acclaimed	agony	anticipation	attached
accused	agreeable	antsy	attentive
accustomed	aimless	anxious	attracted
achieved	alarmed	apathetic	audacious
acknowledged	alarming	apocalyptic	auspicious
acquiesced	alienated	apologetic	aversive
acrimonious	alive	appalling	awarded
adamant	alleviate	appetizing	awful
adapted	alluring	apprehensive	back-sided
adept	alone	approachable	backstabbed
adjusted	aloof	approving	bad
admired	altruistic	arbitrary	balanced
admonished	amazed	arcane	balked
adored	ambiguous	archaic	bamboozled
adrift	ambitious	ardent	banking
adventurous	ambivalent	ardor	barrage
adverse	ameliorate	arduous	bashful
advocated	amicable	argumentative	basic
affected	amused	arresting	battered
affectionate	anemic	arrogant	bawdy

beaming	bountiful	carping	combustible
beaten	boxed-in	cast-off	comfortable
beautiful	braced	cataclysmic	come-on
beckoning	branded	catalyst	coming-out
becoming	brave	catapulted	commanded
bedazzled	brazen	catastrophic	committed
bedeviled	breached	catharsis	compartmentalized
bedraggled	bright	caught	compassionate
befuddled	brilliant	caustic	compelling
begrudging	brisk	cautious	compensated
beguiling	broached	celibate	competent
beholden	broken	cemented	complacent
belittled	browbeaten	censored	complementary
bellicose	bruised	censured	complete
belligerent	brushed-off	certain	compliant
belonging	brutalized	challenged	complicated
bemoan	bucking	chancy	complimented
beneficent	buck-passing	changeable	composed
benign	bugged	charismatic	comprehensible
berated	bulldozed	charitable	comprehensive
bereaved	bullied	charmed	compressed
bereft	buoyant	charming	compromised
bested	burdened	chased	concentrating
betrayed	burned	chaste	concerned
beware	burned-out	cheap	conciliatory
bewildered	busted	cheapered	conclusive
bewitched	butchered	cheeky	concocted
biased	cakewalk	cheered	condemned
bidden	calculating	cheerful	condescending
bigoted	calling	cheesy	condoned
bitter	callous	cherished	conducive
blah	callow	chivalrous	confident
blamed	calm	chummy	confined
bleary	cancerous	chump	conflicted
blessed	candid	civil	congenial
blissful	canned	clammy	congratulated
blocked	capitulated	clandestine	congruent
blue	capricious	clean	connected
blunted	capsulated	cocksure	conquered
blushed	captivated	coherent	conscientious
bogged-down	captive	cohesive	considerate
boggled	care	coincidental	considered
bolstered	carefree	cold	consoled
bonded	careful	cold-blooded	consoling
bored	careless	cold-shouldered	conspiratorial
botched	caretaking	collared	constant
bothered	caring	collusive	consternation
boundless	caroused	combative	

constrained	dejected	frazzled	handy
constricted	demeaned	friendly	hang-dogged
constructive	demure	frightened	hapless
contaminated	denigrated	frustrated	happy
contemplative	depressed	gagged	harassed
contented	detached	galvanized	hard
contentious	determined	gamy	hard-boiled
contributory	devoted	garrulous	hard-edged
convenient	disappointed	gawky	hardheaded
convinced	disapproval	generous	hardy
convincing	disbelief	genial	harmful
cool	disgust	gentle	harmless
corrected	dismal	genuine	harried
corroborate	dismayed	glad	hate
corrosive	displeased	glee	hated
cosmetic	distant	glib	haunting
counted	distasteful	gloomy	hazardous
countered	distrust	glow	hazy
courageous	disturbed	glum	healthful
courteous	doubtful	golden	healthy
covered	dubious	good	heartache
cowardly	ecstatic	graceful	heartbroken
cozy	elated	graceless	heartless
crabby	elevated	gracious	heartsick
crafty	embarrassed	grand	heartwarming
craggy	empty	great	helpful
crappy	enamored	greedy	helpless
credible	energetic	green	hesitant
creepy	enervated	gregarious	high-spirited
crestfallen	enraged	grief	hoggish
cried	enriched	grim	hog-tied
cringe	enthusiastic	gross	homesick
critical	entrusted	gruesome	honorable
criticize	envious	grubby	hope
crooked	euphoric	gruff	hopeful
cross	exasperated	grumpy	hopeless
crossed	excited	grungy	horny
crucified	exhausted	guarded	horrendous
cruddy	fantastic	guiltless	horrible
crummy	fearful	guilty	horrified
crushed	fearless	gullible	hostile
crystallized	ferocious	gutsy	hot
curative	flighty	guttled	hot-blooded
curious	flustered	haggard	hotheaded
cursed	fondness	hammered	huffy
cutoff	forgiveness	hamstrung	humble
dangerous	forgotten	handcuffed	hungry
debased	forsaken	handicapped	hung up

hurried	irate	magnetic	needful
hurt	irritable	magnificent	needy
hyped	irritated	majestic	negative
hysterical	itchy	maladjusted	neglected
ice-cold	jaded	malaise	neglectful
idiotic	jagged	malicious	nervous
idyllic	jaundiced	malignant	nice
ignominious	jaunty	manic	noble
ill-at-ease	jealous	manipulated	normal
impatient	jerky	manipulative	nostalgic
impersonal	jolly	martyred	nosy
impetuous	joyful	masterful	noteworthy
impotent	joyless	mature	notorious
impressive	joyous	mean	oafish
impulsive	jubilant	meaningful	obdurate
inadequate	judged	meaningless	obedient
incoherent	judgmental	mean-spirited	object
incompetent	just	mediocre	obligated
incomplete	keen	meditative	obnoxious
inconsiderate	kind	melancholy	obscene
indebted	kindhearted	mellow	obstinate
indecisive	kinky	melodramatic	obstructionist
independent	kooky	mercurial	odd
indestructible	laborious	methodical	odious
indifferent	lenient	mind-boggling	offensive
indignant	light-headed	mindful	onerous
indiscreet	lighthearted	mindless	optimistic
indispensable	limited	mischievous	ornery
indulgent	lonely	miserable	outrage
inept	lonesome	mistrust	outrageous
infantile	loss	misty	pained
infatuated	lost	misunderstood	panic
inferior	lousy	monotonous	panic-stricken
inhibited	lovable	monstrous	paranoid
injurious	love	monumental	passionate
innocent	lovely	moody	passive
insane	lovesick	mortified	patchy
insatiable	love-struck	motivated	patient
insolent	low	mournful	peaceful
inspirational	loyal	muddled	penalized
intense	luckless	murky	permissive
interested	lucky	mushy	perplexed
intimate	ludicrous	mysterious	persecuted
intolerable	lukewarm	nasty	persistent
intolerant	mad	natural	personable
intoxicated	maddening	naughty	pessimistic
intrusive	magical	nauseous	petty
invincible	magnanimous	necessary	petulant

phobic	recalcitrant	risky	shady
phony	reckless	rosy	shaggy
picky	reclusive	rotten	shaken
pitiful	refreshed	rough	shaky
pivotal	regretful	rude	shame
pleasing	reinvigorate	rueful	shameful
pleasurable	rejected	rugged	shameless
plentiful	rejoice	ruined	sheepish
poetic	rejuvenated	rundown	shifty
poignant	relaxed	rush	shocked
poisonous	released	rushed	shortchanged
polluted	relentless	sacked	shunned
pout	relieved	sacred	sick
praised	relish	sacrificial	sickening
praiseworthy	reluctant	sacrilegious	sincere
prejudicial	remorse	sacrosanct	sinful
pressure	remorseful	sad	singled-out
presumptuous	remorseless	saddled	sinister
prickly	remote	safe	skeptical
pride	renewed	sanctified	sleazy
prideful	repellent	sanctimonious	sleepless
protective	repentant	sanguine	sleepy
proud	reprehensible	satisfied	slick
prudish	reprimanded	scandalized	smug
pulled	reproached	scandalous	soiled
pushed	repugnant	scapegoated	solemn
put-off	repulsive	scarce	solid
puzzled	resentful	scared	sordid
quake	resentment	scarred	sorrow
qualified	reserved	scattered	spacey
qualm	resigned	scrambled	spellbound
quandary	resilient	scrapped	spiritual
quarrelsome	resistant	scrawny	spiteful
queasy	resolute	searching	splendid
quizzical	resolved	seasoned	split
radiant	resourceful	secure	spoiled
radiate	respectful	sedated	spooky
radical	responsible	seductive	squeamish
rage	responsive	seedy	stable
ragged	restful	seeking	stalked
rancor	restless	sensational	steady
raped	restricted	sensitive	stern
rapture	reticent	sensual	stilted
rash	retiring	sentimental	stodgy
raucous	revolting	serious	stressed
raunchy	revulsion	settled	stretched
rebellious	rewarding	severe	strong
rebuffed	ridiculed	sexual	strung-out

stuck	thrilling	unashamed	violated
stumped	thunderstruck	unbearable	violent
stunned	ticked	uncared-for	vital
sullen	ticked-off	uncertain	vitriolic
sunk	timid	unclean	vituperative
super	tingle	uncomfortable	vulnerable
supported	tingling	undaunted	wacky
supportive	tired	undecided	wane
surly	tireless	understood	wanted
surprised	tiresome	undesirable	wanting
suspicious	tolerate	undisturbed	washed-out
sympathetic	torment	unequal	washed-up
taboo	torpid	unfaithful	wasted
taciturn	touched	unfavorable	weak
tacky	tough	unglued	weakened
tactful	toxic	unified	well-adjusted
tactless	tragic	unimportant	well-balanced
tainted	tranquil	united	well-intentioned
taken	transcendent	unjust	well-meaning
taken-in	transformed	unkind	well-rounded
tangled	trapped	unlucky	wicked
tattered	trashed	unpleasant	wide-awake
teased	traumatic	unproductive	wide-eyed
tedious	treacherous	unreasonable	wild
teed-off	tricked	unrelenting	wild-eyed
tempted	tricky	unrepentant	wily
tempting	triggered	unresponsive	wincing
tenacious	tripped	unsafe	winded
tender	triumphant	unselfconscious	wiped-out
tension	trivial	unselfish	wired
tenuous	troubled	unstable	wishful
terminal	troubling	upbeat	withdrawn
terrible	trust	uprooted	wobbly
terrific	tuckered	upstaged	wonderful
terrified	turbulent	uptight	wondrous
terrorized	turned-off	urgent	worried
testy	turned-on	vacant	worthless
thankful	twinkling	vain	worthwhile
therapeutic	tyrannized	valiant	worthy
thick-skinned	ubiquitous	valued	wounded
thin-skinned	ugly	vandalized	wretched
thoughtful	umbrage	vengeful	wrought-up
thoughtless	unabashed	victimized	xenophobic
thrashed	unaccepted	victorious	yielded
threatened	unaccustomed	vigilant	yielding
threatening	unacknowledged	vigorous	zealous
thrifty	unappealing	vindicated	zestful
thrilled	unappreciated	virtuous	

DESCRIPTION, ASSESSMENT, AND CONTRACT (DAC): LYNN B. CHASE

I. Description

A. Client Identification

1. Date/Time of Interview: January 13/3:30–5:00 PM
2. Interviewed by Susan Holder, LSW
3. Person Interviewed: Lynn B. Chase, Date of Birth: October 5, Age: 34
4. Residence: 1212 Clearview Drive, Central City
5. Home phone: 223-1234
6. Employment: Assembler at Fox Manufacturing Co.
7. Business phone: 567-5678
 - a. Household Composition: Lynn Chase is married to Richard S. Chase, 35-year-old carpenter with Crass Construction Company—work phone 789-7890. They have a 12-year-old son, Robert L. Chase, sixth-grade student at Hope Middle School.
 - b. Referral Source: Sandra Fowles (friend of Lynn Chase)

B. Person, Family and Household, and Community Systems

1. Person System

Lynn Chase prefers to be addressed as “Lynn.” She described herself as “Irish-American” and said she was “raised as a Roman Catholic.” She indicated that her maiden name was Shaughnessy. She looked to me to be approximately 5 feet 6 inches tall and of medium build. On the date of this interview, I noticed that she wore contemporary slacks and blouse. I observed what appeared to be dark circles under her eyes, and the small muscles in her forehead looked tense. She seemed to walk slowly and expressed an audible sigh as she sat down. She spoke in an accent common to this area—although in a slow and apparently deliberate fashion. I noticed that she occasionally interrupted her speech to pause for several seconds, then sighed before resuming her speech.

2. Family and Household System

As reflected in the attached intergenerational family genogram [see Figure 2.1 in Chapter 2] that Mrs. Chase and I prepared during the initial interview, the household is composed of Lynn, Richard, Robert, and a mongrel dog, “Sly.” They have lived on Clearview Drive for 5 years and “like it there.” Their family life is “busy.” During the week, Monday through Friday, both Lynn and Richard work

from 8:00 AM to 5:00 PM. One parent, usually Lynn, helps Robert ready himself for school and waits with him until the school bus stops at a nearby street corner at about 7:15 AM. Then she drives herself to work. After school, Robert takes the bus home, arriving at about 3:45 PM. He stays alone at home until his parents arrive at about 5:45 PM. Mrs. Chase indicated that Robert and his father have a very positive relationship. They go to sporting events together and both enjoy fishing. Robert was a member of a Little League baseball team this past summer. His dad went to every game. She described her own relationship with Robert as “currently strained.” She also indicated that although she “loves her husband, there is not much joy and romance in the relationship at this time.”

3. Community System

As reflected in the attached eco-map [see Figure 2.3 in Chapter 2], Mrs. Chase indicated that the Chase family is involved with several other social systems. Mrs. Chase reported that the family regularly attends the First Methodist Church, although “not every week.” She said that she occasionally helps with bake sales and other church activities. She indicated that Robert goes to Sunday school almost every week. Mrs. Chase said that her husband Richard does not engage in many social activities. “He doesn’t really have close friends. Robert and I are his friends.” She said that Richard attends Robert’s sporting events and goes fishing with him. Outside of work and those activities with Robert, Richard spends most of his time working on the house or in the yard. She said that Richard has a workshop in the basement and constructs furniture for the home.

Mrs. Chase reported that Robert has generally been a good student. She said that his teachers tell her that he is shy. When called upon in class, they said, he speaks in a quiet and hesitant voice but usually has thoughtful answers to questions. Mrs. Chase indicated that Robert had played very well on his Little League baseball team this past summer. She said that his coach thought highly of him and believed that he would make the high school team in a few years. Mrs. Chase said that her son has two or three close friends in the neighborhood.

Mrs. Chase reported that the family lives in a middle-class neighborhood. She indicates that, racially, it is minimally integrated and that the rate of crime is low and the neighbors friendly. She indicated that most of the home owners tend to maintain their property carefully. Mrs. Chase said that her family is friendly with several families in the neighborhood, and perhaps once every month or so, two or three of the families get together for dinner or a cookout.

Mrs. Chase reported that her job is “okay” and she likes the people there. She indicated that her husband truly loves his work: “Being a carpenter is what he’s made for.”

C. Presenting Problems/Issues of Concern

Mrs. Chase said that she has been concerned lately because she and her son have been getting into arguments “all the time.” She said that she does not know what causes the trouble. She reported that she becomes critical and angry toward Robert at the slightest provocation. She said that Robert is “not misbehaving” and that “it’s really my own problem.” She indicated that about 6 months ago she began to become more irritable with Robert and, to some extent, with Richard as well. She reported that she hasn’t slept well and has lost about 10 pounds during that 6-month period. She indicated that she took up smoking again after quitting some 5 years ago and

has begun to have terrible headaches several times each week. Mrs. Chase reported that these issues began about the time that she took the job at Fox Manufacturing 6 months ago. “Before that I stayed at home to care for Robert and the household.”

When asked what led her to take the job, she said, “We don’t have any real savings and we’ll need money for Robert’s college education. I thought I’d better start saving while we have a few years before he leaves. Also, one of my friends said there was an opening at Fox and that she’d love me to work there with her.” Mrs. Chase indicated that she hoped these services would help her to feel less irritable, sleep better, have fewer headaches, discontinue smoking, and have fewer arguments with her son and husband.

D. Assets, Resources, and Strengths

Mrs. Chase acknowledged that she has an above-average intellect and a capacity to consider thoughtfully various aspects and dimensions of needs and problems/issues. She reported that she is extremely responsible: “At times, too much so.” She said that she is dependable in fulfilling her various roles. Mrs. Chase said that the family has sufficient financial resources and that her job has provided them with a “little bit more than we actually need.” She indicated that the family lives in a “nice home in a safe and pleasant neighborhood.” She said that her job is secure. She indicated that even though she has worked there for only 6 months, her employer values her work highly and her colleagues enjoy her company. Mrs. Chase reported that she has several close women friends who provide her with support and understanding. She mentioned, however, that “most of the time I am the one who provides support to them.” She said that she feels loved by her husband and indicated that both her husband and son would be willing to do anything for her.

E. Referral Source and Process; Collateral Information

Ms. Sandra Fowles, friend and neighbor, referred Mrs. Chase to this agency. Ms. Fowles is a former client of this agency. In talking about Mrs. Chase, Ms. Fowles said that she is “an incredibly kind and thoughtful woman who would give you the shirt off her back. She may be too kind for her own good.” Ms. Fowles made preliminary contact with the agency on behalf of Mrs. Chase and asked whether agency personnel had time to meet with her. Subsequently, agency staff made a telephone contact with Mrs. Chase and scheduled an appointment for this date and time.

F. Social History

1. Developmental

Mrs. Chase reported that she believed that her mother’s pregnancy and her own birth and infancy were “normal.” She described her childhood as “unhappy” (see personal and familial section below).

2. Personal, Familial, and Cultural

As reflected in the attached intergenerational genogram [see Figure 2.2 in Chapter 2], Mrs. Chase reported the following about her personal and family history. She comes from a family of five. Her mother and father married while in their late teens. Her mother became pregnant with Lynn right away. Mrs. Chase is the eldest sibling. She has a brother 1 year younger and a sister 5 years her junior. Her parents are alive and, she said, “Somehow, they are still married.” Mrs. Chase reported that during her childhood her father “was, and still is, a workaholic” who

was rarely home. She described her mother as an “unstable, angry, and critical woman who never praised me for anything and always put me down.” Mrs. Chase said that she “raised her younger sister” because her mother was then drinking all the time. Mrs. Chase indicated that her mother has refrained from drinking alcohol for the past 3 years and now goes to Alcoholics Anonymous meetings. She described the relationship between her mother and father as “awful—they have hated each other for years.” She said, “They don’t divorce because they’re Catholic.” Mrs. Chase said that her mother disapproved of her marriage to Richard because he had been married once before. She said that her mother would not attend her wedding. She said that her mother continues to berate Richard and “frequently criticizes the way I am raising Robert too.”

Mrs. Chase reported that she rarely sees her mother, who lives 200 miles away, but does visit her sister about once a month. She said that her sister frequently needs emotional support, advice, and sometimes financial assistance as well. Mrs. Chase said that her sister had formerly abused alcohol and drugs, but the problem is “now under control.”

Mrs. Chase said that her husband’s family was “even more messed up than mine—if that’s possible.” She indicated that Richard came from a family of five. She reported that his father abandoned the family when Richard was 9 and his sisters were 10 and 7. Mrs. Chase said that Richard’s father had a serious drinking problem and that Richard remembered his father frequently beating both his mother and himself. Mrs. Chase indicated that Richard grew up in very destitute circumstances and learned to value money. She reported that even today he closely watches how the family’s money is spent and worries that “we’ll end up broke.”

Mrs. Chase reported that her childhood was an unhappy one. She said that she remembers feeling “different” from other children. She indicated that as a child she was very shy, often afraid, and easily intimidated by other children. She reported that she often felt guilty and ashamed when parents or teachers criticized or corrected her. She indicated that she always tried to be “good” and, she continued, “for the most part—at least until my teenage years—I was.” She said that she received excellent grades in school, although she remembered that other children sometimes taunted her by calling her a “teacher’s pet.” She said that she was slightly overweight during her childhood years and always thought of herself as “fat.” She indicated that she had only a few friends during her younger years. She remembered one or two close childhood friends and described them as “shy and unattractive too.” She recalled occasions when other children she had hoped would become friends “rejected” her. She remembered feeling sad and depressed on many occasions throughout her childhood.

3. Critical Events

As reflected in the attached critical events timeline [see Figure 2.4 in Chapter 2], Mrs. Chase described an incident that occurred when she was about 12 years old. She said that a boy she had liked said she was “fat” in front of a group of her peers. She said that she felt humiliated and “stayed at home and cried for days.” She also recalled a time when she was about 14 or 15. She said she had begun to explore her body and to experiment with masturbation. She indicated that she found it pleasurable but believed that such behavior was sinful. She said that she discussed it with a priest during a regular confession. Mrs. Chase said that the priest became

“very angry” at her and told her in a “loud and judgmental voice” to “stop abusing herself in that disgusting way.” She said that she felt horribly guilty and ashamed. She reported that this experience in particular led her to leave the Catholic Church a few years later. Mrs. Chase indicated that she has never been the victim of rape or any other violent crime. She did recall, however, several occasions when a male relative (maternal uncle) attempted to kiss her and fondle her breasts. She said that each time, she pushed him away but she remembered that she felt dirty and disgusted anyway. She said she was approximately 12 or 13 years old at the time and never told anyone about what had happened.

4. Sexual

Mrs. Chase reported that she did not date until her senior year in high school, when she went out with one boy a few times. She said that she “lost her virginity” in this relationship. She reported that she had sex with “lots of boys” after that but that she “never really enjoyed it.” She indicated that she met her future husband Richard about 2 years after graduation from high school and that, she was “pleased to say,” has since found sex to be pleasurable and satisfying. She said that her marital sex life has been “great throughout our marriage” but that she has not had much interest in sex during the last several months.

5. Alcohol and Drug Use

Mrs. Chase stated that she does not now have an alcohol or drug use problem but recalled drinking heavily as an 18-year-old. She said that after she graduated from high school, she ran around with a crowd that “partied all the time.” She said that she drank a lot of alcohol at that time. She indicated that at that time she sometimes drank in order to “belong” and to feel comfortable in sexual relations with boys.

6. Medical/Physical/Biological

Mrs. Chase reported that she has not had any major medical or physical problems except for an enlarged cyst in her uterus. She had that surgically removed approximately 8 years ago. She said that since that time she has been “unable to get pregnant again,” although “both Richard and I wished we could have another child.” She said that she has concluded that “it’s not going to happen,” and “I guess that’s what’s meant to be.”

Mrs. Chase said that she “gained control of the weight problem” during the early years of her marriage by going to Weight Watchers. She indicated that she had recently spoken with her medical doctor about her occasional feelings of extreme fatigue, her change in sleep patterns, the unwanted loss of weight, and the periodic headaches. Her doctor could find nothing physically wrong and raised the question of “stress-related symptoms.”

7. Legal

Mrs. Chase indicated that she and her family have not had any contact with the legal or criminal justice systems.

8. Educational

Mrs. Chase reported that she has a high school education and has taken approximately 2 years of college courses. She said that she had taken a course each semester until about 6 months ago, when she discontinued an evening course to “be at home more.”

9. Employment

Mrs. Chase reported that she had worked in both secretarial and administrative positions following graduation from high school. She said that when Robert was born, she quit working outside the home to care for him. When he went to grammar school, she went back to work part-time. She said that she was laid off from that job about 3 years ago and was unable to find another part-time job that would enable her to be home at the end of Robert's school day. She indicated that a little more than 6 months ago, she and Richard decided that Robert was old enough to be at home alone for a couple of hours each day. She therefore applied for and secured the full-time position at Fox Manufacturing.

10. Recreational

Mrs. Chase reported that over the years she has found great pleasure in gardening. She also said, however, that during the last year or so she has discontinued that activity. She indicated that she thought she could rekindle that sense of satisfaction if she were to resume gardening again at some point in the future.

11. Religious/Spiritual

Mrs. Chase reported that she quit going to the Catholic Church at the age of 18 when she graduated from high school. She said she did not attend any church until the birth of her child. She indicated that she and her husband then decided that they wanted their children to have some religious involvement. She remembered joining the neighborhood Methodist Church because "it was nearby."

12. Prior Psychological, Social, or Medical Service

Mrs. Chase reported that she had not sought or received social or psychological services before and has not taken medication for depression. She reported that her mother has been in "therapy" for approximately 4 years.

II. Tentative Assessment of the Person-Issue-Situation

A. Problems/Issues

1. Nature, Duration, Frequency, Severity, and Urgency

The issues of irritability and argumentativeness toward her son and husband, shame and guilt following expressions of anger or arguments, sleeplessness, weight loss, headaches, and resumption of cigarette smoking appeared to emerge at about the time Mrs. Chase accepted full-time employment outside the home. She indicated that she had not experienced these symptoms previously, although she did say that her adolescent years were painful. At this point, it is not certain that her job is or will be as satisfying to her as child rearing and homemaking have been. There may be role strain or conflict between the family and work roles. As we attempted to analyze this issue, Mrs. Chase and I wondered if the symptoms might be indicative of increased stress associated with expanded demands on her time and energy and changes in roles and role identities. Although she now works at least 40 hours per week at her paid job, she also continues to perform all of the family and household duties she fulfilled before taking the outside job. Mrs. Chase appears to assume a protective, hard-working, caretaker role with her husband and son, siblings, and friends. Indeed, she seems to hold herself responsible for the thoughts, feelings, and behaviors of all members of her family.

2. Risk and Protective Factors; Exceptions

In a general sense, assumption of the full-time job seems to have precipitated the onset of the issues of concern. Mrs. Chase and I wondered if the symptoms may represent an indirect attempt to secure greater attention, appreciation, gratitude, and support from her husband and son or, if they worsen, to provide reasonable cause to quit the job and return to her previous family and household roles. The immediate precursors to the symptoms appear related to Mrs. Chase's beliefs and expectations about herself and perhaps others. She reports that she frequently worries about various things she "should" or "ought" to be doing and feels guilty that she is not fulfilling her parental, spousal, and household (homemaker) roles as well as she previously did.

According to Mrs. Chase, there were two occasions during the past 6 months when she felt a sense of contentment and happiness. The first occurred when Richard, Robert, and she went on a weekend trip to another city. They stayed in a hotel, ate in restaurants, went to a baseball game, and spent time talking and joking with each other. On the other occasion, Richard and she went on an overnight trip to attend a family friend's wedding.

The issues of concern have existed for about 6 months. Mrs. Chase and I estimated the severity of the problems and symptoms to be in the moderate range. She continues to fulfill all of her responsibilities in a competent manner. Mrs. Chase herself seems to experience the greatest discomfort from the issues—although Robert and to some extent, Richard, are affected by the irritability and argumentativeness. Mrs. Chase and I concur that the issues are not life threatening and do not require immediate, emergency, or intensive intervention.

B. Person-in-Environment

1. Personal Factors

Mrs. Chase reflects a strong ethic of obligation and responsibility, especially toward her son and husband, but to most other people as well. She holds herself to extremely high standards and often feels guilty or worried that she's not doing well enough, feeling ashamed when she makes mistakes or hurts someone else's feelings. She appears less comfortable, however, when it comes to taking time in free and spontaneous play, relaxation, or recreation. She previously enjoyed gardening, but since she took the full-time job at Fox Manufacturing, she has become reluctant to allow herself time for "unproductive" leisure and relaxation. Shortly after we began to explore the nature and scope of her expectations and caretaking activities, she wondered aloud if she might be doing too much for others. We wondered if she might feel stressed and guilty at the possibility that she might be unable to fulfill her responsibilities in the superior manner that she expects of herself. Indeed, she may feel guilty that she now spends less time with her son Robert and worried she may be unable to protect him from potentially dangerous circumstances. We wondered if this idea about protecting Robert might relate to her recollections of her own childhood, when she had not felt protected. We also wondered if she might worry that Robert was approaching the age at which she, as a senior in high school, first had sex and began to drink—sometimes heavily. We wondered if she might be, in a sense, overprotecting her adolescent son at a time when he might be dealing with issues related to identity and the development of autonomy. Mrs. Chase, directly or indirectly, may be uneasy and unclear concerning her parenting

role during this time. Her own adolescent experiences and the shame she felt may continue to affect her today in relation to her son Robert. She may wonder about his unfolding sexuality and be concerned about how he will deal with adolescent changes.

Mrs. Chase seems to view herself primarily as a wife and mother and as a hard-working, responsible member of the community. She appears to assume the role of a parentlike big sister with her siblings. She seems open to input from others and from me and has a well-established sense of personal identity in relation to family roles such as wife, mother, daughter, and eldest sibling. She and her husband had wanted more children, but a medical condition (the cyst or the surgery to remove it) prevented that. She seems less clear and secure, however, when it comes to other, more playful or recreational roles. In these areas, she appears more uncertain and less inner-directed. She has yet to formulate personal life goals that are distinct from those of her family.

Application of the *DSM-IV-TR* (American Psychiatric Association, 2000c) criteria might suggest a “V-Code” classification. V-Codes are issues of concern but do not necessarily indicate or relate to a psychiatric disorder or mental illness. The V-Codes that seem most applicable to the person-issue-situation seem to be “Parent-Child Relational Problem,” in recognition of the current strain between Mrs. Chase and her son, or perhaps “Phase of Life Problem,” to reflect the stress associated with the change in role identity from primarily homemaker to homemaker plus full-time paid worker outside the home. The changing nature of the relationship with her teenage son may contribute as well.

The *DSM-IV-TR* diagnosis “Adjustment Disorder with Mixed Anxiety and Depressed Mood” might also be considered, although it is less applicable because the apparent stressor—assumption of the full-time job outside the home—occurred 6 months earlier. Most adjustment disorders are resolved—with or without professional aid—within 6 months of onset.

Application of the PIE Manual criteria (Karls & Wandrei, 1994a) to Mrs. Chase and her situation might yield the following classification:

Factor I: Homemaker Role—Home, mixed type (ambivalence, responsibility, dependency), moderate severity, duration of 6 months to 1 year, adequate coping skills. Also consider parental role or perhaps spousal role problems.

Factor II: Other Affectional Support System Problem, low severity, more than 5 years’ duration.

Might the fact that Robert is alone, unsupervised, and unprotected during 2 hours after school each weekday represent an important trigger to Mrs. Chase’s feelings of stress, irritability, and guilt? Might she feel a conflict between earning money for her son’s college education and being unavailable to him when he returns from school? Might she be afraid that he could be in some danger? Might Mrs. Chase believe that she is less able to protect Robert from the influence of the neighborhood boys now that she works outside the home? Does she feel an obligation to keep Robert entirely away from all potentially negative or risky phenomena? Does she suspect that Robert might be especially susceptible to negative peer pressure and that he might be unable to make responsible decisions or to resist temptations? Might she be associating Robert’s adolescence with her own teenage experience? Could she be worried that Robert might indeed be fully capable of making mature decisions and might not need her as much anymore? What would

Mrs. Chase need to conclude that Robert is reasonably safe during the 2-hour “latchkey” period?

How much does she want to work outside the home? Does she enjoy the work? How does her husband feel about her job? How similar is Mrs. Chase to her father in terms of a workaholic, or compulsive, approach to life? Might her reactions to working outside the home be in some way related to her view of her father as “a workaholic who was never at home”? Might she feel guilty that “she’s like her father?” Have the symptoms of irritability and argumentativeness led to a comparison with her mother—whom she views as angry, critical, and unstable? Might Mrs. Chase worry that if she does not do for others, they might not love or approve of her?

Based on information from the initial interview, Mrs. Chase and her family have a lengthy history of competent functioning. Individually and as a system, the family members appear to be coherent and stable. However, Mr. Chase, Robert, and especially Mrs. Chase have begun to experience strain associated with changing demands. It appears that Mrs. Chase has tried to continue to “do it all” and may feel worried and guilty that she is not as available to her son as he might need or want her to be.

Several factors may have relevance to the identified issues. First, Mrs. Chase comes from a family of origin where she assumed adult responsibilities from an early age. She reported that her mother abused alcohol and her father was a workaholic. It is possible that Mrs. Chase tends to assume substantial responsibility for others—perhaps especially family members. She apparently learned to do so from an early age. Working full-time outside the home may represent a major psychological conflict for her. One part of her, perhaps like her father, may be strongly tempted to invest a great deal of time and energy in her employment. Another part may feel much anxiety and uncertainty when she is away from the home. She is so familiar with the role of caretaker for her husband and son that she may sometimes feel anxious when she is away from home and unable to meet their needs. Second, Mrs. Chase wanted to have more children, but a medical condition has prevented that. She may have yet to explore fully and grieve for the loss of her dream for additional children. She may also invest even greater emotional energy in her son Robert, because “he’s my only child.” Third, as an early adolescent, Robert is probably experiencing numerous physical, psychological, and social changes. Along with Mrs. Chase’s employment, these changes may also add considerable stress to the family system. As a person emotionally attuned to the family, Mrs. Chase is understandably affected during this transition period. She may soon become aware of the limitations associated with an exclusively, family-centered role identification.

The current issues of concern may represent a kind of positive signal to Mrs. Chase to make some personal changes that could both liberate her from inhibitions that originated in childhood, and prepare her for a more peaceful and enjoyable second half of life. Although assumption of the full-time paid job outside the home seems associated with the onset of the issues of concern, it is plausible that the family system needed something to help her, her husband, and her son to proceed to the next stage of individual and family development. Application of Erikson’s psychosocial theory of life cycle stages (Erikson, 1963, 1968) might suggest that Mrs. Chase could be engaged in “generativity versus stagnation” issues as

she begins to pursue greater meaning in life and a more coherent sense of personal identity. Some issues related to certain earlier life cycle stages may require exploration (for example, autonomy versus shame and doubt, initiative versus guilt, identity versus role confusion). Application of Gilligan's theoretical approach to women's development might suggest that Mrs. Chase could be seeking enhanced intimacy and greater attachment to the most important people in her life (Gilligan, 1979, 1984). Although her commitment to and relationship with others have been strong, the degree of intimacy and closeness may have been inhibited by the dominance of the parentlike, caretaking role.

Mrs. Chase seems to reflect a high level of competence and possesses well-developed coping skills and defense mechanisms, which have served her well over the years. She has coped well with numerous life challenges, transitions, and issues. At present, however, her usual coping capacities appear less functional as she experiences atypical irritation and anger. At some level, she may fear that she is becoming more like her mother, whom she described as "unstable, angry, and critical."

In spite of the current concerns, however, she continues to function well in most social roles. She appears to possess a coherent and integrated personality. She reflects superior thinking capacities, probably possesses above-average intelligence, and is insightful and articulate. Since the time of her marriage to Richard, her lifestyle has been stable and congruent. In addition, she seems highly motivated to function well in the role of client and agent of change in her life.

Mrs. Chase and I wondered if certain cognitive beliefs could contribute to the identified problems. She commonly makes statements to herself (self-talk) such as "Think about others before oneself," "Do for others before doing for yourself," "Don't make mistakes," "Don't be a burden to others," "Don't think about yourself," and "Don't be selfish." These may be related to the gender-related role expectations of her family of origin, her religious training and experiences, and her cultural background. During the first interview, she concluded that there was a relationship between such beliefs and the current issues. This hypothesis seemed to heighten her motivation to reconsider what she believed and how she talked to herself.

2. Situational and Systemic Factors

Based on information gained in the first interview, the Chase family system appears organized in such a way that Mrs. Chase serves as the primary executive or manager, or perhaps "parent figure." She seems to have responsibility for the bulk of the household and family chores, functions, and activities. Mr. Chase apparently assumes few household duties with the exception of yard work, as well as home and auto repairs. She is the primary housekeeper and parent. She prepares the meals, does the shopping and cleaning, coordinates transportation for Robert, and pays the bills. Until Mrs. Chase began full-time work outside the home, the family rules and role boundaries were clear. Mrs. Chase sought ideas and input from Richard and Robert, but she made and implemented most family decisions. Now that she is home less often and there are increased demands on her, some of the rules and roles may be in flux. At this point, it seems that Mrs. Chase is trying to maintain her previous family and community duties while adding additional occupational responsibilities. She also appears concerned about certain "troubled

teenage boys” in the neighborhood and worries that Robert might be negatively influenced by them. We wondered if she might especially be worried that Robert might begin to use alcohol or drugs.

It appears that communication and relational patterns within the Chase family are relatively open but inhibited and constrained. The family members are mutually affectionate and seem to like each other. According to Mrs. Chase, however, the male family members sometimes appear to “hint” at rather than clearly state their preferences. Mrs. Chase seems to respond to such indirect expressions by guessing what they really want. She cited an example where, at a recent family dinner, Robert “made a face” when he was served his meal. Mrs. Chase then asked, “What’s the matter?” Robert said, “Nothing.” Mrs. Chase asked, “Don’t you like the meal? I’ll get you something else.” Robert said, “Don’t bother, this is okay.” Mrs. Chase said, “No, I’ll get you something else to eat.” Robert said, “Oh, okay. Thanks.” At this point, Mrs. Chase interrupted her own meal, got up, and prepared something Robert wanted to eat.

When we considered the communication patterns in the family, we wondered if Richard and Robert realized that they sometimes express themselves indirectly through facial expressions and nonverbal gestures. Do they understand that Mrs. Chase often tries to “read their minds”—which may, indirectly, serve to encourage and maintain their patterns of indirect communication? What might be the consequence of more direct and full verbal expression within the family system? What would each family member stand to gain or lose?

Members of the Chase family appear to have adopted many of the stereotypic rules and roles of men, women, and children projected by the dominant North American culture. Robert’s adolescence and Mrs. Chase’s full-time outside employment probably represent the most significant stressors the family system now faces.

As a system, the Chase family may be approaching a phase when an adolescent child often stimulates a number of issues and decisions for all the family members and the family system as a whole. According to Mrs. Chase, Robert has begun to experience bodily changes and has become more self-conscious and self-centered. These changes may be affecting the nature of the relationship between Robert and Mrs. Chase and perhaps that with his father as well.

We wondered what might happen if Richard and Robert began to demonstrate a capacity to care for themselves and assume responsibility for some of the household chores. Might the frequency and intensity of Mrs. Chase’s symptoms decrease if she had fewer family and household demands? Or might they increase if she concluded that she was not as “needed” by Robert and Richard? I wondered if Mrs. Chase would be willing to let her husband and son assume greater responsibility for household and family chores. Would they be willing to take on these duties? If they did shift the family structure and roles in such a manner, how would the family members respond?

What specific issues and dilemmas, if any, is Robert confronting during his adolescent years? How comfortable is Mrs. Chase with her son’s desire for increasing freedom and personal responsibility? If she is not, might she reconsider her views about adolescent development? How does Mr. Chase relate to his son during this time? What hopes and dreams do Mr. and Mrs. Chase have for Robert’s future? What doubts and fears do they have about him?

There seem to be sufficient resources to meet basic and advanced needs of the Chase family. They have adequate assets and opportunities to pursue their aspirations. They have not been subject to overt oppression or discrimination. Mrs. Chase appears to have the affection and support of her husband and son. Although her mother, father, and siblings do not appear to provide much in the way of interest, understanding, or support, she has several friends who care about her a great deal. In these relationships as in most others, she seems to “give more than she receives” and “knows more about others than others know about her.” She also believes strongly that both her husband and son, as well as numerous friends, would be willing to do anything they could to help her.

3. Motivation and Readiness; Stage of Change

Before the end of our first meeting together, Mrs. Chase concluded that throughout most of her life she has adopted a protective, parentlike, caretaking, and people-pleasing role toward people in general and the members of her family in particular. She also said that “not only has this pattern left me feeling guilty and stressed, it may have interfered to some extent with Richard and Robert’s ability to care for themselves.” She smiled as she said, “I might have to become more selfish—for the sake of my husband and son.”

By the end of our first meeting, Mrs. Chase appeared highly motivated to make personal changes to allow her to lighten her burdens of responsibility and permit others to assume more control over their own lives. She looked forward to feeling more relaxed and playful and more able to experience joy and pleasure. She indicated that this is very important to her, as it could help her overcome her “family legacy” of anger, criticism, shame, guilt, and workaholism. Mrs. Chase seemed comfortable with and confident in my ability to help her address these issues and willing to work collaboratively with me in the process.

In regard to Prochaska’s transtheoretical scheme (Prochaska et al., 1994), Mrs. Chase probably fits within the latter portions of the contemplation and the early parts of the preparation stages of change. She appeared motivated by the idea that she might change patterns of thinking, feeling, and behaving that had their origins during her childhood. She also seemed encouraged by the idea that making those changes could not only make her life easier and more enjoyable, but also be of help to her husband and son.

Mrs. Chase believed that Richard and Robert would be enthusiastic about any efforts to help her. She felt secure and confident in their love and affection for her and thought they would place a high priority on helping to address the issues of irritability, argumentativeness, shame and guilt, sleeplessness, smoking behavior, and excessive weight loss. She also believed that they would join in an attempt to alter the family structure so that she could become less the “mommy” for both of them. She anticipated, however, that there might be times when all of them might be tempted to slip back into old familiar patterns.

She was less optimistic about her parents’ and siblings’ willingness to acknowledge or to help address the issues. She also seemed worried about the reactions of people at her job and friends within the church and community. She wondered if they might become confused and perhaps annoyed if she began suddenly to do less for them. However, she smiled when she said, “I’ll talk with them about my issues, and we’ll see what happens when I start to change.”

4. Challenges and Obstacles

One aspect that may represent a personal challenge involves control. Mrs. Chase and I have not yet discussed the possible relationship between taking care of others and feelings of control. I wondered about the possibility that as she worries less about others and reduces her caretaking behavior, she may experience increased anxiety associated with a decreased sense of control.

Some elements of her primary and secondary social systems may resist the changes she hopes to make. Despite their apparent love and support, Richard and Robert might experience some resentment if they were expected to do more for themselves and take on additional household chores. Mrs. Chase's parents and siblings might also respond in a similar fashion, as might some of her work colleagues and church and community friends.

5. Risk Assessment

Despite the indications of stress and perhaps depression, Mrs. Chase and I concur that she does not represent any danger to herself or others. In response to a question concerning suicidal thoughts and actions, she indicated that she has never taken any self-destructive action and does not have suicidal thoughts. Similarly, she reported that she has never experienced thoughts or taken actions intended to hurt another person. She also confirmed that she does not use drugs of any kind—only rarely takes an aspirin—and drinks at most one glass of wine per week.

C. Case Formulation

Based upon our assessment, Mrs. Chase and I hypothesized that changes in certain aspects of her personal and family life might resolve the identified issues. We thought that:

1. If Mrs. Chase logically examined the beliefs she developed during her childhood, she might decide to change some in a way that would enable her to feel less excessively responsible for the safety, well-being, and happiness of her son, her husband, and most other people she knows. We predicted that changes in her thinking would probably lead to changes to her feelings, emotions, and bodily sensations and would probably help her to sleep better as well.
2. If Mrs. Chase assumed somewhat less responsibility for the family and household work and her son Robert and husband Richard assumed somewhat more, Mrs. Chase would probably feel less stressed—if she simultaneously changed some of her beliefs and self-statements.
3. If Mrs. Chase encouraged Robert to assume more responsibility for his thoughts and actions and granted him somewhat greater freedom and autonomy, he would probably find it easier to address his adolescent development needs and the two of them would probably argue less and find their encounters more enjoyable.

Mrs. Chase's intelligence, maturity, insight, and motivation—along with the affection and support of her husband and son—suggest a high likelihood that the family will be able to address the identified issues effectively. I estimate that the probability of full and successful resolution is greater than 85 percent. I also anticipate a satisfactory outcome in 1 to 2 months of weekly meetings with Mrs. Chase and her immediate family.

III. Service Contract

A. Issues

1. Client-Identified Issues

Mrs. Chase identified the following issues:

- a. Frequent arguments with her son, Robert, and, less often, with her husband, Richard
- b. Increased irritability, criticism, and anger toward Robert and, to a lesser degree, toward Richard
- c. Shame and guilt following arguments with her son
- d. Unplanned weight loss (10 pounds) over the past 6 months
- e. Sleep disturbance
- f. Resumption of cigarette smoking after 5 years' abstinence
- g. Fatigue
- h. Headaches

2. Worker-Identified Issues

Following the first interview, I tentatively identified the following as potential issues:

- a. Ambivalence about job at Fox Manufacturing
- b. Feelings of depression
- c. Ambivalence about Robert's adolescence
- d. Feelings of loss, disappointment, and grief because client probably cannot have another child
- e. Stress and tension; anxiety
- f. Thoughts and feelings of excessive responsibility and possibly of control
- g. Role strain and possibly role conflict among roles of mother, wife, homemaker, and employee
- h. Issues related to childhood experiences (that is, growing up in a family system with a parent who reportedly abused alcohol; largely absent and possibly workaholic father; unhappy incidents with childhood peers; feeling overweight and unattractive; church-related issues; reported episodes of attempted molestation by maternal uncle)
- i. Interactional styles that may be classified as predominantly nonassertive with occasional periods of aggressive verbal expression

3. Agreed-Upon Issues for Work

Mrs. Chase and I agreed on the following issues for work. These will provide us with a focus for our work together:

- a. Frequent arguments with her son Robert and, less often, with her husband Richard
- b. Irritability, criticism, and anger toward Robert and, to a lesser degree, toward Richard
- c. Disproportionate feelings of shame and guilt
- d. Sleep disturbance
- e. Ambivalence regarding job at Fox Manufacturing
- f. Stress and tension; anxiety
- g. Thoughts and feelings of excessive responsibility and possibly of control
- h. Role strain and possibly role conflict among roles of mother, wife, homemaker, and employee

B. Service Goals

Mrs. Chase and I agreed to work toward accomplishment of the following goals:

1. Within 6 weeks, decrease by 50 percent the frequency of unwarranted arguments with Robert and Richard and increase the frequency of satisfying interactions with them by 50 percent.
2. Within 6 weeks, decrease by 50 percent the frequency and intensity of inappropriate feelings of irritability, criticism, and anger toward Robert and Richard and increase appropriate feelings of comfort and acceptance of them by 50 percent.
3. Within 6 weeks, decrease by 50 percent the frequency and intensity of disproportionate feelings of shame and guilt, and increase feelings of self-acceptance and self-forgiveness by 50 percent.
4. Within 6 weeks, sleep 8 full hours per night and awaken feeling refreshed at least four of seven mornings a week.
5. Within 6 weeks, decrease the ambivalence about the job at Fox Manufacturing by deciding whether client really wants to keep the job.
6. Within 6 weeks, decrease the stress, tension, and anxiety and increase feelings of personal comfort and calmness by 50 percent.
7. Within 2 weeks, complete an in-depth exploration of the issue of excessive responsibility and control; by the end of that time, decide whether maintaining or lessening the current level of responsibility and control is desirable.

C. Plans

1. Action Plan/Service Approach

To achieve the final goals, Mrs. Chase and I agreed on the following action plan:

Mrs. Lynn Chase and I (Susan Holder, social worker) will meet for eight 1-hour sessions during the next 2 months. Our purpose is to work together toward achievement of the final goals identified above. We will approach this work as a cooperative effort, with each party contributing ideas and suggestions. I will serve as counselor and facilitator and approach our work together from an integrated combination of cognitive-behavioral, problem-solving, family-systems, and task-centered approaches. On at least some occasions, we will ask Mrs. Chase's husband and son to join us. Throughout the 2-month period, we will monitor the rate and degree of progress. At the end of that time, we will determine whether to conclude our work, consult with or refer to someone else, or contract with each other for further work together.

a. Client Tasks/Action Steps

Mrs. Chase and I agreed that she would undertake the following steps during the first week of our work together. Other tasks will be identified and implemented later in the program.

- ◆ As a first step toward decreasing her stress, tension, and anxiety and increasing feelings of personal comfort and calmness, Mrs. Chase agreed to spend 15 minutes each day during the next week planning for or working in her garden.

- ◆ As a first step toward decreasing the frequency of her inappropriate feelings of irritability, criticism, and anger toward Robert and Richard and increasing appropriate feelings of comfort, understanding, and acceptance of them by 50 percent, Mrs. Chase agreed to do two things during the course of the next week. First, she agreed to resist “stuffing” her feelings. Whether by writing them down on paper, verbally expressing them in a place where no one can hear, or expressing them directly to the relevant person or people, she agreed to express whatever feelings she experiences within a few minutes of the time that she first becomes aware of them. Second, she agreed to take 5 minutes every day to engage Robert and Richard pleasantly by inquiring about their thoughts, feelings, and activities.
- ◆ As a first step toward addressing the goal of determining whether a lessening of responsibility and control in some areas might be helpful, Mrs. Chase agreed to identify and write down as many reasons as she could why she should continue to maintain her current level of responsibility and control. Following that, Mrs. Chase agreed to identify as many reasons as she could why a lessening of her responsibility and control might be beneficial to her, her husband, and her son at this time. We agreed to review the two lists of reasons in our next meeting.

b. Worker Tasks

- ◆ I, Susan Holder, agreed to prepare this service agreement in written form and provide a copy to Mrs. Chase.
- ◆ I agreed to assume responsibility for planning tentative agendas for our meetings together and to consult with Mrs. Chase concerning the implementation of the action steps and their effects.
- ◆ I agreed to provide Mrs. Chase with a notebook and related materials for completing written tasks and monitoring progress.

c. In-Session Tasks

Mrs. Chase and I agreed that during our meetings together, we would undertake some or all the following activities (additional in-session tasks are to be identified and implemented later in the program):

- ◆ Value-clarification exercises intended to aid Mrs. Chase in addressing various issues about which she experiences ambivalence
- ◆ Self-talk analysis to help Mrs. Chase identify the “things she says to herself” that appear associated with attitudes of excessive responsibility and with the feelings of irritability, criticism, anger, depression, stress, and tension
- ◆ Strength-oriented, “bragging” exercises to help Mrs. Chase develop a stronger sense of individuality and autonomy—separate from her identity as wife, mother, and friend

d. Maintenance Tasks

Mrs. Chase and I agreed that the goals involve long-term change and require ongoing attention. Mrs. Chase indicated that she would recite the serenity prayer at least once per day for the next 365 days.

2. Plans to Evaluate Progress

We will evaluate progress toward goal achievement in several ways. First, Mrs. Chase agreed to keep a daily log in her notebook, where she intends to record the time and date of all “arguments” and all “satisfying interactions.” Second, Mrs. Chase also agreed to log the time and date of all inappropriate feelings of “irritability, anger, and criticism” toward Richard or Robert, as well as all feelings of “comfort, understanding, and acceptance” of them. Third, Mrs. Chase agreed to use the logbook to record the number of hours slept each night and to rate, on a subjective scale of 1 to 10, how refreshed she feels upon awakening. Fourth, Mrs. Chase agreed to register completion of her daily 15 minutes of “gardening.” Evaluation of progress toward other goals will occur by asking Mrs. Chase for self-reports. In regard to the issues of excessive responsibility and ambivalence about her job at Fox Manufacturing, progress will be indicated when Mrs. Chase reports that she has decided whether to lessen responsibility and control and whether she wants to keep her job. We concluded that a decision in either direction represents progress.

THE SOCIAL WORK SKILLS INTERVIEW RATING FORM

You may use this rating form¹ as part of the process of evaluating your own or others' performance of the social work skills during interviews with clients. You may use it, for example, in rating your performance during an interview with an individual, a couple, a family, or a small group. You may also use the form to provide evaluative feedback to a colleague who is attempting to improve the quality of his or her performance.

In using the rating form, please use the following coding system:

- N/A During the course of the interview, the skill in question was not appropriate or necessary and was therefore not used, having no effect on the interview.
- 3 During the course of the interview, the skill in question was used at an inappropriate time or in an unsuitable context, seriously detracting from the interview.
- 2 During the course of the interview, the skill in question was attempted at an appropriate time and in a suitable context, but was done so in an incompetent manner, significantly detracting from the interview.
- 1 During the course of the interview, the skill in question was not used at times or in contexts when it should have been, detracting from the interview.
- 0 During the course of the interview, the skill in question was used and demonstrated at a minimal level of competence. Its use did not detract from nor contribute to the interview.
- +1 During the course of the interview, the skill in question was attempted at an appropriate time and in a suitable context and was generally demonstrated at a fair level of competence. Its use represented a small contribution to the interview.
- +2 During the course of the interview, the skill in question was attempted at an appropriate time and in a suitable context and was generally demonstrated at a moderate level of competence. Its use represented a significant contribution to the interview.
- +3 During the course of the interview, the skill in question was attempted at an appropriate time and in a suitable context and was generally demonstrated at a good level of competence. Its use represented a substantial contribution to the interview.
- +4 During the course of the interview, the skill in question was attempted at an appropriate time and in a suitable context and was generally demonstrated at a superior level of performance. Its use represented a major contribution to the interview.

¹Because this rating form is intended for the purpose of evaluating social work skills used during face-to-face interviews, some skills related to professionalism, ethical decision making, assessing, and recording are not included.

THE SOCIAL WORK SKILLS INTERVIEW RATING FORM

Rating	Skill
	Talking and Listening: The Basic Interpersonal Skills
	1. Speech and language
	Comments:
	2. Body language
	Comments:
	3. Hearing
	Comments:
	4. Observing
	Comments:
	5. Encouraging
	Comments:
	6. Remembering
	Comments:

Rating	Skill
	7. Active listening
	Comments:
	Beginning
	1. Introducing yourself
	Comments:
	2. Seeking introductions
	Comments:
	3. Describing initial purpose
	Comments:
	4. Orienting clients
	Comments:
	5. Discussing policy and ethical factors
	Comments:

Rating	Skill
	6. Seeking feedback
	Comments:
	Exploring
	1. Asking (open- and closed-ended) questions
	Comments:
	2. Seeking clarification
	Comments:
	3. Reflecting content
	Comments:
	4. Reflecting feelings
	Comments:
	5. Reflecting feeling and meaning
	Comments:

Rating	Skill
	6. Partializing
	Comments:
	7. Going beyond what is said
	Comments:
	Contracting
	1. Reflecting an issue
	Comments:
	2. Reflecting hypotheses
	Comments:
	3. Identifying an issue
	Comments:
	4. Clarifying issues for work
	Comments:

Rating	Skill
	5. Establishing goals
	Comments:
	6. Developing an action plan
	Comments:
	7. Identifying action steps
	Comments:
	8. Planning for evaluation
	Comments:
	Working and Evaluating
	1. Rehearsing action steps
	Comments:
	2. Reviewing action steps
	Comments:

Rating	Skill
	3. Evaluating progress
	Comments:
	4. Focusing
	Comments:
	5. Educating
	Comments:
	6. Advising
	Comments:
	7. Representing clients
	Comments:
	8. Responding with immediacy
	Comments:

Rating	Skill
	9. Reframing
	Comments:
	10. Confronting inconsistencies
	Comments:
	11. Pointing out endings
	Comments:
	Ending
	1. Reviewing the process
	Comments:
	2. Final evaluating
	Comments:
	3. Sharing ending feelings and saying goodbye
	Comments:

APPENDIX 14

TABLE OF SOCIAL WORK SKILLS

	Social Work Skills	ID
Professionalism (PF)	PF001 Demonstrating integrity	PF001
	PF002 Applying professional knowledge and exhibiting self-efficacy	PF002
	PF003 Demonstrating self-understanding and maintaining self-control	PF003
	PF004 Giving and receiving social support	PF004
	PF005 Thinking critically and inquiring scientifically	PF005
	PF006 Engaging in career-long learning	PF006
	PF007 Valuing diversity and difference	PF007
	PF008 Advancing human rights and social justice	PF008
	PF009 Promoting social well-being and engaging in policy practice	PF009
Ethical Decision-Making (ED)	ED001 Understanding our legal duties	ED001
	ED002 Understanding the fundamental values and ethics of social work	ED002
	ED003 Identifying ethical and legal implications	ED003
	ED004 Addressing ethical dilemmas	ED004
Talking and Listening Skills (TL)	TL001 Engaging diversity and difference through culturally sensitive communications	TL001
	TL002 Communicating nonverbally and using body language	TL002
	TL003 Listening: hearing, observing, encouraging, and remembering	TL003
	TL004 Active listening: combining talking and listening to promote understanding	TL004

	Social Work Skills	ID
Preparing Skills (PR)	PR001 Preparatory reviewing	PR001
	PR002 Preparatory exploring	PR002
	PR003 Preparatory consulting	PR003
	PR004 Preparatory arranging	PR004
	PR005 Preparatory empathy	PR005
	PR006 Preparatory self-exploration	PR006
	PR007 Centering	PR007
	PR008 Preliminary planning and recording	PR008
Beginning Skills (BG)	BG001 Introducing yourself	BG001
	BG002 Seeking introductions	BG002
	BG003 Describing initial purpose	BG003
	BG004 Orienting clients	BG004
	BG005 Discussing policy and ethical factors	BG005
	BG006 Seeking feedback	BG006
Exploring Skills (EX)	EX001 Asking questions	EX001
	EX002 Seeking clarification	EX002
	EX003 Reflecting content	EX003
	EX004 Reflecting feelings	EX004
	EX005 Reflecting feeling and meaning	EX005
	EX006 Partializing	EX006
	EX007 Going beyond	EX007
Assessing Skills (AS)	AS001 Organizing descriptive information	AS001
	AS002 Preparing a tentative assessment and case formulation	AS002
Contracting Skills (CN)	CN001 Reflecting an issue	CN001
	CN002 Reflecting hypotheses	CN002
	CN003 Identifying an issue	CN003
	CN004 Clarifying issues for work	CN004
	CN005 Establishing goals	CN005
	CN006 Developing an action plan	CN006
	CN007 Identifying action steps	CN007
	CN008 Planning for evaluation	CN008
	CN009 Summarizing the contract	CN009

	Social Work Skills	ID
Working and Evaluating Skills (WE)	WE001 Rehearsing action steps	WE001
	WE002 Reviewing action steps	WE002
	WE003 Evaluating	WE003
	WE004 Focusing	WE004
	WE005 Educating	WE005
	WE006 Advising	WE006
	WE007 Representing	WE007
	WE008 Responding with immediacy	WE008
	WE009 Reframing	WE009
	WE010 Confronting	WE010
	WE011 Pointing out endings	WE011
	WE012 Progress recording (documenting progress)	WE012
Ending Skills (EN)	EN001 Reviewing the process	EN001
	EN002 Final evaluating	EN002
	EN003 Sharing ending feelings and saying goodbye	EN003
	EN004 Recording the closing summary	EN004

TABLE OF SOCIAL WORK SKILLS CLASSIFIED BY THE CORE EPAS COMPETENCIES

The following table illustrates the relationships of the social work skills to the core EPAS competencies. The classification of the skills was based upon the descriptions of the practice knowledge elements and the practice behaviors associated with each of the core competencies (CSWE, 2008). As students reflect proficiency in the social work skills, they simultaneously reflect proficiency in the competencies associated with them.

EP2.1.1: Identify with the social work profession and conduct oneself accordingly.
PF001 Demonstrating integrity
PF002 Applying professional knowledge and exhibiting self-efficacy
PF003 Demonstrating self-understanding and maintaining self-control
PF004 Giving and receiving social support
PF005 Thinking critically and inquiring scientifically
PF006 Engaging in career-long learning
PF007 Valuing diversity and difference
PF008 Advancing human rights and social justice
PF009 Promoting social well-being and engaging in policy practice
ED002 Understanding the fundamental values and ethics of social work
PR003 Preparatory consulting
PR006 Preparatory self-exploration
PR007 Centering
BG001 Introducing yourself
BG006 Seeking feedback
TL001 Engaging diversity and difference through culturally sensitive communications
TL002 Communicating nonverbally and using body language
TL003 Listening: hearing, observing, encouraging, and remembering
WE007 Representing

EP2.1.2: Apply social work ethical principles to guide professional practice.
ED001 Understanding our legal obligations
ED002 Understanding the fundamental values and ethics of social work
ED003 Identifying ethical and legal implications
ED004 Addressing ethical dilemmas
PF001 Demonstrating integrity
PF003 Demonstrating self-understanding and maintaining self-control
PF005 Thinking critically and inquiring scientifically
PR006 Preparatory self-exploration
PR007 Centering
BG005 Discussing policy and ethical factors
EP2.1.3: Apply critical thinking to inform and communicate professional judgments.
PF002 Applying professional knowledge and exhibiting self-efficacy
PF005 Thinking critically and inquiring scientifically
TL001 Engaging diversity and difference through culturally sensitive communications
TL002 Communicating nonverbally and using body language
TL003 Listening: hearing, observing, encouraging, and remembering
TL004 Active listening: combining talking and listening to promote understanding
PR008 Preliminary planning and recording
AS001 Organizing descriptive information
AS002 Preparing a tentative assessment and case formulation
CN008 Planning for evaluation
CN009 Summarizing the contract
WE003 Evaluating
WE012 Progress recording (documenting progress)
EN001 Reviewing the process
EN002 Final evaluating
EN004 Recording the closing summary
EP2.1.4: Engage diversity and difference in practice.
PF001 Demonstrating integrity
PF002 Applying professional knowledge and exhibiting self-efficacy
PF003 Demonstrating self-understanding and maintaining self-control
PF005 Thinking critically and inquiring scientifically
PF006 Engaging in career-long learning

PF007 Valuing diversity and difference
PF008 Advancing human rights and social justice
PF009 Promoting social well-being and engaging in policy practice
ED002 Understanding the fundamental values and ethics of social work
TL001 Engaging diversity and difference through culturally sensitive communications
TL002 Communicating nonverbally and using body language
TL003 Listening: hearing, observing, encouraging, and remembering
TL004 Active listening: combining talking and listening to promote understanding
PR005 Preparatory empathy
PR006 Preparatory self-exploration
PR007 Centering
BG02 Seeking introductions
BG006 Seeking feedback
EX002 Seeking clarification
WE008 Responding with immediacy
EP2.1.5: Advance human rights and social and economic justice.
PF002 Applying professional knowledge and exhibiting self-efficacy
PF007 Valuing diversity and difference
PF008 Advancing human rights and social justice
PF009 Promoting social well-being and engaging in policy practice
WE007 Representing
EP2.1.6: Engage in research-informed practice and practice-informed research.
PF002 Applying professional knowledge and exhibiting self-efficacy
PF005 Thinking critically and inquiring scientifically
ED003 Identifying ethical and legal implications
BG006 Seeking feedback
AS002 Preparing a tentative assessment and case formulation
CN003 Identifying an issue
CN002 Reflecting hypotheses
CN006 Developing an action plan
CN007 Identifying action steps
CN008 Planning for evaluation
WE002 Reviewing action steps
WE003 Evaluating

WE005 Educating
EN002 Final evaluating
EP2.1.7: Apply knowledge of human behavior and the social environment.
PF002 Applying professional knowledge and exhibiting self-efficacy
PF005 Thinking critically and inquiring scientifically
PF009 Promoting social well-being and engaging in policy practice
AS002 Preparing a tentative assessment and case formulation
CN003 Identifying an issue
CN006 Developing an action plan
WE005 Educating
EP2.1.8: Engage in policy practice to advance social and economic well-being and to deliver effective social work services.
PF005 Thinking critically and inquiring scientifically
PF006 Engaging in career-long learning
PF007 Valuing diversity and difference
PF008 Advancing human rights and social justice
PF009 Promoting social well-being and engaging in policy practice
BG005 Discussing policy and ethical factors
AS002 Preparing a tentative assessment and case formulation
WE007 Representing
EP2.1.9: Respond to contexts that shape practice.
PF002 Applying professional knowledge and exhibiting self-efficacy
PF005 Thinking critically and inquiring scientifically
PF006 Engaging in career-long learning
ED003 Identifying ethical and legal implications
ED004 Addressing ethical dilemmas
TL003 Listening: hearing, observing, encouraging, and remembering
CN003 Identifying an issue
CN004 Clarifying issues for work
WE005 Educating
WE006 Advising
EP2.1.10a: Engage with individuals, families, groups, organizations, and communities.
PF001 Demonstrating integrity
PF002 Applying professional knowledge and exhibiting self-efficacy
PF003 Demonstrating self-understanding and maintaining self-control

PF007 Valuing diversity and difference
PR001 Preparatory reviewing
PR002 Preparatory exploring
PR003 Preparatory consulting
PR004 Preparatory arranging
PR005 Preparatory empathy
PR006 Preparatory self-exploration
PR007 Centering
PR008 Preliminary planning and recording
BG001 Introducing yourself
BG002 Seeking introductions
BG003 Describing initial purpose
BG004 Orienting clients
BG005 Discussing policy and ethical factors
BG006 Seeking feedback
TL001 Engaging diversity and difference through culturally sensitive communications
TL002 Communicating nonverbally and using body language
TL003 Listening: hearing, observing, encouraging, and remembering
EX001 Asking questions
EX002 Seeking clarification
EX003 Reflecting content
EX004 Reflecting feelings
EX005 Reflecting feeling and meaning
EX006 Partializing
EX007 Going beyond
CN001 Reflecting an issue
EP2.1.10b: Assess with individuals, families, groups, organizations, and communities.
PF001 Demonstrating integrity
PF002 Applying professional knowledge and exhibiting self-efficacy
PF005 Thinking critically and inquiring scientifically
BG006 Seeking feedback
TL001 Engaging diversity and difference through culturally sensitive communications
TL002 Communicating nonverbally and using body language
TL003 Listening: hearing, observing, encouraging, and remembering

EX001 Asking questions
EX002 Seeking clarification
EX003 Reflecting content
EX004 Reflecting feelings
EX005 Reflecting feeling and meaning
EX006 Partializing
EX007 Going beyond
AS001 Organizing descriptive information
AS002 Preparing a tentative assessment and case formulation
CN001 Reflecting an issue
CN002 Reflecting hypotheses
CN003 Identifying an issue
CN004 Clarifying issues for work
CN005 Establishing goals
CN006 Developing an action plan
CN008 Planning for evaluation
CN009 Summarizing the contract
EP2.1.10c: Intervene with individuals, families, groups, organizations, and communities.
PF001 Demonstrating integrity
PF002 Applying professional knowledge and exhibiting self-efficacy
PF003 Demonstrating self-understanding and maintaining self-control
PF005 Thinking critically and inquiring scientifically
PF007 Valuing diversity and difference
PF008 Advancing human rights and social justice
PF009 Promoting social well-being and engaging in policy practice
BG006 Seeking feedback
TL001 Engaging diversity and difference through culturally sensitive communications
TL002 Communicating nonverbally and using body language
TL003 Listening: hearing, observing, encouraging, and remembering
EX001 Asking questions
EX002 Seeking clarification
EX003 Reflecting content
EX004 Reflecting feelings
EX005 Reflecting feeling and meaning
EX006 Partializing

EX007 Going beyond
CN002 Reflecting hypotheses
CN007 Identifying action steps
WE001 Rehearsing action steps
WE002 Reviewing action steps
WE003 Evaluating
WE004 Focusing
WE005 Educating
WE006 Advising
WE007 Representing
WE008 Responding with immediacy
WE009 Reframing
WE010 Confronting
WE011 Pointing out endings
WE012 Progress recording (documenting progress)
EP2.1.10d: Evaluate with individuals, families, groups, organizations, and communities.
PF001 Demonstrating integrity
PF005 Thinking critically and inquiring scientifically
TL001 Engaging diversity and difference through culturally sensitive communications
TL002 Communicating nonverbally and using body language
TL003 Listening: hearing, observing, encouraging, and remembering
BG006 Seeking feedback
EX001 Asking questions
EX002 Seeking clarification
EX003 Reflecting content
EX004 Reflecting feelings
EX005 Reflecting feeling and meaning
EX007 Going beyond
CN008 Planning for evaluation
WE003 Evaluating
WE012 Progress recording (documenting progress)
EN001 Reviewing the process
EN002 Final evaluating
EN004 Recording the closing summary

APPENDIX 16

ANSWER SHEETS FOR THE SOCIAL WORK SKILLS TEST

The Social Work Skills Test—Answer Sheet

Name: _____ Date: _____ Administration: 1 2 3

Please complete each of the following true–false or multiple-choice items by filling in the bubble below the letter that reflects the best answer.

1.	2.	3.
A B C D ○ ○ ○ ○	A B C D ○ ○ ○ ○	A B C D ○ ○ ○ ○
4.	5.	6.
A B C D ○ ○ ○ ○	A B C D ○ ○ ○ ○	A B C D ○ ○ ○ ○
7.	8.	9.
A B C D ○ ○ ○ ○	A B C D ○ ○ ○ ○	A B C D ○ ○ ○ ○
10.	11.	12.
A B C D ○ ○ ○ ○	A B C D ○ ○ ○ ○	A B C D ○ ○ ○ ○
13.	14.	15.
A B C D ○ ○ ○ ○	A B C D ○ ○ ○ ○	A B C D ○ ○ ○ ○
16.	17.	18.
A B C D ○ ○ ○ ○	A B C D ○ ○ ○ ○	A B C D ○ ○ ○ ○
19.	20.	21.
A B C D ○ ○ ○ ○	A B C D ○ ○ ○ ○	A B C D ○ ○ ○ ○
22.	23.	24.
A B C D ○ ○ ○ ○	A B C D ○ ○ ○ ○	A B C D ○ ○ ○ ○
25.	26.	27.
A B C D ○ ○ ○ ○	A B C D ○ ○ ○ ○	A B C D ○ ○ ○ ○

28.	A B C D ○ ○ ○ ○	29.	A B C D ○ ○ ○ ○	30.	A B C D ○ ○ ○ ○
31.	A B C D ○ ○ ○ ○	32.	A B C D ○ ○ ○ ○	33.	A B C D ○ ○ ○ ○
34.	A B C D ○ ○ ○ ○	35.	A B C D ○ ○ ○ ○	36.	A B C D ○ ○ ○ ○
37.	A B C D ○ ○ ○ ○	38.	A B C D ○ ○ ○ ○	39.	A B C D ○ ○ ○ ○
40.	A B C D ○ ○ ○ ○	41.	A B C D ○ ○ ○ ○	42.	A B C D ○ ○ ○ ○
43.	A B C D ○ ○ ○ ○	44.	A B C D ○ ○ ○ ○	45.	A B C D ○ ○ ○ ○
46.	A B C D ○ ○ ○ ○	47.	A B C D ○ ○ ○ ○	48.	A B C D ○ ○ ○ ○
49.	A B C D ○ ○ ○ ○	50.	A B C D ○ ○ ○ ○	51.	A B C D ○ ○ ○ ○
52.	A B C D ○ ○ ○ ○	53.	A B C D ○ ○ ○ ○	54.	A B C D ○ ○ ○ ○
55.	A B C D ○ ○ ○ ○	56.	A B C D ○ ○ ○ ○	57.	A B C D ○ ○ ○ ○
58.	A B C D ○ ○ ○ ○	59.	A B C D ○ ○ ○ ○	60.	A B C D ○ ○ ○ ○
61.	A B C D ○ ○ ○ ○	62.	A B C D ○ ○ ○ ○	63.	A B C D ○ ○ ○ ○
64.	A B C D ○ ○ ○ ○	65.	A B C D ○ ○ ○ ○	66.	A B C D ○ ○ ○ ○
67.	A B C D ○ ○ ○ ○	68.	A B C D ○ ○ ○ ○	69.	A B C D ○ ○ ○ ○
70.	A B C D ○ ○ ○ ○	71.	A B C D ○ ○ ○ ○	72.	A B C D ○ ○ ○ ○
73.	A B C D ○ ○ ○ ○	74.	A B C D ○ ○ ○ ○	75.	A B C D ○ ○ ○ ○
76.	A B C D ○ ○ ○ ○	77.	A B C D ○ ○ ○ ○	78.	A B C D ○ ○ ○ ○

79.	A B C D ○ ○ ○ ○	80.	A B C D ○ ○ ○ ○	81.	A B C D ○ ○ ○ ○
82.	A B C D ○ ○ ○ ○	83.	A B C D ○ ○ ○ ○	84.	A B C D ○ ○ ○ ○
85.	A B C D ○ ○ ○ ○	86.	A B C D ○ ○ ○ ○	87.	A B C D ○ ○ ○ ○
88.	A B C D ○ ○ ○ ○	89.	A B C D ○ ○ ○ ○	90.	A B C D ○ ○ ○ ○
91.	A B C D ○ ○ ○ ○	92.	A B C D ○ ○ ○ ○	93.	A B C D ○ ○ ○ ○
94.	A B C D ○ ○ ○ ○	95.	A B C D ○ ○ ○ ○	96.	A B C D ○ ○ ○ ○
97.	A B C D ○ ○ ○ ○	98.	A B C D ○ ○ ○ ○	99.	A B C D ○ ○ ○ ○
100.	A B C D ○ ○ ○ ○	101.	A B C D ○ ○ ○ ○	102.	A B C D ○ ○ ○ ○
103.	A B C D ○ ○ ○ ○	104.	A B C D ○ ○ ○ ○	105.	A B C D ○ ○ ○ ○
106.	A B C D ○ ○ ○ ○	107.	A B C D ○ ○ ○ ○	108.	A B C D ○ ○ ○ ○
109.	A B C D ○ ○ ○ ○	110.	A B C D ○ ○ ○ ○	111.	A B C D ○ ○ ○ ○
112.	A B C D ○ ○ ○ ○	113.	A B C D ○ ○ ○ ○	114.	A B C D ○ ○ ○ ○
115.	A B C D ○ ○ ○ ○	116.	A B C D ○ ○ ○ ○	117.	A B C D ○ ○ ○ ○
118.	A B C D ○ ○ ○ ○	119.	A B C D ○ ○ ○ ○	120.	A B C D ○ ○ ○ ○
121.	A B C D ○ ○ ○ ○	122.	A B C D ○ ○ ○ ○	123.	A B C D ○ ○ ○ ○
124.	A B C D ○ ○ ○ ○	125.	A B C D ○ ○ ○ ○	126.	A B C D ○ ○ ○ ○
127.	A B C D ○ ○ ○ ○	128.	A B C D ○ ○ ○ ○	129.	A B C D ○ ○ ○ ○
130.	A B C D ○ ○ ○ ○				

Please track the quality of your response to each item in the Short-Answer portion of *The Social Work Skills Test* by filling in the bubble below the letter that corresponds to the following scale:
 1 = Unsatisfactory, 2 = Inferior, 3 = Satisfactory, 4 = Proficient

131.	1	2	3	4		132.	1	2	3	4		133.	1	2	3	4
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
134.	1	2	3	4		135.	1	2	3	4		136.	1	2	3	4
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
137.	1	2	3	4		138.	1	2	3	4		139.	1	2	3	4
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
140.	1	2	3	4		141.	1	2	3	4		142.	1	2	3	4
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
143.	1	2	3	4		144.	1	2	3	4		145.	1	2	3	4
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
146.	1	2	3	4		147.	1	2	3	4		148.	1	2	3	4
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
149.	1	2	3	4		150.	1	2	3	4		151.	1	2	3	4
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
152.	1	2	3	4		153.	1	2	3	4		154.	1	2	3	4
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
155.	1	2	3	4		156.	1	2	3	4		157.	1	2	3	4
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
158.	1	2	3	4		159.	1	2	3	4		160.	1	2	3	4
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
161.	1	2	3	4		162.	1	2	3	4		163.	1	2	3	4
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
164.	1	2	3	4		165.	1	2	3	4		166.	1	2	3	4
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
167.	1	2	3	4		168.	1	2	3	4		169.	1	2	3	4
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
170.	1	2	3	4		171.	1	2	3	4		172.	1	2	3	4
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please track the quality of your response to each item in the Case Study portion of *The Social Work Skills Test* by filling in the bubble below the letter that corresponds to the following scale:

1 = Unsatisfactory, 2 = Inferior, 3 = Satisfactory, 4 = Proficient

173.	1	2	3	4		174.	1	2	3	4		175.	1	2	3	4
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
176.	1	2	3	4		177.	1	2	3	4		178.	1	2	3	4
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
179.	1	2	3	4		180.	1	2	3	4		181.	1	2	3	4
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
182.	1	2	3	4		183.	1	2	3	4		184.	1	2	3	4
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
185.	1	2	3	4		186.	1	2	3	4		187.	1	2	3	4
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
188.	1	2	3	4		189.	1	2	3	4		190.	1	2	3	4
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
191.	1	2	3	4		192.	1	2	3	4		193.	1	2	3	4
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
194.	1	2	3	4		195.	1	2	3	4						
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						

The Social Work Skills Test—Answer Sheet

Name: _____ Date: _____ Administration: 1 2 3

Please complete each of the following true–false or multiple–choice items by filling in the bubble below the letter that reflects the best answer.

1.	A	B	C	D		2.	A	B	C	D		3.	A	B	C	D
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.	A	B	C	D		5.	A	B	C	D		6.	A	B	C	D
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.	A	B	C	D		8.	A	B	C	D		9.	A	B	C	D
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.	A	B	C	D		11.	A	B	C	D		12.	A	B	C	D
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13.	A	B	C	D		14.	A	B	C	D		15.	A	B	C	D
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16.	A	B	C	D		17.	A	B	C	D		18.	A	B	C	D
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19.	A B C D ○ ○ ○ ○	20.	A B C D ○ ○ ○ ○	21.	A B C D ○ ○ ○ ○
22.	A B C D ○ ○ ○ ○	23.	A B C D ○ ○ ○ ○	24.	A B C D ○ ○ ○ ○
25.	A B C D ○ ○ ○ ○	26.	A B C D ○ ○ ○ ○	27.	A B C D ○ ○ ○ ○
28.	A B C D ○ ○ ○ ○	29.	A B C D ○ ○ ○ ○	30.	A B C D ○ ○ ○ ○
31.	A B C D ○ ○ ○ ○	32.	A B C D ○ ○ ○ ○	33.	A B C D ○ ○ ○ ○
34.	A B C D ○ ○ ○ ○	35.	A B C D ○ ○ ○ ○	36.	A B C D ○ ○ ○ ○
37.	A B C D ○ ○ ○ ○	38.	A B C D ○ ○ ○ ○	39.	A B C D ○ ○ ○ ○
40.	A B C D ○ ○ ○ ○	41.	A B C D ○ ○ ○ ○	42.	A B C D ○ ○ ○ ○
43.	A B C D ○ ○ ○ ○	44.	A B C D ○ ○ ○ ○	45.	A B C D ○ ○ ○ ○
46.	A B C D ○ ○ ○ ○	47.	A B C D ○ ○ ○ ○	48.	A B C D ○ ○ ○ ○
49.	A B C D ○ ○ ○ ○	50.	A B C D ○ ○ ○ ○	51.	A B C D ○ ○ ○ ○
52.	A B C D ○ ○ ○ ○	53.	A B C D ○ ○ ○ ○	54.	A B C D ○ ○ ○ ○
55.	A B C D ○ ○ ○ ○	56.	A B C D ○ ○ ○ ○	57.	A B C D ○ ○ ○ ○
58.	A B C D ○ ○ ○ ○	59.	A B C D ○ ○ ○ ○	60.	A B C D ○ ○ ○ ○
61.	A B C D ○ ○ ○ ○	62.	A B C D ○ ○ ○ ○	63.	A B C D ○ ○ ○ ○
64.	A B C D ○ ○ ○ ○	65.	A B C D ○ ○ ○ ○	66.	A B C D ○ ○ ○ ○
67.	A B C D ○ ○ ○ ○	68.	A B C D ○ ○ ○ ○	69.	A B C D ○ ○ ○ ○
70.	A B C D ○ ○ ○ ○	71.	A B C D ○ ○ ○ ○	72.	A B C D ○ ○ ○ ○

73.	A	B	C	D		74.	A	B	C	D		75.	A	B	C	D
	○	○	○	○			○	○	○	○			○	○	○	○
76.	A	B	C	D		77.	A	B	C	D		78.	A	B	C	D
	○	○	○	○			○	○	○	○			○	○	○	○
79.	A	B	C	D		80.	A	B	C	D		81.	A	B	C	D
	○	○	○	○			○	○	○	○			○	○	○	○
82.	A	B	C	D		83.	A	B	C	D		84.	A	B	C	D
	○	○	○	○			○	○	○	○			○	○	○	○
85.	A	B	C	D		86.	A	B	C	D		87.	A	B	C	D
	○	○	○	○			○	○	○	○			○	○	○	○
88.	A	B	C	D		89.	A	B	C	D		90.	A	B	C	D
	○	○	○	○			○	○	○	○			○	○	○	○
91.	A	B	C	D		92.	A	B	C	D		93.	A	B	C	D
	○	○	○	○			○	○	○	○			○	○	○	○
94.	A	B	C	D		95.	A	B	C	D		96.	A	B	C	D
	○	○	○	○			○	○	○	○			○	○	○	○
97.	A	B	C	D		98.	A	B	C	D		99.	A	B	C	D
	○	○	○	○			○	○	○	○			○	○	○	○
100.	A	B	C	D		101.	A	B	C	D		102.	A	B	C	D
	○	○	○	○			○	○	○	○			○	○	○	○
103.	A	B	C	D		104.	A	B	C	D		105.	A	B	C	D
	○	○	○	○			○	○	○	○			○	○	○	○
106.	A	B	C	D		107.	A	B	C	D		108.	A	B	C	D
	○	○	○	○			○	○	○	○			○	○	○	○
109.	A	B	C	D		110.	A	B	C	D		111.	A	B	C	D
	○	○	○	○			○	○	○	○			○	○	○	○
112.	A	B	C	D		113.	A	B	C	D		114.	A	B	C	D
	○	○	○	○			○	○	○	○			○	○	○	○
115.	A	B	C	D		116.	A	B	C	D		117.	A	B	C	D
	○	○	○	○			○	○	○	○			○	○	○	○
118.	A	B	C	D		119.	A	B	C	D		120.	A	B	C	D
	○	○	○	○			○	○	○	○			○	○	○	○
121.	A	B	C	D		122.	A	B	C	D		123.	A	B	C	D
	○	○	○	○			○	○	○	○			○	○	○	○
124.	A	B	C	D		125.	A	B	C	D		126.	A	B	C	D
	○	○	○	○			○	○	○	○			○	○	○	○

127.	A	B	C	D		128.	A	B	C	D		129.	A	B	C	D
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
130.	A	B	C	D												
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>												

*Please track the quality of your response to each item in the Short-Answer portion of The Social Work Skills Test by filling in the bubble below the letter that corresponds to the following scale:
1 = Unsatisfactory, 2 = Inferior, 3 = Satisfactory, 4 = Proficient*

131.	1	2	3	4		132.	1	2	3	4		133.	1	2	3	4
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
134.	1	2	3	4		135.	1	2	3	4		136.	1	2	3	4
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
137.	1	2	3	4		138.	1	2	3	4		139.	1	2	3	4
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
140.	1	2	3	4		141.	1	2	3	4		142.	1	2	3	4
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
143.	1	2	3	4		144.	1	2	3	4		145.	1	2	3	4
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
146.	1	2	3	4		147.	1	2	3	4		148.	1	2	3	4
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
149.	1	2	3	4		150.	1	2	3	4		151.	1	2	3	4
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
152.	1	2	3	4		153.	1	2	3	4		154.	1	2	3	4
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
155.	1	2	3	4		156.	1	2	3	4		157.	1	2	3	4
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
158.	1	2	3	4		159.	1	2	3	4		160.	1	2	3	4
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
161.	1	2	3	4		162.	1	2	3	4		163.	1	2	3	4
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
164.	1	2	3	4		165.	1	2	3	4		166.	1	2	3	4
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
167.	1	2	3	4		168.	1	2	3	4		169.	1	2	3	4
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
170.	1	2	3	4		171.	1	2	3	4		172.	1	2	3	4
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please track the quality of your response to each item in the Case Study portion of *The Social Work Skills Test* by filling in the bubble below the letter that corresponds to the following scale:
 1 = Unsatisfactory, 2 = Inferior, 3 = Satisfactory, 4 = Proficient

173.	1	2	3	4		174.	1	2	3	4		175.	1	2	3	4
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
176.	1	2	3	4		177.	1	2	3	4		178.	1	2	3	4
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
179.	1	2	3	4		180.	1	2	3	4		181.	1	2	3	4
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
182.	1	2	3	4		183.	1	2	3	4		184.	1	2	3	4
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
185.	1	2	3	4		186.	1	2	3	4		187.	1	2	3	4
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
188.	1	2	3	4		189.	1	2	3	4		190.	1	2	3	4
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
191.	1	2	3	4		192.	1	2	3	4		193.	1	2	3	4
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
194.	1	2	3	4		195.	1	2	3	4						
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						

The Social Work Skills Test—Answer Sheet

Name: _____ Date: _____ Administration: 1 2 3

Please complete each of the following true–false or multiple–choice items by filling in the bubble below the letter that reflects the best answer.

1.	A	B	C	D		2.	A	B	C	D		3.	A	B	C	D
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.	A	B	C	D		5.	A	B	C	D		6.	A	B	C	D
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.	A	B	C	D		8.	A	B	C	D		9.	A	B	C	D
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.	A	B	C	D		11.	A	B	C	D		12.	A	B	C	D
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13.	A	B	C	D		14.	A	B	C	D		15.	A	B	C	D
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16.	A	B	C	D		17.	A	B	C	D		18.	A	B	C	D
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19.	A B C D ○ ○ ○ ○	20.	A B C D ○ ○ ○ ○	21.	A B C D ○ ○ ○ ○
22.	A B C D ○ ○ ○ ○	23.	A B C D ○ ○ ○ ○	24.	A B C D ○ ○ ○ ○
25.	A B C D ○ ○ ○ ○	26.	A B C D ○ ○ ○ ○	27.	A B C D ○ ○ ○ ○
28.	A B C D ○ ○ ○ ○	29.	A B C D ○ ○ ○ ○	30.	A B C D ○ ○ ○ ○
31.	A B C D ○ ○ ○ ○	32.	A B C D ○ ○ ○ ○	33.	A B C D ○ ○ ○ ○
34.	A B C D ○ ○ ○ ○	35.	A B C D ○ ○ ○ ○	36.	A B C D ○ ○ ○ ○
37.	A B C D ○ ○ ○ ○	38.	A B C D ○ ○ ○ ○	39.	A B C D ○ ○ ○ ○
40.	A B C D ○ ○ ○ ○	41.	A B C D ○ ○ ○ ○	42.	A B C D ○ ○ ○ ○
43.	A B C D ○ ○ ○ ○	44.	A B C D ○ ○ ○ ○	45.	A B C D ○ ○ ○ ○
46.	A B C D ○ ○ ○ ○	47.	A B C D ○ ○ ○ ○	48.	A B C D ○ ○ ○ ○
49.	A B C D ○ ○ ○ ○	50.	A B C D ○ ○ ○ ○	51.	A B C D ○ ○ ○ ○
52.	A B C D ○ ○ ○ ○	53.	A B C D ○ ○ ○ ○	54.	A B C D ○ ○ ○ ○
55.	A B C D ○ ○ ○ ○	56.	A B C D ○ ○ ○ ○	57.	A B C D ○ ○ ○ ○
58.	A B C D ○ ○ ○ ○	59.	A B C D ○ ○ ○ ○	60.	A B C D ○ ○ ○ ○
61.	A B C D ○ ○ ○ ○	62.	A B C D ○ ○ ○ ○	63.	A B C D ○ ○ ○ ○
64.	A B C D ○ ○ ○ ○	65.	A B C D ○ ○ ○ ○	66.	A B C D ○ ○ ○ ○
67.	A B C D ○ ○ ○ ○	68.	A B C D ○ ○ ○ ○	69.	A B C D ○ ○ ○ ○
70.	A B C D ○ ○ ○ ○	71.	A B C D ○ ○ ○ ○	72.	A B C D ○ ○ ○ ○

73.	A B C D ○ ○ ○ ○	74.	A B C D ○ ○ ○ ○	75.	A B C D ○ ○ ○ ○
76.	A B C D ○ ○ ○ ○	77.	A B C D ○ ○ ○ ○	78.	A B C D ○ ○ ○ ○
79.	A B C D ○ ○ ○ ○	80.	A B C D ○ ○ ○ ○	81.	A B C D ○ ○ ○ ○
82.	A B C D ○ ○ ○ ○	83.	A B C D ○ ○ ○ ○	84.	A B C D ○ ○ ○ ○
85.	A B C D ○ ○ ○ ○	86.	A B C D ○ ○ ○ ○	87.	A B C D ○ ○ ○ ○
88.	A B C D ○ ○ ○ ○	89.	A B C D ○ ○ ○ ○	90.	A B C D ○ ○ ○ ○
91.	A B C D ○ ○ ○ ○	92.	A B C D ○ ○ ○ ○	93.	A B C D ○ ○ ○ ○
94.	A B C D ○ ○ ○ ○	95.	A B C D ○ ○ ○ ○	96.	A B C D ○ ○ ○ ○
97.	A B C D ○ ○ ○ ○	98.	A B C D ○ ○ ○ ○	99.	A B C D ○ ○ ○ ○
100.	A B C D ○ ○ ○ ○	101.	A B C D ○ ○ ○ ○	102.	A B C D ○ ○ ○ ○
103.	A B C D ○ ○ ○ ○	104.	A B C D ○ ○ ○ ○	105.	A B C D ○ ○ ○ ○
106.	A B C D ○ ○ ○ ○	107.	A B C D ○ ○ ○ ○	108.	A B C D ○ ○ ○ ○
109.	A B C D ○ ○ ○ ○	110.	A B C D ○ ○ ○ ○	111.	A B C D ○ ○ ○ ○
112.	A B C D ○ ○ ○ ○	113.	A B C D ○ ○ ○ ○	114.	A B C D ○ ○ ○ ○
115.	A B C D ○ ○ ○ ○	116.	A B C D ○ ○ ○ ○	117.	A B C D ○ ○ ○ ○
118.	A B C D ○ ○ ○ ○	119.	A B C D ○ ○ ○ ○	120.	A B C D ○ ○ ○ ○
121.	A B C D ○ ○ ○ ○	122.	A B C D ○ ○ ○ ○	123.	A B C D ○ ○ ○ ○
124.	A B C D ○ ○ ○ ○	125.	A B C D ○ ○ ○ ○	126.	A B C D ○ ○ ○ ○

127.	A	B	C	D		128.	A	B	C	D		129.	A	B	C	D
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
130.	A	B	C	D												
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>												

*Please track the quality of your response to each item in the Short-Answer portion of The Social Work Skills Test by filling in the bubble below the letter that corresponds to the following scale:
1 = Unsatisfactory, 2 = Inferior, 3 = Satisfactory, 4 = Proficient*

131.	1	2	3	4		132.	1	2	3	4		133.	1	2	3	4
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
134.	1	2	3	4		135.	1	2	3	4		136.	1	2	3	4
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
137.	1	2	3	4		138.	1	2	3	4		139.	1	2	3	4
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
140.	1	2	3	4		141.	1	2	3	4		142.	1	2	3	4
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
143.	1	2	3	4		144.	1	2	3	4		145.	1	2	3	4
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
146.	1	2	3	4		147.	1	2	3	4		148.	1	2	3	4
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
149.	1	2	3	4		150.	1	2	3	4		151.	1	2	3	4
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
152.	1	2	3	4		153.	1	2	3	4		154.	1	2	3	4
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
155.	1	2	3	4		156.	1	2	3	4		157.	1	2	3	4
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
158.	1	2	3	4		159.	1	2	3	4		160.	1	2	3	4
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
161.	1	2	3	4		162.	1	2	3	4		163.	1	2	3	4
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
164.	1	2	3	4		165.	1	2	3	4		166.	1	2	3	4
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
167.	1	2	3	4		168.	1	2	3	4		169.	1	2	3	4
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
170.	1	2	3	4		171.	1	2	3	4		172.	1	2	3	4
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please track the quality of your response to each item in the Case Study portion of *The Social Work Skills Test* by filling in the bubble below the letter that corresponds to the following scale:
 1 = Unsatisfactory, 2 = Inferior, 3 = Satisfactory, 4 = Proficient

173.	1	2	3	4		174.	1	2	3	4		175.	1	2	3	4
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
176.	1	2	3	4		177.	1	2	3	4		178.	1	2	3	4
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
179.	1	2	3	4		180.	1	2	3	4		181.	1	2	3	4
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
182.	1	2	3	4		183.	1	2	3	4		184.	1	2	3	4
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
185.	1	2	3	4		186.	1	2	3	4		187.	1	2	3	4
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
188.	1	2	3	4		189.	1	2	3	4		190.	1	2	3	4
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
191.	1	2	3	4		192.	1	2	3	4		193.	1	2	3	4
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
194.	1	2	3	4		195.	1	2	3	4						
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						

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