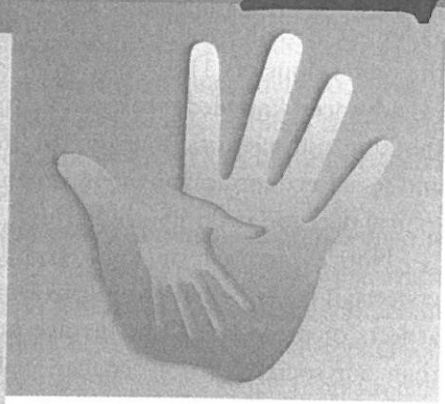
Introduction to Professionalism

CHAPTER 2



Society entrusts social workers with the status, authority, and responsibility for promoting human rights; pursuing social, economic, and environmental justice; and helping people address personal and social problems in living. In this chapter, we begin to explore the first four of 10 dimensions of professionalism. We will address the others in the following three chapters. Each of the four chapters contains learning exercises to help you explore these interrelated dimensions of professionalism. You also create materials for inclusion in your Social Work Skills Learning Portfolio.

Core Competencies

The content addressed in this chapter supports the following core EPAS competencies:

- Competency 1: Demonstrate Ethical and Professional Behavior
- Competency 2: Engage Diversity and Difference in Practice
- Competency 3: Advance Human Rights and Social, Economic, and Environmental Justice
- Competency 4: Engage In Practice-Informed Research and Research-Informed Practice
- Competency 5: Engage in Policy Practice
- Competency 6: Engage with Individuals, Families, Groups, Organizations, and Communities
- Competency 7: Assess Individuals, Families, Groups, Organizations, and Communities
- Competency 8: Intervene with Individuals, Families, Groups, Organizations, and Communities
- Competency 9: Evaluate Practice with Individuals, Families, Groups, Organizations, and Communities

Chapter Goals

Following completion of this chapter, you should be able to reflect upon and discuss:

- Professionalism within the context of social work practice.
- Integrity.
- Self-understanding and self-control.
- Knowledge, expertise, and self-efficacy.
- Social support and well-being.

Professionalism

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" ("professional," 2014). In the case of social work, however, professionalism goes well beyond knowledge, competence, and expertise to incorporate qualities of honesty, honor, and humility; dedication, commitment, and altruism; and, importantly, adherence to a core set of values and a code of ethics. Our conception of professionalism in social work includes the dimensions of (1) personal and professional integrity; (2) self-understanding and self-control; (3) advanced knowledge, expertise, and self-efficacy; (4) social support and well-being; (5) critical thinking and scientific inquiry; (6) lifelong learning; (7) diversity and difference; (8) human rights and social, economic, and environmental justice; (9) policy–practice; and (10) social work values and ethical decision making (see Figure 2.1).

Notice that the terms *status* and *licensed* do not appear in the illustration. Although social workers certainly do benefit from our status and authority as licensed professionals, the fundamental aspects of professionalism involve our knowledge, attitudes, ideals, expertise, and actions rather than our social position, educational achievements, or prestige. Indeed, our privileged status as professionals may sometimes leave us hesitant to take action against discrimination, oppression, inequality, and other forms of injustice. Perhaps because we have studied so long and hard to become professionals, we might fear the loss of our social status—and perhaps our employment—if we were to actively advocate against certain unjust practices. Such ambivalence is hardly surprising.

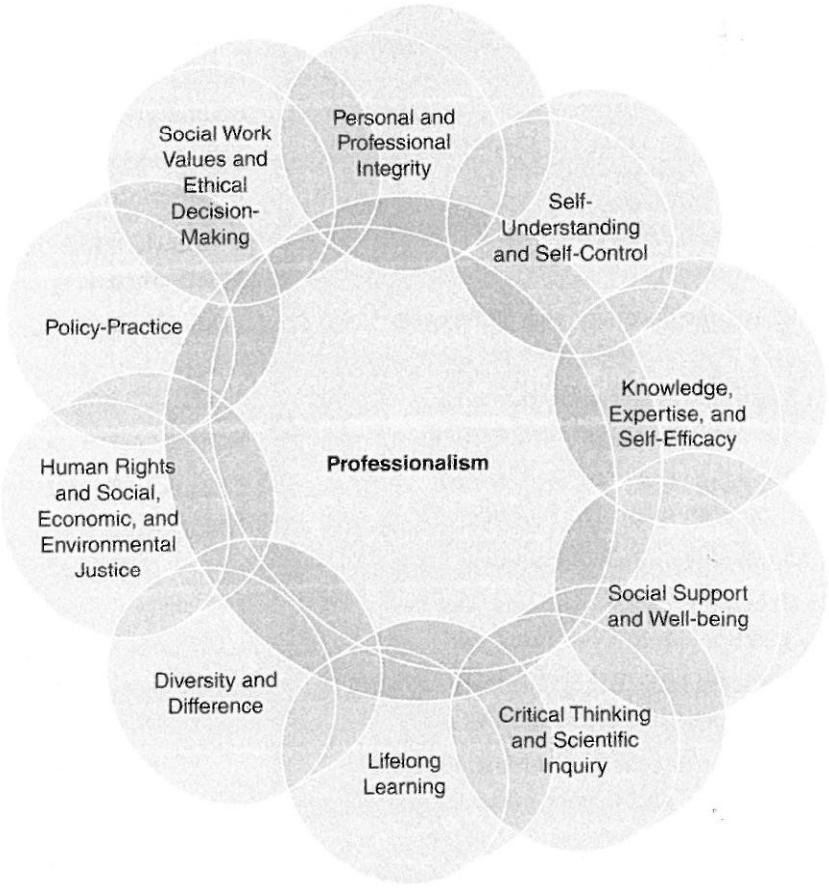


FIGURE 2.1 Professionalism: A Conceptual Framework

Risk of diminished status or threat of job loss tends to promote an establishmentarian orientation that favors the social, political, and economic status quo and may interfere with our mission as a social-change-focused profession.

Although social work's mission clearly involves advocacy for human rights, elimination of discrimination and oppression, an end to poverty, promotion of social and economic and environmental justice, and the enhancement of all persons' quality of life, social workers sometimes reflect cautious and bureaucratic tendencies—even when current conditions reflect obvious and pervasive injustice. Despite our understandable hesitation and inertia, however, let's be courageous. Let's engage in active, conscientious attempts to transcend our own self-interest and safety concerns as we learn how to pursue social work's mission and help clients address issues, achieve their goals, and enhance the quality of their lives while also working to eliminate poverty and promote social, economic, and environmental justice.

Social workers affect people in profound ways—often for the better, but sometimes for the worse. Given the large number of social workers and the nature and scope of the services we provide, the importance of professionalism cannot be overemphasized. When social workers are competent and trustworthy, our clients feel satisfied and society as a whole benefits. The overall reputation of social workers and our profession improves. However, when social workers lack professionalism, many people suffer. Clients or others affected by our policies, programs, and practices may be harmed. Indeed, lives can, and sometimes are, lost due to social workers' negligence or incompetence. When some 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.

The stakes are so high that 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 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. Many of us try to keep current with advances in professional knowledge. We also 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 the dimensions of professionalism.

Integrity

Personal and professional integrity are essential aspects of professionalism. Within the context of social work service, **integrity** suggests honesty, truthfulness, sincerity, humility, and trustworthiness. In its Code of Ethics, the NASW (2008) states that "Social workers should not participate in, condone, or be associated with dishonesty, fraud, or deception" (Section 4.04). However, in social work, integrity goes well beyond the simple avoidance or absence of misbehavior. Rather, we pursue professional integrity with conviction, dedication, and enthusiasm.

As a social worker, you demonstrate integrity when you share information that is supported by valid and reliable evidence, and, conversely, when you refrain from repeating gossip, rumors, and other forms of invalid and unreliable information. You reflect integrity when you publicly acknowledge 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 or admit ignorance when you do not know the answer

to a particular question. You exemplify integrity when you manage your own personal or religious beliefs in order to better serve clients who hold different views. You show integrity when you resist temptations to cheat, lie, or misrepresent facts; and when you recognize that your immediate thoughts and emotional reactions may not always serve as a valid basis for professional action. You reflect integrity when you keep your promises and fulfill your commitments. You display integrity when you willingly acknowledge mistakes and errors in your own thoughts, words, and deeds; and change your mind when credible evidence challenges your previously held beliefs.

You manifest integrity when you report a colleague who exploited a client, cheated on an exam, or plagiarized a report; or, when you admit that you have done so. You reflect integrity when you reveal that your organization intentionally defrauds its funding sources by billing for services it does not provide; and perhaps lose your job when you do so. Despite laws intended to protect honest whistleblowers from retaliation, the consequences of trying to right wrongs and combat injustice can be painful indeed (Devine & Maassarani, 2011; Kohn, 2011; Press, 2012). Unfortunately, direct or indirect punishment sometimes results from "doing the right thing." Integrity can be costly indeed.

The NASW Code of Ethics 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. (2008, Ethical Principles Section, para. 6)

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 authenticity and sincerity, professional integrity is a matter of personal honor.

Consider, for example, the notions of trust and credibility. Clients tend to seek help from social workers because they assume they will receive honest, fair, responsible, and competent service. Indeed, first meetings often reflect an initial trust that may continue throughout the entire course of the relationship. However, clients tend to notice when a professional's words or actions suggest insincerity, irresponsibility, unfairness, incompetence, or dishonesty. Lapses of integrity jeopardize the assumption of goodwill and may leave clients disappointed and their friends and family members reluctant to trust other social workers in the future.

In some instances, these losses may be permanent as clients conclude "I'll never go back to that place" or "Social workers are useless" 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, destroy personal, family, friendship, and professional relationships. Once damaged, our personal and professional reputations are extremely difficult to restore.

Some social workers have neglected to fulfill fundamental responsibilities such as regularly checking on the welfare of abused or neglected children under their supervision (Kaufman & Jones, 2003; McCoy & Phillips, 2008, July 31; The Associated Press, 2009, June 9; Wynn, 2012, May 23). When violations such as these occur, the consequences may be profound. Trust in social workers erodes and regard for the child welfare system declines. Relatives, neighbors, and other citizens may fail to report suspicions of child neglect or abuse out of fear that children could be worse off in the

care of the system than they would be if left alone. As a result, children may go without needed protective services and some may suffer severe injuries or die.

Some organizations and some social workers have systematically defrauded public and private insurance services by assigning medical or psychiatric diagnoses that do not actually apply to their clients (Reamer, 2008b). Others have falsified documents to suggest that they completed work or provided services they did not actually perform (Snider, 2012, Apr. 19; Spears, 2012, July 24; Ujifusa, 2008, July 30). When questioned about such practices, some have obstructed judicial process—perhaps by rewriting or destroying client records (Reuters News Service, 2009, Apr. 21; Wynn, 2012, May 23).

In addition, some social workers have exploited clients for their own personal satisfaction or financial benefit (Clarridge, 2009, May 9; Shifrel, 2009, June 25). Indeed, sexual relations with clients—expressly forbidden by social work's ethical code—remain a common form of client exploitation (Berkman, Turner, Cooper, Polnerow, & Swartz, 2000). Some social workers have enriched their own bank accounts by embezzling funds from their agencies; by billing clients or third-party insurers for unnecessary services; or by stealing money from foster children (The Associated Press, 2000) or from elderly or disabled clients (WSLS-TV Staff Reports, 2010, Oct. 27). Violations such as these affect many lives. Clients and their loved ones are often directly injured and, of course, the offending social workers often lose their jobs, their licenses, and their careers. Some are heavily fined, and a few go to jail. In addition, the reputations of social workers in general and the profession as a whole are damaged.

In contemporary life, social workers' reputations may also be affected—often quite unfairly—by the incredible memory capacity of our digital devices and the insidious presence of the Internet. 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 should probably presume that most things transmitted or posted electronically remain somewhere in cyberspace. Messages sent via e-mail, instant message, or Twitter; postings on Facebook or other social-networking websites; or statements made in blogs or electronic forums can become quite embarrassing at points in our careers. Those pictures taken during spring break vacations can come back to haunt us!

Many employers now regularly search the Internet for information about and digital artifacts related to job applicants (de la Llama, Trueba, Voges, Barreto, & Park, 2012). As part of the application process, some now ask prospective employees to permit them access to their personal Facebook pages. 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.

As helping professionals, we tend to 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 and reputation among your most valuable assets. Keep your promises. Maintain a sense of humility. Sincerely acknowledge your mistakes. Be forthcoming about your level of knowledge, skills, and areas of competence. Tell your clients and colleagues the truth. Be transparent about your work. Furthermore, and perhaps most importantly, be brutally honest with yourself. Adopt an extreme attitude in this regard. Among helping professionals, self-deception is a most dangerous conceit.

Self-Understanding and Self-Control

In addition to integrity, 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. Therefore, you need a truly extraordinary depth of self-awareness and a well-developed ability to

access different aspects of yourself in your efforts to serve others. Without self-understanding and self-control, integrity would be virtually impossible. You could, and indeed most likely would, repeat your own personal patterns of thinking, feeling, and behavior with clients, colleagues, or others. You might sometimes act out unresolved personal issues in professional settings or behave inappropriately without understanding why. You might act on the basis of your personal or religious beliefs rather than on the basis of professional knowledge, values, and ethics. Despite the most noble and idealistic of motives, and a determined intention to help others, if you lack self-awareness or self-control you may unwittingly enact ingrained emotional, or behavioral patterns that damage 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 of maturity through which we grow personally and professionally. Effective service requires that you recognize how you think about things, how you react to stress or conflict, how you deal with ambiguity, how you address problems and obstacles, how you present yourself, how you appear to others, and what mannerisms you commonly exhibit. Acknowledge your ideological and cultural preferences and recognize which issues cause you anxiety or uneasiness; which topics trigger emotional reactivity; what kinds of people, problems, or events elicit fear or anger; and which patterns of personal interaction you prefer or dislike. Of course, such a level of self-understanding does not occur through a single set of exercises, a course, or a complete program of university study. It certainly does not accompany a bachelor's (BSW), master's (MSW), or doctoral degree (DSW or PhD) in social work. Rather, sophisticated self-understanding is an ongoing endeavor that continues throughout life.

At a minimum, social workers must appreciate how our personal beliefs, attitudes, and ideologies might influence or interfere with our professional activities. Appreciate how your cultural background, family history, and current social and environmental circumstances 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 and qualities. 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 certain people, as well as the ways you express genuine acceptance of others. Identify how different situations and contexts affect you, your mood, attitudes, and actions. Examine how you respond to uncertainty and frustration. Based on your enhanced self-understanding, develop ways and means to calm yourself. Then, learn how to redirect your attention to your primary professional purposes. Typically, that involves focusing less on ourselves and more upon others.

As is the case with most worthwhile endeavors, self-awareness and consciousness-raising activities involve certain risks. You may discover aspects of yourself that you have not previously recognized or considered. For example, you may learn that you have a strong need for power, control, and predictability in relationships. You may crave certainty and become uneasy in novel or chaotic situations. You may find that you relate to women with less interest, energy, or attention than you do to men; or to low-income people with less enthusiasm than to those of high economic status. 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 serve. You may become aware of fixed racial or ethnic stereotypes that interfere with genuine engagement and 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 problems with alcohol or drugs; that you suffer from occasional periods of depression or carry substantial unresolved rage; or that you are unsuited for a career in the profession of social work.

The processes of self-discovery may give rise to disturbing thoughts, feelings, or sensations. You may even find yourself reconsidering significant life choices. Indeed, numerous dangers 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. Ignorance or distortions in self-awareness may put you and the people you serve at considerable risk.

As you gain self-understanding, you may 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 regulate our reactions, and do so under conditions where other people might well be overwhelmed by powerful emotions and impulses. We maturely choose our words and actions in accord with our professional purpose, knowledge, values, ethics, and the agreed-upon goals for service. Social workers carefully select our nonverbal as well as our verbal expressions. We manage our overt and covert communications by adjusting our body movements, gestures, eye contact, and facial expressions, and by modulating our voice and speech.

At times, it may even be necessary to regulate our inner thoughts and feelings 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. For example, 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 and members of the public can benefit from your professional knowledge and expertise.

Address your fears, anxieties, and compulsive habits that might negatively influence your professional performance. Excessive eating, dieting, exercising, television watching, texting, or computer gaming can 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 other forms of impulsivity. Narrow, fixed beliefs and ideologies, and strong needs for certainty can impede our helpfulness. Similarly, some interpersonal or interactional social patterns may become compulsive and interfere with professional functioning. For example, some of us might use sex or pornography in a compulsive manner while others may be excessively dependent upon social approval and acceptance.

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 may also improve as a natural outgrowth of mindful interaction with peers, clients, friends, and family members. Strengthening self-control, however, requires an active approach—one that involves frequent, systematic practice. Like a muscle in the body, development of self-control requires that we engage in regular, vigorous exercise for quite some time before it becomes a personal asset that we can rely upon in times of distress and temptation.

Environmental and Cultural Contexts

The environmental and cultural contexts in which we live affect us all. We are influenced by past and present circumstances as well as by expectations for our future. Places (Gallagher, 1993) and situations matter; and they do so in powerful ways (Sommers, 2011). Circumstances influence humans' health, longevity, and our thoughts, emotional feelings, bodily sensations, and behavioral

actions. Of course, social workers are also affected by these factors. Indeed, our past and current social and ecological systems are quite likely to influence our professional experience and performance as social workers. And, the nature and speed of environmental change affect our lives and functioning as well as the lives of future generations.

For our purposes, let's consider the term **environment** to be a broad concept that includes the natural physical environment (geography, atmosphere, water, soil, climate), the "built" or human-made[1] physical environment (architecture, transportation structures and systems, energy systems, communication and information systems, food production and distribution systems), and the social environment (the social structures and processes, and cultures that surround the living organisms that exist within the environment). In technical terms, **ecology** is "the study of the relationships among organisms as well as the relationships between them and their physical environment" (Collin, 2004, p. 69). In social work, however, we sometimes use the term environment and ecology as synonyms; and do so in a way that includes both the physical dimensions of our surroundings, the organisms that live within them, and the social systems and social processes created and maintained by those living organisms. Our world is a large, interactive and interdependent ecosystem in which virtually everything affects and is affected by everything else. Social workers recognize that human activity can and does affect plant and animal life and aspects of the environment such as air and water quality; and that ecological changes, in turn, affect us. Such awareness is fundamental to our person-in-environment perspective and to our pursuit of environmental justice.

As an illustration, let's consider air quality and ready access to clean water as aspects of our environment. Without them and sunlight, humans would not long survive. When clean water is not easily available or can be obtained only by privileged groups, the consequences can be severe. In addition to the obvious complications of thirst, malnutrition, food scarcity, and reduced air quality, insufficient or contaminated water supplies are associated with a range of negative health effects, including higher infant mortality rates, increased incidence of cardiopulmonary illness, and heightened risk of infectious disease. Communities are often displaced and conflicts sometimes erupt as populations search and compete for water and food (Sena, Barcellos, Freitas, & Corvalan, 2014; Stanke, Kerac, Prudhomme, Medlock, & Murray, 2013). The reverse is also true, as violent conflict and war erupt, food, water, and places of refuge become scarce.

The presence of toxic chemicals in our air, water, and soil affects plants and animals—including human animals. You may know that the distribution of toxic waste dumps in the United States and the presence of damaging chemicals in the surrounding environment falls disproportionately on low-income and minority groups (Lenhardt & Ogneva-Himmelberger, 2013). Furthermore, when animal populations such as salmon, honey bees, chickens, or livestock are "farmed" the risk of "new" diseases not usually found in the "wild" may increase.[2]

Consider the case of mad cow disease. Formally called bovine spongiform encephalopathy (BSE), it is a degenerative brain disease that affects cattle—apparently through feed that contains animal parts, including parts from other cows (Grady, 2004, Feb. 6). As herbivores, cows prefer vegetation and eat large quantities of various grasses. Commercially produced animal feed may contain corn, alfalfa, or a host of by-products such as soy meal, cottonseed, citrus pulp, and waste from various food production processes. Despite federal restrictions, animal parts are sometimes included in the feed; some cows become infected; and occasionally—as they ingest

---

[1] In addition to humans, other species also create physical structures. For example, bees build hives, spiders spin webs, beavers construct dams, birds build nests, and moles bore tunnels. The terms *built* and *human-made* are used here because of Homo sapiens' dominance in the construction of physical structures and objects.

[2] The dramatic loss of honey bee colonies in many parts of the world is probably the result of toxic chemicals such as insecticides and herbicides. The fact that huge numbers of honey bees are "farmed" leave entire colonies especially susceptible.

meat from BSE infected cattle—some humans become infected as well. A few may die (Stone, 2014, June 4).

As Jared Diamond (1998, 2005, 2012) has eloquently observed, our surroundings and the environmental resources available to us powerfully affect the quality of our lives; and, potentially, the lives of others with whom we have contact. In the past, human societies with plentiful water supplies, arable land, and access to fish, wildlife, minerals, and other natural resources generated surpluses that could be used for exchange or invested in commercial enterprises or exploration.

Excess wealth in China during the first half of the 15th century and in Europe during the second half permitted extensive and expensive explorations to other parts of the world (Menzies, 2003, 2008). Although China discontinued their worldwide adventures and became more insulated, European nations expanded their influence through intensive and extensive colonization. European explorers and settlers used advanced weapons and, unwittingly, their own germs to dominate and sometimes eliminate aboriginal populations (Diamond, 1998). Their beliefs about themselves as superior, their views and attitudes that "others" were inferior, and their assumptions about property, possession, and ownership also contributed to the cultural subjugation and sometimes genocide of native peoples.

Human behavior with and toward other humans, other life forms, and the planet earth is a part of what we call **culture**. Social workers tend to adopt an anthropological or sociological view of the term *culture*—although there are similarities with what happens in scientific laboratories when a virus or bacterium is "cultured" or on farms when seedlings are "cultivated." All three involve the facilitation of growth. In our personal lives, culture may refer to the "arts" or "fashion" or to levels of aesthetic knowledge or achievement. Not so in our professional lives. Rather, we understand that all people reflect cultures, that no one culture is necessarily superior to another, and that no one person is more or less "cultured" than any other.

A specific, universal definition of culture does not exist—perhaps because language and its usage are fundamental aspects of culture; and cultures tend to have their own languages, symbols, and meanings. Despite the loss of hundreds of discrete languages over the past century (Davis, Harrison, & Howell, 2007; Harrison, 2007) as many as 7,000 remain (Davis, 2009). Language and its nonverbal correlates are central aspects of culture, representing as they do, the major pathways for socialization of the young; the processes by which interpretative meanings are shared, disputed, and revised; and a means for rewarding and punishing social behavior.

Although the nature of the term remains fluid, we can say that that culture involves, in addition to language and symbols, shared beliefs about the world and how the world should and does operate. Culture includes music; art; cuisine; social customs; private and public celebrations and ceremonies; religious beliefs, practices, and rituals; views about what constitutes acceptable thoughts and behavior; processes for judging sin or crime; and punishments for deviance. Resulting from the socialization of its members, culture is "the collective programming of the mind that distinguishes the members of one group or category of people from another" (Hofstede, Hofstede, & Minkov, 2010, p. 6). Members of cultural groups share an identity. Furthermore, each of us may be part of and subject to the cultural norms and sanctions of one or more larger cultures and several smaller ones. We simultaneously belong to numerous cultures. For instance, one person might be a citizen of the United States and part of its national culture and at the same time belong to Spanish-speaking, secular–humanist, political, bisexual, and neighborhood subcultures; and serve as a leading member of a local Star Trek fan club.

As children, we possess little control over several aspects of our cultures. Infants are not "free" to choose, for example, the languages they absorb or the metaphysical beliefs they acquire. Children who are born to English-speaking parents in an English-speaking culture speak English rather than Portuguese, and those who grow up in a Mormon family in a Mormon community assume the

religious beliefs of the Church of Latter Day Saints rather than those of Hinduism. In this sense, we acquire many cultural characteristics without choosing to do so. Indeed, in some cultures, individual choice—even for adults—is socially unacceptable. In other cultures, individualism is valued and people sometimes depart from their cultural heritage to learn a new language, and enroll in a different religion or adopt agnostic or atheistic beliefs. At least in theory, humans may be able to exercise some control over many cultural and subcultural aspects of their lives; and, of course, our cultures also change over the course of time. Rapid transportation, mass media, and Internet communications, in particular, have made certain cultural phenomena virtually contagious. The term *meme* and the phrase "It has gone viral" capture the power of modern technology to change social attitudes and behavior. And, as a source of great influence, quick and widely disseminated information can be used for both beneficial and harmful purposes.

In the United States especially, mass advertising and, to a much lesser extent, public service announcements, affect what and how much we purchase and consume. We are bombarded with advertisements for clothes, cosmetics, cars, prescription drugs, and food! In general, food products are plentiful in the United States, and advertising for them is virtually constant. In our "food environment," however, most products are highly processed with added salts, sugars, fats, and various preservatives to increase shelf life and enhance flavor. Humans are especially attracted to such ingredients—especially sugars and refined carbohydrates that readily convert to sugar within the body. Unfortunately, sugars have addictive properties and are directly linked to weight gain, obesity, and metabolic diseases such as Type 2 diabetes (Wang, Beydoun, Liang, Caballero, & Kumanyika, 2008). Indeed, several research studies suggest that intensely sweet sugars and sugar substitutes may be as or more addictive than drugs such as cocaine (Lenoir, Serre, Cantin, & Ahmed, 2007; Schulte, Avena, & Gearhardt, 2015). In the United States, approximately "75% of all foods and beverages contain added sugar in a large array of forms. Consumption of soft drinks has increased fivefold since 1950. Meta-analyses suggest that consumption of sugar-sweetened beverages (SSBs) is related to the risk of diabetes, the metabolic syndrome, and cardiovascular disease. Drinking two 16-ounce SSBs per day for 6 months induced features of the metabolic syndrome and fatty liver" (Bray & Popkin, 2014, para. 1).[3]

Most breakfast cereals also contain large quantities of sugar—many exceeding the amounts in candy or other desserts. Consumers are hard-pressed to locate products that contain fiber rich whole grains without added sugars. The high fiber content in many unprocessed grains, fruits, and vegetables effectively neutralizes the negative metabolic effects of their natural sugars. For example, an 8 ounce serving of processed orange juice (with the fibrous pulp and pith removed) contains about 24 grams of sugars but less than 0.1 gram of fiber. When ingested, the juice functions like other sugary drinks by stimulating a large spike in pancreatic insulin production. Eating a medium-size naval orange, however, causes only a minimal increase in insulin because it contains less than half as much sugar as the juice and about 31 times the amount of fiber. The pith and pulp mitigate the sugar rush and, of course, contribute vitamins and nutrients that are absent from its processed juice counterpart (Kaufman, 2005).

Based in part upon the globalization of the American diet, obesity and diabetes among children and adults throughout the world have reached epidemic proportions. This combination of diabetes and obesity is sometimes called "diabesity" (Farag & Gaballa, 2011; Kaufman, 2005). About 12.3 percent of the U.S. population of persons 20 years of age and older have the disease and another 86 million are prediabetic (Centers for Disease Control and Prevention, 2014). Worldwide, more than

[3] See the documentary films *Lunch, Fed Up*, and *Carb-Loaded: A Culture Dying to Eat* (Bonequi & Richards, 2010; Marson, 2014; Poland, 2014) for information about the relationship between the food industry and health.

350 million people have diabetes—90 percent of which is of the Type 2 form. Not surprisingly, the continued high rates of diabetes are associated with similarly high rates of overweight, obesity, and physical inactivity (World Health Organization, 2015b). In the United States, some 16.9 percent of children and youth and 34.9 percent of adults were obese in 2011–2012 (Ogden, Carroll, Kit, & Flegal, 2014).

Many argue that individuals can and should exercise personal willpower to adopt healthy eating behavior. However, the food environment and eating culture are extraordinarily powerful. They combine to elicit and then sustain our addictions to sugar, salt, and fat-enhanced diets. The advertising environment first stimulates our addictive cravings and then the food distribution system satisfies us with processed foods that contain the desired ingredients. Except for the fact that they do not contain warning labels, the most widely advertised and readily available food products do not appear that much different than cigarettes or other addictive drugs. When available, many of us will consume them, and do so again and again and again. The parallel epidemics of obesity and diabetes are clearly associated with these habit-forming food products. Although the U.S. food industry and its associated lobbyists argue that all calories are the same, they certainly are not. In particular, calories from processed carbohydrates and added sugars are different. Sugars not only negatively impact our bodies by spiking insulin production, they also turn us into food junkies (Bray & Popkin, 2014; Malik, Schulze, & Hu, 2006; Payne, Chassard, & Lacroix, 2012; Schulze et al., 2004; Sylvetsky, Welsh, Brown, & Vos, 2012; World Health Organization, 2015a).

Our social and physical environments not only affect what, when, how, and where we eat; they also influence almost all other aspects of our lives as well. As children, most of us absorb the "outside" so that it becomes part of our "inside." As grown-ups, and especially as social workers, let's be alert to the influence and impact of our environments and cultures and do what we can to create contexts that promote health, justice, and well-being for people in general, and particularly for those most adversely affected by the world around them.

The Family Context

Although mass and social media are growing in influence, human families continue to function as the major social system through which children are socialized, language learned, and cultures transmitted. Our families profoundly affect our attitudes, beliefs, values, personality characteristics, and behavioral patterns. They are the context in which we acquire our first identities and learn our earliest roles. We quickly come to know what is acceptable and what is not. We learn how to think (and how to avoid thinking); how and what to feel (and how not to feel); how to make decisions (and how to postpone them); how to respond to (and how to ignore) unexpected events; and how to relate to (and how to shun) other people. In a sense, we psychologically internalize our experiences so that each family member is imprinted within us. Most of us have internalized parental parts that guide, judge, sanction, or nurture us; childlike parts that encourage us to play or create and to feel various emotions such as joy or shame; and adult or "grown-up" parts that enable us to think rationally, analyze multiple factors, and regulate the parental and childlike parts—much as a chairperson might do with a committee (Berne, 1961; Harris, 1969).

All families exhibit internal structures, subsystems, and communication and relationship processes of one kind or another. Some families reflect a hierarchical organizational structure; others are more collegial, cooperative, and democratic. Some display high levels of warmth, acceptance, inclusion, and affection; others are more cool, detached, and distant with one another. Some are peaceful; others are violent. In some families, roles and the expectations that accompany them are firm and fixed, and the penalties for performance lapses sometimes severe. In other families, roles are flexible and the consequence for mistakes lenient. Regardless of the nature of the structure,

processes, roles, and rules, families play an extraordinarily powerful part in both the socialization of children as well as the stability of the larger community and society.

We might, for example, expect that all social systems would or should reflect similar rules, structures, and processes as those experienced in our own family. For example, if you came from a family with a hierarchical power structure, you might anticipate that other groups and systems would "naturally" be organized in a similar top-down fashion. Leaderless groups and cooperative organizations might well seem "strange." In like fashion, if in your family men and boys were accorded greater status, authority, and prestige than women and girls, you could view male privilege as "natural" and perhaps judge systems where women and girls are privileged as "unnatural." If your family considered heterosexuality as "normal" and homosexuality as sinful, criminal, or "sick," then you might reflect similar views. If your family expressed opinions or took action suggesting that one "race" is superior to others, it is quite conceivable that you might hold comparable views and take like action, perhaps in the form of micro-aggressions that occur outside your own awareness (Nadal et al., 2015; Owen, Tao, Imel, Wampold, & Rodolfa, 2014; Sue, 2010b).

In many respects, our families represent microcosms of the larger society and cultures within which they function. What we observe and experience in our own families is often reflected within the social environment; and, conversely the "outside" is often reflected both within our own families and "inside" ourselves. The structures, assumptions, rules, and processes often parallel each other.[4]

Unless you are keenly aware of the power and influence of your family, you may inadvertently or unconsciously play out a family role or an interpersonal pattern in your work with clients and colleagues. Among the common family roles that social workers sometimes assume include rescuer, peacemaker, hero, and parental child (Satir, 1972; Wegscheider-Cruse, 1985). Other family roles include the lost child, mascot, and scapegoat (Sanders, Szymanski, & Fiori, 2014). 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 consciously planned and adopted for a clearly identified social work purpose.

Personal Factors

Helping professionals frequently use the term **personality** but many of us are not quite clear about its meaning. Magill (1998) suggests that a majority of personality "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). Some personality theorists 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 personality researchers have developed assessment instruments that correspond to different theoretical perspectives. Currently, one of the most popular trait approaches to personality assessment involves attention to the following "big five" or OCEAN personality factors: *openness*, *conscientiousness*, *extraversion*, *agreeableness*, and *neuroticism* (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).[5]

---

[4] We discuss the phenomenon of parallel processes in subsequent chapters.

[5] For a more detailed description of these factors, see the "Preliminary Definitions" section (page 30) of John and Srivastava's paper "The Big-Five Trait Taxonomy: History, Measurement, and Theoretical Perspectives" (1999) available at **http://pages.uoregon.edu/sanjay/pubs/bigfive.pdf**.

"Big five" and other personality indices may be useful to social workers and clients in some circumstances. However, because of our core professional values and our emphasis on the person-in-environment, we recognize that situations, circumstances, and environments strongly influence human experience and action. Indeed, social workers understand that situational factors may override personal characteristics so that even strongly moral and conscientious people sometimes take immoral or illegal action (Zimbardo, 2007). Conversely, those who routinely engage in morally reprehensible behavior occasionally behave in incredibly generous and honorable ways. Through our recognition of the power of social circumstances and environmental factors—external to the person—social workers may be better suited to counter the prevailing popular tendency to overestimate biological and psychological factors in attempting to explain or understand human phenomena. The overvaluing of personal (internal) and the undervaluing of social and environmental (external) factors is known as the **fundamental attribution error** (Ross, 1977).

Interestingly, when people attempt to explain their own lapses of judgment or their own misbehavior, they often mention external factors such as other people or circumstances. For example: "I was late because my alarm clock didn't go off." Or, "I lost my temper because he behaved so despicably." Conversely, when explaining the misbehavior of others—perhaps especially those who differ in some way—people often refer to individual traits, dispositions, or personality characteristics. For example: "He got into the auto accident because he's an alcoholic." "He steals because he's a sociopath." Or, "He's probably guilty because he's black."[6]

As you consider individual characteristics or traits, temperament, or personality, keep the fundamental attribution error in mind. Situations strongly influence our thoughts, feelings, sensations, and behavior. Even personality characteristics—such as introversion and extraversion—are influenced by circumstances. The shy introvert may become the life of the party when she is with her closest friends while the gregarious extrovert may become the quiet wallflower in the company of experts outside his field. In sum, personality helps us to understand some human phenomena at certain times in some circumstances. However, personality-based explanations that fail to consider and include contextual factors often convey an incomplete picture at best.

Knowledge, Expertise, and Self-Efficacy

Advanced professional knowledge and expertise are, 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. For instance, educational programs accredited by the CSWE (2015) offer curriculums that address at least nine core competencies. Graduates of accredited programs should be able to demonstrate understanding of the knowledge base as well as proficiency in measurable practice behaviors that support each of the nine competencies. The targeted professional behaviors may be exhibited and evaluated in classroom, skills laboratory, or field practicum contexts. Some field practicum settings enable students to apply professional knowledge and demonstrate practice expertise 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.

---

[6] The "ultimate attribution error" and "blaming the victim" processes involve tendencies to view misbehavior by low-status or "undesirable" people as a result of their "common, negative" traits (for example, "they are all greedy," "they are less intelligent," or "they can't control their impulses"). It also includes the corollary view that "their" positive behavior is the result of contextual or situational factors and special circumstances. In other words, "they" cause (and are responsible for) their mistakes and failures but do not cause (and not personally credited with) successes and achievements. On the other hand, "we" cause our own successes and achievements but do not cause (and are not responsible for) our mistakes and failures.

TABLE 2.1 Content Areas: ASWB Sponsored Bachelor's and Master's Examinations

	Bachelor's Examination	Percent of Exam	Master's Examination	Percent of Exam
I.	Human development, diversity, and behavior in the environment	27%	Human development, diversity, and behavior in the environment	28%
II.	Assessment	28%	Assessment and intervention planning	24%
III.	Direct and indirect practice	26%	Direct and indirect practice	21%
IV.	Professional relationships, values, and ethics	19%	Professional relationships, values, and ethics	27%
		100.00%		**100.00%**

Adapted from Association of Social Work Boards, 2011.

Although they may vary in specific information and emphasis, all CSWE accredited social work programs provide educational experiences that address a common, profession-wide, knowledge base. The CSWE expectations are also congruent with the content addressed in the Association of Social Work Boards (ASWB) sponsored nationally standardized social work licensing examinations currently used in all 50 states[7], the District of Columbia, the U.S. Virgin Islands, and several Canadian provinces (Association of Social Work Boards, 2013a, About the exams, para. 2).

The major content areas addressed in the ASWB Bachelor's and Master's level examinations include those contained in Table 2.1 (Association of Social Work Boards, 2013b). The ASWB also sponsors Advanced Generalist and Clinical Examinations. These nationally standardized social work examinations ensure that reasonably equivalent standards exist throughout most of North America. They, along with the policies of NASW and CSWE, help to establish a common social work knowledge base.[8]

Social workers must not only possess sophisticated knowledge and expertise; we must also *expect* that we can make a difference as well. Just as clients benefit when they anticipate the goodwill, integrity, and competence of social workers, social workers profit from self-confidence as well. Supported by knowledge and expertise, we need attitudes of hope, optimism, and self-efficacy.

For social workers, **self-efficacy** involves the "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, Rosenberg, & Onghena, 2008; Holden, Cuzzi, Rutter, Chernack, & Rosenberg, 1997; Holden, Cuzzi, Rutter, Rosenberg, & Chernack, 1996; Holden, Cuzzi, Spitzer et al., 1997; Holden, Meenaghan, & Anastas, 2003). In addition to specific forms of self-efficacy, people tend to benefit from a generalized belief in their own ability to effect change in themselves and their lives (Bandura, 1977, 1992, 1995a, 1997).

[7] As of January 2016, California began to use the ASWB-sponsored Clinical Examination.

[8] You may access 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**.

> 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)

As the 21st century continues to unfold, social workers and the social work profession face extraordinary, and probably unprecedented, 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 in the often unpredictable, contemporary world.

In addition to the CSWE (2015), the NASW (2015e), and the ASWB (2011), eminent social workers (Bartlett, 1958, 1970; Minahan, 1981) have also helped to clarify the general parameters of a common social work knowledge base. In actual practice, however, social workers also require a great deal of specialized knowledge that applies to the unique characteristics of the clientele and communities we serve.

Suppose, for example, that you provide social work services to women physically abused in domestic violence circumstances. Just imagine what and how much you would need to know to serve your clients and community effectively!

You would have to be well acquainted with the current theoretical and research literature concerning the nature and outcome of social services for domestically abused women, and those for abusive men and children exposed to such violence 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 should understand the range of risks facing women in such circumstances and know how to assess the risk of injury or death; and what to do when risk is high, moderate, or low; and 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. Familiarity with the racial and ethnic cultures of your community would help. Knowledge about and skill in determining the biopsychosocial needs of children affected by domestic violence 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 violence—could help to further 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. Familiarity with actual and potential resources—locally, nationally, and, sometimes, internationally—that might become needed at various times in the process could be vital.

In addition, you would also need knowledge about and expertise in relationships. Regardless of the specific nature of the issue, whether it involves intimate violence, homelessness, racial discrimination, or something else, social workers require advanced skills in making relationships work. Fortunately, we have access to a substantial research base about positive and effective working relationships between helping professionals and their clients. We can organize that information into two interrelated conceptual dimensions: **common factors** and **facilitative conditions**.

Common Factors

As early as the 1930s, helping professionals (Rosenzweig, 1936) discussed the presence of implicit common factors in diverse therapeutic approaches. Findings from numerous research studies confirm that certain common factors present in helping relationships account for many of the beneficial outcomes (Asay & Lambert, 1999; Barth et al., 2012; Hoffart, Borge, Sexton, &

Clark, 2008; Laska, Gurman, & Wampold, 2014; Murphy, 1999; Scovern, 1999; Sparks & Duncan, 2010; Wampold, 2010). These **common factors** are separate from the effects of specific intervention approaches and techniques.[9] In other words, they are common to most helping endeavors and are not specific or exclusive to any particular model or approach. The following common factors are associated with favorable outcomes in counseling and psychotherapy (Lambert, 1992; Lambert & Bergin, 1994; Lambert & Cattani-Thompson, 1996; Sprenkle, Blow, & Dickey, 1999):

Client Factors and Situational Factors: The strengths, assets, resources, challenges, and limitations within the client, the client's social situation, economic circumstances, and the physical environment are strongly associated with service outcomes. Clients' stage of change and degree of motivation are also relevant (Prochaska, 1999; Prochaska & Norcross, 2007; Prochaska, Norcross, & DiClemente, 1994). Not surprisingly, the internal and external assets and liabilities that clients bring to the relationship with a helping professional generally have more of an influence than any other single element (Asay & Lambert, 1999; Bohart & Tallman, 2010; Lambert, 1992; Miller, Wampold, & Varhely, 2008; Tallman & Bohart, 1999; Wampold, 2001, 2010). Within the context of counseling and psychotherapy, as much as 87 percent (Wampold, 2001) of the variability in therapeutic outcomes is associated with client and external or situational factors. Social work's emphasis on "starting where the client is" and our focus on the person-in-environment correspond to this finding. By incorporating client strengths and ecosystem assets, and by addressing environmental limitations and obstacles, social workers can supplement our otherwise relatively modest 13 percent impact on client outcomes. One of social work's greatest strengths is our attention to the social and physical environments within which people function. Through systematic inclusion of the environmental context in our helping efforts, we become dramatically more effective agents of social change than we would be if we focused on the person alone.

Helper and Relationship Factors: As social workers, our personal characteristics and the quality of our relationships with others also influence client outcomes (Asay & Lambert, 1999; Lambert, 1992). In the counseling and psychotherapy literature, this is often discussed as the "therapeutic alliance." Involving "three components: (a) bond between therapist and patient, (b) agreement about the goals of therapy, and (c) agreement about the tasks of therapy" (Laska et al., 2014, p. 471), a positive alliance contributes to positive therapeutic outcomes. These processes also occur within groups, organizations, communities, and societies as well. The term *group cohesion* reflects the quality of relationships among group members. *Organizational climate* does the same for organizations and *solidarity* for large social movements.

Social workers have long recognized the importance of our personal qualities and our relationship with clients and other constituents (Perlman, 1979). Your dedication, integrity, concern for others, and your proficiency in the social work skills can help you establish positive working relationships with the people you serve.

Hope and Expectancy Factors: When clients anticipate that your work together will be effective, they tend to experience better outcomes (Lambert, 1992). In other words, we are more effective when clients have "hope," when they expect favorable results. It also helps when social workers expect success, when we believe we can make a positive impact, and when we feel self-efficacious. Social workers commonly encourage hope and serve as examples to others through our optimistic

[9] In addition to "common factors" there also seem to be "common practice elements" associated with favorable outcomes in counseling and therapy. These include specific intervention activities from across various models or approaches that are empirically associated with effective results. See Barth et al. (2012) and Chorpita et al. (2005; Chorpita & Weisz, 2009).

attitude, energy, and enthusiasm. However, we do so in a direct, open, and realistic fashion. Social workers eschew false promises and excessive bravado as we maximize the power of hope, anticipation, and positive expectations. We remain honest and honorable (Perlman, 1969).

Technique and Allegiance Factors: The theoretical approaches or models, change strategies, intervention techniques, and practice protocols we adopt in the process of helping affect client outcomes. Helpers' allegiance to the approaches adopted or interventions undertaken also contribute. By **allegiance**, we mean the degree to which helpers believe in the value and effectiveness of what they do and how they do it. Furthermore, the client's belief in the chosen approach is probably just as important and perhaps even more so than the helper's. In this sense, improved outcomes are likely when both the client and the worker agree with the ideas, concepts, and hypotheses used to explain problems and formulate goals, and to prepare plans to reach those goals (Imel & Wampold, 2008). When combined, the hope and expectancy, and the model or technique and allegiance factors account for about the same amount of client outcome impact as do relationship factors (Asay & Lambert, 1999; Lambert, 1992).

Other scholars have reached similar conclusions about common factors. In addition to the quality of the working relationship and client expectancies, Weinberger (1993, 1995, 2003) 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[10] or framework to understand and explain why and how the problems occur and how they can be managed.

Evaluative Feedback Factors: Previously underappreciated, **systematic evaluative feedback** from clients has gained increasing recognition as a powerful factor associated with better outcomes. Indeed, the quality and the effectiveness of the helping process tends to improve when clients provide regular, formalized evaluative feedback about the helper, the helping relationship, the service approach, and progress toward desired goals; and when the helper regularly inquires about and tabulates results, and then uses those findings to make adjustments in approach or style (Crits-Christoph et al., 2012; Hawkins, Lambert, Vermeersch, Slade, & Tuttle, 2004; Lambert, 2010b; Lambert & Shimokawa, 2011; Lambert, Whipple, Vermeersch, Smart, & Hawkins, 2002; Slade, Lambert, Harmon, Smart, & Bailey, 2008; Whipple & Lambert, 2011). Regardless of intervention approach or model, the routine use of brief evaluation instruments (Campbell & Hemsley, 2009; Duncan et al., 2003; Luborsky, 1996) tends to increase the probability of service success and decrease the likelihood of failure (Anker et al., 2009; Miller et al., 2006; Miller, Duncan, Sorrell, & Brown, 2005). Regular use of evaluative tools also improves client satisfaction and, importantly, enhances the quality of the worker–client relationship.

The Facilitative Conditions

Recognition of the significance of relationship factors and helper characteristics has encouraged researchers to explore personal qualities that might be associated with better client outcomes. Qualities such as empathy, caring, personal warmth, acceptance, affirmation, sincerity, and encouragement are frequently included among the characteristics of effective helpers (Duncan, Miller, Wampold, & Hubble, 2010; Hubble, Duncan, & Miller, 1999). When social workers reflect these **facilitative conditions**, 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

[10] We consider the topic of "conceptual means" in a later chapter when we discuss the explanatory and change-oriented hypotheses that clients and workers adopt during the course of their work together.

> 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). (Lambert & Cattani-Thompson, 1996, p. 603)

When social workers consistently demonstrate the core or the **facilitative conditions**, we contribute to the development and maintenance of a special connection with our clients (Carkhuff & Truax, 1965; Rogers, 1951, 1957, 1961, 1975; Truax & Carkhuff, 1967). Various authors refer to this special relationship as the helping relationship, the working relationship, the therapeutic alliance, professional rapport, or the working alliance. Perlman (1979) suggested that we can 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)

The nature and quality of working relationships are affected by the facilitative conditions, the common factors, and the degree of agreement about what to do and how to do it. When social workers and clients agree on the problems or issues to address in their work together, the goals to pursue, the plan and methods to pursue those goals, and the means to evaluate progress, the likelihood of success improves. Disagreements on one or more of these aspects can strain, damage, or even rupture the working alliance; and lead to diminished hope and motivation, and decreased goal-oriented activity. In many instances, disagreements about problems, goals, and plans emerge in first meetings and become so troublesome that clients do not return for a subsequent visit.

Obviously, the quality of the working relationship is powerfully affected by social workers' attitudes toward and behavior with clients. Consensus about problems, goals, and plans is more easily reached when we consistently reflect the essential facilitative qualities. Under such conditions, the risk of harm tends to decrease and the likelihood of benefit tends to increase. Indeed, a positive working alliance is clearly associated with favorable outcomes in work with individuals, couples, families, groups, and organizations (Anker, Owen, Duncan, & Sparks, 2010; Escudero, Heatherington, & Friedlander, 2010; Fluckiger, Del Re, Wampold, Symonds, & Horvath, 2012; Horvath & Bedi, 2002; Horvath, Symonds, & Tapia, 2010; Martin, Garske, & Davis, 2000; Meier, Barrowclough, & Donmall, 2005; Muran & Barber, 2010; Owen, Rhoades, Stanley, & Markman, 2011; Piper & Ogrodniczuk, 2010; Safran & Muran, 2000; Watson & Kalogerakos, 2010). 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; and, together with our clients, we commonly seek situational, social, or environmental change as well. Furthermore, social workers must apply the facilitative conditions differentially according to the individual and cultural characteristics of each client. Some clients feel quite uneasy when social workers are frequently and intensively empathic. They might prefer a formal encounter in which we provide 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 play a powerful role in both the process and outcomes of the working relationship. Motivated clients who participate actively in the process tend to benefit from competent, relevant services. Clients who are ambivalent or pessimistic and those who passively or reluctantly engage in the process tend to experience less favorable outcomes. Of course,

social workers' and clients' attitudes may vary during an encounter, sometimes from moment to moment. Many clients seem to follow certain stages of change (Prochaska, 1999; Prochaska & Norcross, 2007; Prochaska et al., 1994; Prochaska & Velicera, 1998). Indeed, some people first contact social workers well before they are ready or motivated to engage actively in plans for change. A caring, involved, and encouraging worker may help to increase a client's hope and optimism and thus help the client become a more active and involved participant. Conversely, a motivated, energetic, hard-working client may encourage a social worker to become more understanding, supportive, and hopeful.

Identifying and measuring all the potential factors that affect the outcome of helping processes are complicated undertakings. The picture is especially complex for social workers who focus on the environment as well as the person and fulfill disparate professional functions in varied settings with a wide range of populations confronting extremely challenging social issues. Different social workers in different contexts assume quite different roles and responsibilities. Indeed, a single social worker may emphasize certain 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 long addicted to heroin or crack cocaine. Similarly, the social worker who advocates for fair banking practices or a ban on capital punishment may adopt other qualities. Even when advocating in an assertive manner, however, we remain empathic, respectful, and authentic. When these dimensions accompany them, assertive expressions are likely to be especially impactful.

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)

In sum, effective helpers tend to reflect certain facilitative conditions in our service to others. Social workers express these qualities differentially according to individual clients' stage of change, 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 consistently reflect the following essential facilitative conditions in virtually all of their relationships with others: (1) empathy, (2) respect, and (3) authenticity.

Empathy: The term **empathy** (Altmann, 1973; Bohart & Greenberg, 1997a, 1997b; Bozarth, 1997; Breithaupt, 2012a, 2012b; Keefe, 1976; Pinderhughes, 1979; Rogers, 1975) is widely used in social work and other helping professions. Derived from the Greek word *empatheia*, 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, or of "suffering with" another.

Scholars in the areas of neuroscience, social psychology, philosophy, and anthropology have approached the study of empathy from different perspectives. Some researchers focus on "how" people come to understand what others are thinking, feeling, or experiencing. Others study those factors

that lead people to respond to others' distress with care, compassion, and understanding. Researchers may use the concept of empathy to refer to the experience of (1) recognizing the thoughts, feelings, and internal subjective experience of someone else; (2) feeling personally distressed when observing another person's misery or feeling the emotions that another person appears to feel; (3) adopting another's perspective and imagining how she or he might be thinking and feeling; (4) matching the body position, movements, and mannerisms of someone; (5) imagining oneself in another person's place or circumstances and identifying what one would think and feel; and (6) feeling sympathy for a distressed other (Batson, 2009).

Frans de Waal (2009) also suggests that empathy is multilayered and involves three core elements along with multiple subordinate capacities. The core three include (1) the ability to adopt another's perspective or point of view; (2) concern for others—often manifested through expressions and acts of consolation, that is, seeking to comfort or console another; and (3) feeling what the other is feeling or matching the emotional state or expression of the other.

Empathy may indeed appear in several forms. For example, when we interact with someone who feels distress and we both feel her or his distress and show our concern, we engage in *proximal empathy*. When we become concerned about people outside our immediate vicinity—perhaps those in another part of our community or in a distant corner of the world—we reflect *altruistic empathy*. When we say or do something that contributes to others' discomfort and then, upon noticing their reaction, express our awareness and show our concern—perhaps by acknowledging the impact of our own actions through an expression of remorse—we engage in *self-corrective empathy* (Quann & Wien, 2006, July).

Certainly, a capacity and willingness to take on others' perspectives; to imagine being in their circumstances; and to feel what they feel are fundamental to most moral philosophies. Stotland (2001) 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." Indeed, empathic imagination is reflected in both the Golden and Silver Rules which hold, respectively, that we should (1) treat others as we would like to be treated and (2) not treat others in ways that we would not like to be treated.

Along with several other species, *Homo sapiens* seem to possess an innate capacity for empathy. Among most human children, empathic reactions first become obvious in the 1-to-2-year age range, overlapping with the period known as the "terrible twos." In social contexts, toddlers readily display empathic responses to others' expressions of distress or discomfort. In effect, they are empathic "mind-readers" (Ickes, 2003) who routinely perceive and experience what others are experiencing (Iacoboni, 2008).

Unless socialized out of us, most humans possess an ability to transcend our selfish tendencies to recognize that we are part of a greater community—a larger whole or "hive" (Haidt, Seder, & Kesebir, 2008)—and connect empathically with other members (Trout, 2009). Roman Krznaric uses the term *outrospection* (2012) to encourage humans to focus less on our own experience and more on the thoughts, feelings, and circumstances of others. He concludes that, individually and collectively, many of us are becoming so self-oriented and self-centered that our empathic abilities are beginning to atrophy. He urges us to become more other-focused or *outrospective*.

Considerable scholarship suggests that a key foundation for human morality involves this extraordinary capacity for empathy (Carter, Harris, & Porges, 2009). If so, individuals and groups that highly value empathy would likely be more kind, moral, and altruistic than those that devalue and discourage empathic involvement with others. Indeed, tolerance, acceptance, compassion, and generosity toward others—especially others who are "different" in some way—require considerable levels of empathy.

Unfortunately, empathic interest in the experiences of others may diminish as children grow into adulthood—especially in social contexts that place great importance on the individual; value self-interest; emphasize adversarial conflict and competition; and promote extreme notions of personal autonomy and individual responsibility. Indeed, some cultures tend to emphasize the "self" much more than the "other"; and the "I" or "me" much more than the "you," "we," or "us." In such contexts, individuals may focus primarily on themselves; their own thoughts, feelings, and experiences; and their own appearance, status, possessions, and wealth. Conversely, they may ignore or discount people outside their primary kinship group and social circle, perhaps especially those who differ from themselves. In some sociopolitical and economic contexts, self-centeredness and self-admiration may be promoted as a high moral value. Indeed, greed and the accumulation and display of material wealth may be equated with goodness.

The Latin phrase *caveat emptor* (let the buyer beware) captures an ethos in which benefiting oneself at the expense of another is viewed as legitimate and, indeed, desirable. The burden of responsibility is placed upon consumers to be knowledgeable, vigilant, and self-disciplined in their resistance to sellers' deception, distortion, pressure, and manipulation. Sellers who intentionally disregard predictable negative consequences to consumers and profit greatly from such exchanges tend to increase their wealth and status, and enhance their reputation as valued members of a community. Empathic feelings for exploited consumers are suppressed while the benefits to oneself and one's kin are emphasized.

Obviously, greed and selfishness are hardly limited to the economic sphere. Self-centeredness and self-admiration, perhaps to the extent of narcissism, may be endemic in some societies and some cultures (Twenge & Campbell, 2009; Twenge, Konrath, Foster, Campbell, & Bushman, 2008). Interestingly, a preoccupation with oneself may run counter to humans' evolution as highly social mammals (Aronson & Aronson, 2012). Despite a prevailing view that humans are basically selfish creatures, much evidence suggests that we are quite cooperative and collaborative in nature. Humans actually tend to be extraordinarily "groupish" in our social behavior (Christakis & Fowler, 2009; Haidt et al., 2008; McTaggart, 2011; Montagu & Matson, 1979). Somewhat like bees in a hive, we tend to thrive in most social contexts and decline in solitary environments. Is it any wonder that severe punishments often involve banishment from one's community or imprisonment in solitary confinement?

Social workers in particular tend to recognize the importance of the social dimensions of human experience. We seek to transcend the powerful cultural and economic forces that promote excessive egocentricity by developing strength and skill in empathic understanding, communication, and connectedness. We recognize that our efforts to help others address problems and pursue goals become more effective when we genuinely experience and convey authentic empathy. Simply stated, our sincerely experienced and accurately demonstrated expression of empathy substantially increases our effectiveness and improves client outcomes (Bohart & Greenberg, 1997a, 1997b; Breggin, 1997; Patterson, 1984).

In social work, we make a distinction between empathy and several related emotional responses. Social workers tend to view **empathy** as a conscious and intentional joining with others in their subjective experience. It involves being intellectually and emotionally present, attentive, and responsive in relationships. However, empathy is not an expression of *feeling for* or *feeling toward* as we might if we pity another person. Nor is it a diagnostic or evaluative appraisal (Hammond, Hepworth, & Smith, 1977, p. 3). Rather, empathy involves thinking and feeling *as* and *with another*.

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 over identify. Clients retain ultimate ownership of their thoughts and feelings. They are not yours to take, absorb, or keep. Indeed, if you completely

assumed clients' feelings as your own, you might well become paternalistic or maternalistic in your approach.

Empathy helps us gain an understanding of, appreciation for, and sensitivity to the people we serve. Through empathic connection with your clients and other constituents, you increase the probability of developing rapport and maintaining productive working relationships, and, partly as a result, improve the chances for an effective outcome.

Respect: Integrally related to empathy is the facilitative quality of **respect** (Hammond et al., 1977, pp. 170–203). Respect suggests an attitude of noncontrolling, warm, caring, and nonpossessive acceptance of other people. Involving aspects of awe or reverence, wonder, and curiosity, respect includes the demonstration of unconditional positive regard (Rogers, 1957, 1961) and recognition of the unique experience of each individual person. In intercultural contexts, respect also includes the genuine acceptance of difference and recognition of the value of diversity. Respect of this nature goes far beyond basic tolerance to include appreciation for the beneficial impact of diversity and difference in human communities and throughout the biological and ecological environment as well.

We humans tend to spend most of our time with people like ourselves, who live and work in similar circumstances, have comparable incomes and social status, hold views that resemble our own, and express interest in and affection toward us. Conversely, we tend to spend less time with people unlike ourselves, who live and work in different circumstances, have much higher or lower incomes and social status, espouse views that differ from our own, and are unfriendly or disinterested in us. Very few of us actively seek out and engage people who differ from ourselves and even fewer of us seem willing to consider the relevance, utility, or reasonableness of points of view that conflict with our own.

Some of us frequently engage in a "let's blame them" form of thinking in which we view "others" as the primary cause for problems in the world or in our own lives. We tend to blame people we call *them* as distinguished from people we call *us*. This kind of thinking is often linked to scapegoating and sometimes to hatred, discrimination, persecution, and genocide. There are numerous examples throughout the course of human history. What often happens is that a particular group, usually one having greater numbers or possessing greater wealth, status, and physical power, holds another group—usually one that is smaller in size or possessing less wealth, status, or power—responsible for past or current social or economic problems. In recent and contemporary history, humans have blamed members of other religious faiths or nonbelievers, other racial or ethnic groups, and people in different circumstances or statuses. For example, immigrants, welfare recipients, women, union members, and persons who are gay or lesbian have been blamed for a myriad of social and economic problems. Obviously, views that certain others are less human or less worthy than we are and the cause of our problems contributes to an "us" versus "them" form of thinking which, in turn, fosters various forms of prejudice, discrimination, segregation, and oppression. Such thinking is apparent throughout all spheres of society—from the international and societal levels to the family, neighborhood, and organizational levels. Indeed, individuals and groups within school communities commonly engage in various kinds of bullying—sometimes by students toward other students, sometimes by students toward adults, sometimes by adults toward students, and sometimes by adults toward other adults.

Despite these human tendencies to judge, divide, and separate, we social workers routinely work with people who differ from ourselves, often in multiple ways. As a social worker, you will serve those who are very much unlike yourself in personal, familial, philosophical, religious, or political views. And, sometimes, you will serve clients who are extremely similar to yourself.

At times, you may find that you do not personally like certain clients, and some clients will dislike you. You may disagree with the beliefs, attitudes, and actions of many others. Nonetheless, as a social worker, you maintain respect for and caring acceptance of the people you engage and serve.

Social workers aspire to view each person as unique and inherently valuable, and as an important member of the human community. 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, sexual orientation, age, ability, appearance, status, views, actions, or circumstances. Although we may personally disapprove of some clients' words or deeds, 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 views, 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 formulating professional hypotheses and assessments. Nor does it prevent you from sharing knowledge or offering suggestions and advice. You need not turn off your brain to demonstrate positive regard for others. Furthermore, respect for clients does not mean that you neglect other people, groups, or communities in the process. 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 others' ideas, suggestions, and feedback; 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).

Earlier, we discussed the significance of regularly and systematically seeking evaluative feedback from clients. Such processes involve aspects of authenticity in that social workers strive to transcend preconceived notions and biases, and use client feedback to reduce the likelihood that our service might be ineffective or harmful, and increase the probability that it might actually help.

Certainly, various psychological and social services have the capacity to and often do benefit consumers. Indeed, our professional efforts often dramatically enhance the lives of the individuals, families, groups, organizations, and communities we serve. Unfortunately, however, we can also do much damage. Studies suggest that between 9 and 14 percent of clients are detrimentally affected by counseling and psychotherapy services. In other words, a substantial number of clients are worse off than they would be had they not sought professional help. At least as disturbing as these figures, and perhaps more so, is the fact that many and perhaps most helping professionals cannot accurately identify which of their clients are deteriorating (Lambert & Shimokawa, 2011).

As do most other humans, social workers reflect a tendency to ignore information that challenges our view of ourselves as "good people, doing good work." We tend to believe that we would certainly recognize it if any of our clients failed to benefit or worsened during our service to them. However, Lambert and his colleagues' research studies (Crits-Christoph et al., 2012; Hawkins et al., 2004; Lambert, 2010a, 2010b; Lambert & Shimokawa, 2011; Lambert et al., 2002; Slade et al., 2008) suggest that unless our clients provide us with regular, formal, and systematic evaluative feedback, and unless we use that feedback to assess the quality of our services, we will probably also fail to notice when our clients do not progress or begin to worsen. Authentic social workers actively attempt to seek evaluative feedback from clients.

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 social workers a license to say or do anything or everything we think or feel at a particular moment in time. Remember that the helping relationship is fundamentally *for* clients. It is not primarily for us. Expression of our own thoughts and feelings for any other purpose than serving the client and working toward mutually agreed-upon goals is, at best, inefficient and, at worst, harmful.

Social Support and Well-Being

Social workers are dedicated to the resolution of social problems and the enhancement of social functioning and social well-being. We could not possibly provide effective service if we operated in isolation. Rather, we are grounded in a person-in-environment perspective and remain 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 support and reality-testing feedback, social workers would quickly deplete our personal resources and increase the likelihood of improperly meeting some of our own psychosocial needs and personal wants through our relationships with clients. Indeed, if social workers are isolated and lack strong, positive personal and professional social networks, we become quite vulnerable to numerous temptations. We need substantial social support and a solid sense of well-being.

As social mammals, human infants require an enormous amount of postpartum parenting and an extensive developmental "nest" or "external womb" (Lancy, 2008). At the time of (full-term) birth, human babies require at least another year or so of "exterior gestation" before autonomous survival would be even remotely conceivable. Many other animals can ambulate and forage for food shortly after birth. Human babies cannot. They must be fed, warmed, and comforted by others. They need a great deal of eye-to-eye and skin-to-skin contact for optimal development. Throughout most of our species' evolutionary history, this occurred more or less naturally as babies nursed at their mothers' breasts for about four years—about the same as other great apes. In contemporary times, however, most human infants are weaned from breast milk in much less time (Trevathan & McKenna, 1994). Many are also placed alone for long periods in plastic containers called cribs, car seats, or strollers. Detached from the close human contact and touch that characterizes an ideal "pouch" or external womb, their development may be affected. Fortunately, some babies are kept in close proximity to a nurturing caregiver; carried around in human arms or a cloth sling; and touched, caressed, looked at, spoken too, and breast-fed for a year or more.

Humans are extremely vulnerable to predators during infancy and childhood. Parents and adult caregivers provide essential protection and increase the probability of survival. Dependable social relationships are associated with a greater chance of individual and species longevity (Lumsden & Wilson, 1981; Wright, 1995). During adolescence and adulthood, human primary and secondary groups also become important for our well-being (Lang, 2002; Lincoln, 2000; Sinha, Nayyar, & Sinha, 2002; Turner & Marino, 1994; Whitfield & Wiggins, 2003). Our brains are undoubtedly affected by our relationships with other people (Siegel, 2008, 2012a, 2012b). Indeed, the human drive for social connection may be genetically hard-wired and incorporated within our biochemistry. Because of their importance, social support and well-being represent especially relevant themes 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, 2014, p. 401).

Social support involves several dimensions. As a social worker, you may help clients identify sources of social support that are satisfying or energizing—because they represent strengths within their social world. You might help clients take steps to increase the size or enhance the quality of their social networks and relationships. Sometimes a client's family members and friends might 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 not now and are unlikely to become future sources of support. In such contexts, your client may decide to reconfigure or restructure selected 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 our own social support and personal well-being undoubtedly affect the quality of our professional work, as well as the satisfaction we experience in providing service. The interpersonal and emotional demands of professional social work practice can be exhausting. Social workers who feel personally and professionally supported in their networks and personal relationships are better prepared to cope effectively with the inevitable stress and the numerous temptations that accompany professional practice. For example, suppose you are a social worker who feels lonely, isolated, and largely unsupported by your family members and friends. Might you be tempted to seek some support from one or more of your clients—just as they seek support from you?

Especially when faced with multiple demands of a highly stressful nature, social workers can indeed be affected by our own social circumstances. As social workers steeped in the person-in-environment perspective, we recognize the importance of the social world for our clients' well-being. Let's not underestimate its importance for our own.

Personal and social **well-being** involve health and longevity, knowledge and education, and decent living standards. However, other, less tangible dimensions are also relevant. Our experience of life satisfaction, subjective well-being, and happiness involve genetic, physiological, psychological, and social aspects. Interest in these interrelated topics has grown enormously over the past half century. Several scholars and organizations are engaged in ongoing research related to these factors. At this time, there seems to be emerging consensus around several points. For instance, it seems clear that 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). Numerous twin studies suggest that a great deal of individual happiness is genetically based (Lykken & Tellegen, 1996; Lyubomirsky, Sheldon, & Schkade, 2005)—perhaps in the form of temperamental characteristics or traits. Indeed, recognition that individual happiness tends to remain moderately stable over time leads to the hypothesis that each person has a kind of a "happiness set-point." Based on their studies, Lyubomirsky (2006) suggests that much of the variation "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). Other research findings, however, raise questions about the strength of the happiness set point notion—for both individuals and populations. Although genetics certainly play a part, it is now clear that many people can and do increase their happiness level and maintain it on a long-lasting basis (Diener, Lucas, & Scollon, 2006; Fujita & Diener, 2005; Inglehart, Foa, Peterson, & Welzel, 2008).

According to Lyubomirsky (2006), life circumstances (for example, health, wealth, marriage, death of loved ones, injury and disability, natural and human-made disasters, war, civil conflict) play a notable role in happiness. However, she also points out that most people show remarkable resilience and, in time, return to or close to their previous happiness levels. This phenomenon is

commonly explained by the "adaptation theory of well-being" (Brickman & Campbell, 1971). That is, through habituation, people tend to adapt to changes in their circumstances and regain a sense of equilibrium. In addition, people tend to adjust their aspirations to current conditions. For example, within a few years many lottery 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 (1971) refer to this as the "hedonic treadmill."

Like the happiness set point, however, the notion of a hedonic treadmill has also been scientifically questioned. It appears that some people, in fact, are able to step off the treadmill and maintain higher levels of life satisfaction for many years thereafter (Diener, 2006, Feb. 13).

The remaining portion of Lyubomirsky's happiness paradigm involves our intentional activities—that is, how people think and act. According to her, much of our happiness results from our cognitions and behavior. This suggests that 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. Furthermore, it appears that skills associated with optimism and resilience can be taught and learned (American Psychological Association, 2009a).

Despite the relatively large size of the biological and intentional activities portions of Lyubomirsky's proposed happiness paradigm, logic and empirical data suggest that life circumstances—including social, economic, and environmental justice—do, after all, play a substantial role in the well-being of both individuals and societies. For example, Inglehart and colleagues (2008) found that a positive rate of economic development, an increase in per capita gross domestic product (GDP), greater freedom of choice and more opportunities for self-expression, and increasing tolerance toward outgroups were strongly associated with growth in social well-being.

It appears that when societies develop economically, tensions between survival and self-expression values 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).

In looking at the social well-being of nations, the United Nations Development Programme (UNDP) incorporates several related indicators in their **Human Development Index (HDI).** The HDI is a composite index of three dimensions and four indicators associated with human development. The dimensions include (1) *health*—as indicated or measured by life expectancy at birth; (2) *education*—as indicated by expected years of schooling and the average years of schooling; and (3) *living standards*—as measured by the gross national income per capita (United Nations Development Programme, 2011).

In 2013, the United States ranked 5th among the 187 surveyed nations on the Human Development Index, neighboring Canada 8th, and Mexico 71st. In 2013, all 10 of the lowest ranked nations were located in Africa. The United States scored lower than the top four HDI ranked nations of Norway, Australia, Switzerland, and the Netherlands primarily because of two major factors: life expectancy at birth and health care. At 78.9 years, the U.S. life expectancy was 3.6 and 3.7 years shorter than, for example, Australia and Switzerland, respectively (United Nations Development Programme, 2014). The U.S. health care system, although by far the most expensive in the world, performs poorly when compared to those of 10 other rich nations: Australia, Canada, France, Germany, the Netherlands, New Zealand, Norway, Sweden, Switzerland, and the United Kingdom. In terms of health care, the United States ranked last overall and "last or near last on dimensions of access, efficiency, and equity" (Davis, Stremikis, Schoen, & Squires, 2014, June, para. 1).

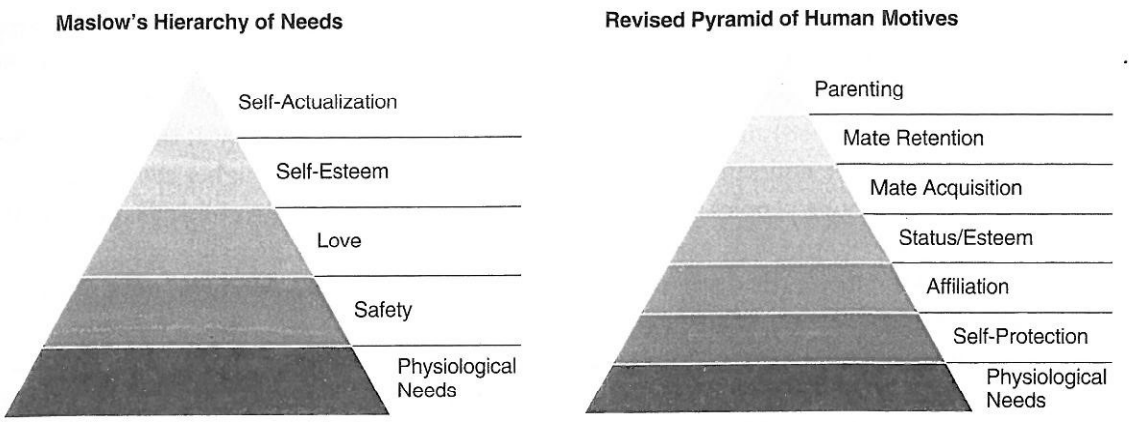


FIGURE 2.2 Maslow's Needs Hierarchy and the Revised Pyramid of Human Motives
Adapted from Maslow's and Kenrick's conceptualizations, respectively.

In addition to health, social well-being is positively associated with income and wealth. However, there is a point of diminishing returns. In other words, once people acquire a certain level of surplus wealth, additional income does not contribute to greater happiness or well-being. Furthermore, at some point, additional money seems to lose its power as an incentive for increased productivity or performance. Executives who make 100 times the income of the average company employee do not improve their performance by 25 percent when the board of directors increases their salary packages by that much. There are many reasons why the incomes of business executives, hedge fund operators, professional athletes, and college administrators grow so much faster and higher than those of regular workers. However, it is definitely not because large increases result in improved work quality, productivity, or performance. When people are already extraordinarily rich, becoming even more so does not make them better at what they are paid to do, and it certainly does not lead to greater personal or social well-being. The richest people are not necessarily the happiest, and the richest nations do not necessarily reflect the highest social well-being (Inglehart et al., 2008).

Inglehart's findings (2004, 2006; Inglehart et al., 2008; Inglehart & Welzel, 2005) may help social workers in our efforts to promote social well-being among the people and communities we serve. It seems reasonable to hypothesize, as Abraham Maslow (1943, 1968) did in his "hierarchy of needs," that satisfaction of basic survival needs (that is, physiological, safety, and social needs) generally takes precedence over higher order needs such as self-esteem and self-actualization or, to use Inglehart and Welzel's (2005) term, "self-expression."

Based upon an analysis of data from evolutionary biology, Kenrick and colleagues (2010) propose a renovation of Maslow's hierarchy of needs[11] in the form of a "Revised Pyramid of Human Motives." Their model of motives proceeds hierarchically as follows: Physiological Needs, Self-Protection, Affiliation, Status/Esteem, Mate Acquisition, Mate Retention, and Parenting. Notice the comparatively greater emphasis on the social and relationship aspects of human life and lesser emphasis on the "self." In Maslow's view, individually focused self-actualization represents the highest level (see Figure 2.2). The revised pyramid reflects the motives of humans as a species. Despite the fact that some of us cannot and some of us do not want to "mate" and have and raise children, survival of the human species requires that many of us do so. Therefore, Kenrick and colleagues

[11] Other scholars have discussed human needs and introduced lists (see, for example, Braybrooke, 1987; Doyal & Gough, 1991; Gough, 2003, Mar.); and some view needs more as capabilities (see, for example, Nussbaum & Glover, 1995; Nussbaum & Sen, 1993; Sen, 2009).

(2010) consider parenting—which includes teaching, socializing, guiding, mentoring, nurturing, and supporting others—at the highest level of human motives. In a genuine sense, we can "parent" others whether or not we produce biological children of our own.

Both Maslow (1943, 1968) and Kenrick et al. (2010) recognize the primacy of the basic survival needs (food, water, shelter, and safety). If they are correct, we can expect higher average levels of subjective well-being among peoples who are economically, environmentally, politically, and socially secure than among those who lack security in these areas. The evidence generally supports such a thesis. However, even among the developed or rich nations, there is considerable variation in levels of social well-being (Inglehart et al., 2008).

Such differences may be viewed from a human needs and motives perspective. As intrinsically social animals, we require interaction with other humans. Societies and cultures that provide for the basic survival needs of their population, encourage social exchange and affiliation, and tolerate the free expression of ideas and feelings provide a context for human well-being.

It is now clear that several factors contribute to social well-being. A leader in the positive psychology movement, Seligman (2002) suggests that personal happiness involves three different dimensions (see Figure 2.3): (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 (2002), Lyubomirsky and colleagues (2005), Maslow (1943, 1968), and Kenrick et al. (2010) happiness involves much more than pleasurable experience alone. All recognize the limits of hedonism in their views of sustained well-being. Active engagement with others, meaningful pursuits, and acts of kindness, generosity, and gratitude contribute to lasting happiness as well.

As the study of human well-being has evolved, the relevant theoretical models and evaluation measures have become more sophisticated. They have also become less discipline specific. In early studies, psychologists focused on mental phenomena and individual behavior; sociologists concentrated on social structures and interactions; economists attended to measures of income, wealth, and inequality; epidemiologists examined health, mortality, and longevity; and political scientists explored governing structures and processes. Interdisciplinary investigations were relatively rare and, perhaps as a consequence, measures were often unidimensional in nature. In recognition of these

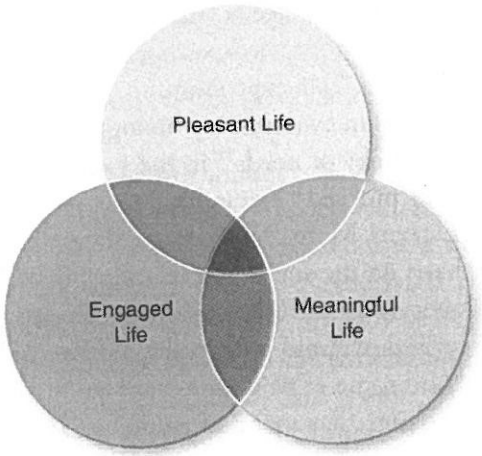


FIGURE 2.3 Seligman's Dimensions of Happiness
Adapted from Seligman's conceptualization.

gaps, the Gallup and Healthways organizations collaborated in the development of an updated, multidimensional survey instrument. The Gallup-Healthways Well-Being 5™ survey addresses five important dimensions of individual human well-being. Each dimension is scored on a scale from 0 to 10. The five elements include:

- *Purpose*: Liking what you do each day and being motivated to achieve your goals.
- *Social*: Having supportive relationships and love in your life.
- *Financial*: Managing your economic life to reduce stress and increase security.
- *Community*: Liking where you live, feeling safe and having pride in your community.
- *Physical*: Having good health and enough energy to get things done daily. (Gallup-Healthways, 2015, para. 2)

These five dimensions seem reasonable. However, let's revise the financial dimension somewhat to recognize that excellent money management skills cannot compensate for insufficient income, savings, and insurance. An enormous burden of worry and stress disappears when a family has a modest surplus of income, some savings, and adequate insurance coverage so that unexpected events do not throw them into deficit spending. Many families live paycheck to paycheck—one crisis away from financial disaster. For example, the loss of employment or a medical emergency can quickly eliminate savings and credit. In 2007, at least 62.1 percent of all bankruptcies in the United States resulted from the costs associated with medical illness or injury (Himmelstein, Thorne, Warren, & Woolhandler, 2009).

Once we adjust the description of the financial aspect, social workers may find the Gallup-Healthways five-dimensional approach to human well-being as useful as those of Seligman, Lyubomirsky, and Kenrick for our work with individuals, families, groups, organizations, and communities. The various conceptions may be especially applicable as we engage clients in exploring life domains, in goal setting and intervention planning, in social and program development activities, and perhaps especially in policy–practice intended to promote social well-being. In our efforts, however, let's continue to recognize the power of circumstances and contexts by maintaining our person-in-environment perspective. Well-being is more likely among people who are relatively safe from violence, possess at least a basic level of food and economic security, and live in societies where human rights, free expression, and opportunities for affectionate affiliation are respected and valued.

As social workers pursue our mission of promoting social, economic, and environmental justice, eliminating poverty, and helping others with social problems, let's also keep our own well-being in mind. As satisfying and personally rewarding as our helping activities often are, we frequently observe and commonly experience the profound pain and suffering of others. Sometimes our efforts seem all too feeble in comparison to the magnitude of contemporary social problems. Faced with our limitations, we may become frustrated, depressed, or even hopeless. The quality of our work can suffer and our sense of well-being can decrease. Because social workers expend so much energy in our work, we must find ways to replenish our resources. To "take care of others," we must "take care of ourselves." However, let's base our choices for restorative activities on our knowledge base rather than on popular cultural or commercially induced pastimes. The scientific evidence is now fairly clear: self-centered, hedonistic activities—often in the form of overconsumption, addictive substances, or addictive behaviors—tend to exhaust rather than regenerate our personal resources. Instead, let's maintain a strong and active social life; participate with others in the community; spend time with happy, supportive people; and frequently engage in physical movement of some kind. A brisk "walk and talk" with a close friend can often revive even the most depleted among us.

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 outrage about corruption or violence or crimes against humanity. Some of us are proponents of a particular cause that we hope to promote 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 think admission 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.

In this chapter, you explored several dimensions of professionalism. At this point, you can probably recognize the significance of integrity, self-understanding and self-control, knowledge—including the common factors and facilitative conditions—and self-efficacy, and social support and well-being as they pertain to your own personal and professional lives as well as to those of the people and communities you hope to serve.

CHAPTER 2 Summary Exercises

Reflective Exercises

1. According to the counseling and psychotherapy effectiveness research, the overall impact of counselors and psychotherapists on outcomes is relatively modest when compared with the power of personal, social, economic, and environmental factors outside the confines of the interview room. Use your word-processing program to prepare a brief one-page (250 words) report in which you discuss what social workers could do to increase our effectiveness in our work with and on behalf of clients. Title the report "How We Could Do Better." Save your document file as "Better_SWK" and include it in your Social Work Skills Learning Portfolio.

2. Go to Appendix 13 and complete the Self-Appraisal of Proficiency: EPAS Competency-Based Knowledge, Values, and Practice Behaviors. Then go to Appendix 14 or 15 (depending on whether you are in a BSW or MSW program) and complete the Self-Appraisal of Proficiency in the ASWB Knowledge, Skills, and Abilities. When complete, review and summarize your ratings to both instruments. Recognizing the limitations of these two self-report instruments, word-process a brief one-page summary outline of your areas of strength and weakness. Title the report "Preliminary Self-Appraisal of Social Work Knowledge and Abilities." Save the document as "Prelim_Self-Eval_K_and_A" and include it in your Social Work Skills Learning Portfolio.

3. Let's assume that most humans—including those of us who aspire to be ethical and effective social workers—reflect major gaps in self-understanding and lapses in self-control. Think about how those lapses in self-regulation might affect your performance as a social worker. Then, in a brief one-page (250 words) word-processed report, generate hypotheses about how and why those lapses continue, and then propose steps to strengthen your ability to regulate your

thoughts, feelings, and actions. Title the report "Self-Regulation for Social Work." Save the document as "Self-Reg_for_SWK" and include it in your Social Work Skills Learning Portfolio.

Write-Now Exercises

Use the space below each of the following write-now exercises to record your responses.

1. The facilitative conditions of empathy, respect, and authenticity appear fundamental to the development and maintenance of positive relationships of all kinds—professional and non-professional alike. With whom and in what contexts have you found it difficult to be genuine, convey respect, and experience and express empathy? What could you do to demonstrate these qualities when it is challenging for you to do so?

2. Integrity is an especially critical aspect of professionalism. In what circumstances as a social work student might you find it challenging to maintain your personal or professional integrity? How about when you have graduated and are serving in a professional social work role?

3. Consider the core beliefs about people and the world as reflected in your past and current cultural contexts. Identify three such beliefs that conflict with the mission and values of the social work professional culture. Briefly discuss how you might address these cultural conflicts.

4. As social animals, we humans think, feel, and perform better when we inhabit safe and resource-rich environments, belong to intimate social groups, have regular and reliable sources of social support, and have a strong sense of social well-being. As social workers, we expend large quantities of energy managing our emotions, controlling impulses, thinking deeply, and exercising professional judgment. To balance such energy costs, we require energy assets in the form of social supports and connections. Briefly outline up to three

completely reliable sources of unconditional social support in your contemporary life. Then, identify how you might improve the depth and quality of your current social supports and improve your social well-being.

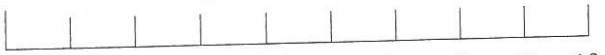
CHAPTER 2 Self-Appraisal

As you finish this chapter, please reflect on your learning by using the following space to identify any ideas, terms, or concepts addressed in Chapter 2 that remain confusing or unclear to you:

Next, respond to the following items by carefully reading each statement. Please use a 1-to-10-point rating scale (where *1 = strongly disagree* and *10 = strongly agree*) to indicate the degree to which you agree or disagree with each statement. Place a check mark at the point that best reflects your view at this particular point in time. If you're truly *undecided*, place your check at the midpoint (5.5) mark.

1. I can discuss the topic of professionalism within the context of social work practice.

2. I can discuss integrity as an integral aspect of professionalism.



3. I can discuss self-understanding and self-control as essential for professionalism.

4. I can discuss knowledge, expertise, and self-efficacy as important aspects of professionalism within social work.

5. I can discuss the relationship of social support and well-being to professionalism in social work.