

Chapter One: Introduction to social work practice

1.1 The foundations of social work practice

Social work practice consists of the professional application of social work values, principles, and techniques to one or more of the following ends: helping people obtain tangible services; counseling and psychotherapy with individuals, families, and groups; helping communities or groups provide or improve social and health services; and participating in legislative processes. The practice of social work requires knowledge of human development and behavior; of social and economic, and cultural institutions; and of the interaction of all these factors. Generalist social work practice involves;

1. Multi-level interventions
2. Eclectic knowledge base
3. Addresses both private and social issues

1.2 The knowledge base

Knowledge and theory

The Oxford Dictionary defines knowledge as ‘facts, information, and skills acquired through experience or education; the theoretical and practical understanding of a subject’ and theory as ‘a supposition or a system of ideas intended to explain something’. These definitions show a clear link between the desire to explain (theory) and the desire to understand (knowledge) what is happening and why. It suggests that acquiring knowledge is a much more in-depth undertaking than theorizing because knowledge involves gathering, analysing and synthesizing different theories (explanations) in order to arrive at some kind of tentative understanding, hypothesis or judgement. In social work, knowledge needs to incorporate ‘both practical and theoretical knowledge’

Types of Knowledge

Trevithick classified the types of knowledge in social work as

- (i) theoretical knowledge;

(ii) factual knowledge; and

(iii) practice/practical/personal knowledge.

Theoretical knowledge (theory)

This first section categorizes theoretical knowledge, or theory, into three overlapping areas: (i) theories that illuminate our understanding of people, situations and events; (ii) theories that analyse the role, task and purpose of social work; and (iii) theories that relate to direct practice, such as practice approaches and perspectives.

Theories that illuminate our understanding of people, situations and events

Looking first at those theories that illuminate our understanding of people, situations and events, these ‘borrowed’ theories are mainly drawn from other disciplines and cover a vast area. They include psychology, sociology, law/legislation, social policy, organizational theory, medicine, politics/political science, economics, philosophy, history and anthropology.

Theories that analyse the role, task and purpose of social work

Should social work be about reform or revolution—should it ‘fit’ people into the system, change the system—or both? Is social work primarily a rational–technical activity or a practical–moral one (Parton, 2000)? The role, task and purpose of social work have been conceptualized in a number of ways but perhaps the most relevant and accessible is Howe’s categorization of the activities of social work, which are identified in terms of three key features: (i) care; (ii) cure; and (iii) control (Howe, 1994).

This conceptualization enables us to identify the ideological shift that has taken place in recent years away from notions of care and cure, toward those involving surveillance, investigation and control, such as parenting orders, curfews, the tagging of children, Community Treatment Orders and ‘welfare to work’ programmes.

Theories that relate to direct practice, such as practice approaches and perspectives

A third and final heading on the subject of theoretical knowledge focuses on theories that are taught on training courses and used by practitioners in their direct work with service users and

carers. The main practice theories or practicemethods taught on social work training programmes include cognitive–behavioural approaches, client-centred, task-centred, psycho-social approaches, solution-focused and strength-based approaches, and so on.

Factual knowledge

Knowledge organized to be relevant to particular contexts. The focus of this knowledge is the relation between facts and concrete details. Factual knowledge is essential to extraction of information, and understanding of textual documents that requires background knowledge of facts. Some common terms used to describe factual information include data, statistics, figures, records, research findings or evidence, proof, and so forth, namely ‘hard’ facts that are verifiable in some way or other. factual knowledge in terms of five key areas in which more up-to date information and research are important. These include: (i) law/legislation; (ii) social policy; (iii) agency policy, procedures and systems; (iv) information relating to specific groups of people(categorized in terms of people’s class, race, gender, age, disability(ies), sexual orientation, culture and religious beliefs) ; and (v) information relating to specific personal and social problems(drug and alcohol addiction , child abuse , domestic violence , depression)

Practice/practical/personal knowledge

Practical knowledge refers to skills that are learned by continuous application of theoretical ideas into real life. It often leads to a deeper understanding of a concept through the act of doing and personal experience. It is knowledge of how to do a particular skill. Practical knowledge is a name applied to the knowledge required to do a particular kind of skill.

1.3 Social work values, principles and Ethical considerations

1.3.1 Social work values

Yitayal is a social work student who is working with Kedir, a homeless man. Kedir has no money, no job, no family, and no idea about where his next meal or bed will come from. When Yitayal asks Kedir about the dearth of his resources and support, Kedir doesn't seem to think any of these items is important. In fact, Kedir is quite content with his life. He is happy to have the freedom of living on the street. Yitayal has trouble accepting this

and offers to help him find a real job, a good home, and a chance to re-assimilate into productive society.

Social work values define how the profession views people, its preferred goals for clients and society, and its preferred means of achieving those goals (Levy, 1993).

The NASW Code of Ethics (1999) identifies six core values for the profession: (1) service; (2) social justice; (3) dignity and worth of the person; (4) importance of human relationships; (5) integrity; and (6) competence. This list represents a consensus among the NASW membership concerning social work's highest moral principles. Each ethical rule in the Code of Ethics is based on one or more of these values. Social work values and ethics are not just minimum standards to which practitioners are held accountable but ideals to which all social workers should strive.

(1) Service

The value of service suggests that social workers give high priority to helping others. By valuing service, social workers subjugate their personal desires in order to focus on the needs, interests, and wishes of the people they serve. When a social worker says that she chose this profession because helping others is meaningful work, she is expressing service as a value.

Social work is an altruistic profession. In theory, what could be nobler than valuing service? In practice, applying this value can be quite challenging. Assume that a client discloses that he became wealthy defrauding widows with a phony investment scheme (e.g., Ponzi). He shows no remorse and even gloats about how devious he was. He now wants your help with a marital conflict. Although his current issue is unrelated to his past misconduct, you find his conduct and attitude reprehensible. Your first inclination is that you do not want to assist him.

You understand that social workers believe all people deserve help, regardless of their ethnicity, culture, religion, socioeconomic status, or even history of criminal, immoral behavior. Still, you feel conflicted. Even if you agree to serve him, will you be able to serve him to your best ability?

(2) Social Justice

The Social Work Dictionary defines social justice as "An ideal condition in which all members of a society have the same basic rights, protection, opportunities, and social benefits" (Barker, 2003, pp. 404–405). In other words, social justice refers to a world in which everyone is treated fairly.

By valuing social justice, social workers commit themselves to rectifying social injustices such as discrimination, poverty, unemployment, oppression, lack of opportunity, and social exclusion. Whereas some professions claim to be objective, neutral, or apolitical, social work takes positions on social justice issues and is necessarily political (Parrott, 2006). When a client is experiencing racism, for instance, some mental health professionals would focus on helping the client cope with the racism. Social workers not only help clients cope but also strive to remedy the racism (e.g., by offering advocacy, education, or community empowerment strategies) (Appleby et al., 2007). Although social workers do not impose their values on clients, this does not mean they are value free (Corey et al., 2007). They promote equality, respect, fairness, and inclusion throughout their practice.

(3) Dignity and Worth of the Person

Social workers value the dignity and worth of all individuals, meaning that everyone deserves respect. Racism, ethnocentrism, xenophobia, sex-ism, heterosexism, and other forms of bigotry have no place in social work. Social workers do not merely tolerate people from diverse backgrounds; they embrace diversity. Valuing the dignity and worth of all people translates into working with clients on the issues, concerns, and goals that they want to pursue. Whereas physicians and others using the traditional medical model diagnose patients and tell them what type of treatment they need (Kharicha, Illife, Levin, Davey, & Fleming, 2005), social workers work collaboratively with clients to assess what is going on in their lives and to help them make self-determined choices about how to proceed.

Honoring client self-determination shows the utmost respect for the client's strengths, dignity, and autonomy. As with other values, respecting the worth of an individual is often much easier to say than to carry out in practice. All of us are prone to biases such as racism, sexism, or religious chauvinism (the belief that one's own religion is superior and other religions have little value). We may have acquired biases and stereotypes from our families, peer groups, or media. We may treat others disrespectfully, not intentionally, but out of ignorance or haste. We may mean to do well by others, but our actions may have a negative impact. Take the Golden Rule, "Do unto others, as you would have them do unto you."

This is meant to encourage people to treat others well. If you take the phrase literally, however, it says to treat others the way you want to be treated, not how they want to be treated. I am Jewish, so I appreciate hearing people say "Happy Chanukah" to me rather than "Merry Christmas." If I

greet Christian clients with “Happy Chanukah,” however, am I showing respect, taking their religious sensitivities into account? Though this example may sound trivial, it demonstrates how easy it is to demonstrate disrespect, even when you intend to treat others with benevolence.

One of the greatest risks to demonstrating respect to clients is imposing values or beliefs on clients. Consider a client who tells you that she is being abused by her husband. She does not want to leave him because she loves him and needs him. Would you advise her to leave her husband because he is abusive? If you do, you may be imposing your values and beliefs. How do you know whether leaving her husband is better for her? By trusting clients to make their own decisions, social workers are respecting their dignity and worth. For beginning social workers, this may sound counterintuitive.

Shouldn't social workers tell clients what they believe? If a social worker can persuade a client to leave an abusive relationship, isn't this respecting the clients' dignity? Consider how you feel when someone tells you what to do, particularly if it is a professional who hardly knows you or your situation. Contrast this with your feelings when someone offers you moral support, showing confidence that you will make the right decisions for yourself.

(4) Importance of Human Relationships

Human relationships are integral to effective social work practice. Social workers help clients by developing affirming relationships with them.

To engage clients in helping processes, social workers listen to clients, offering concern, support, empathic understanding, genuineness, and unconditional positive regard. Developing a positive therapeutic relationship with clients is a fundamental component of the helping process (Rogers, 1957). Clients who feel valued and respected will be more open, confident, and willing to take the risks that are involved in any change process. By demonstrating unconditional positive regard, social workers build trust with clients, who learn they can say anything and not be judged or embarrassed by the worker.

Social workers also demonstrate their value for “social relationships” through their ecological perspective. Social workers view clients in the context of their social environment, essentially their relationships with other individuals, family members, groups, and organizations.

The ecological perspective directs social workers to consider problems as interactional rather than individual. Instead of looking at a client as having an individual problem called alcoholism, for instance, social workers look at alcoholism as a phenomenon that exists within the context of

a family and community: What is going on in the family and community systems that encourages the person to drink, or prevents the person from dealing more effectively with the alcohol-related problems? Instead of blaming an individual for being unemployed, social workers look at what is going on in the individual's family, community, and former workplace that contributed to the employment issue.

Social workers help individuals relate more effectively to their families, workplaces, and communities, but help does not stop there. Social workers also help families, workplaces, and communities provide a more supportive environment for the individual.

Social workers believe that it is all right for people to rely on one another. In fact, for people to reach their highest potentials, relying on one another is vital. In essence, no man or woman is an island, and it takes a village to raise a child. Consider your own inclinations when you are facing a problem (e.g., difficulty at school, financial stress, conflict with your spouse or partner). Do you try to solve the problem on your own, or do you reach out for help from a family member, friend, or professional? On the continuum of "highly autonomous to highly relational," would you place yourself at either of the extremes, or closer to the middle?

(5) Integrity

Integrity refers to the importance of honesty, reliability, and responsibility. Social workers demonstrate integrity by being open and honest, by following through on their professional obligations, and by being accountable for their actions.

Although it is morally correct for all people to act with integrity, professional social workers hold themselves to a higher standard than the general public because they are working with vulnerable people, including young children, frail elders, people with mental illness, and clients experiencing high levels of social stress.

Different people have different views on what constitutes integrity, so it is important to understand as specifically as possible what the profession of social work means by integrity. Social workers must not exploit clients or be perceived to be exploiting them. Integrity is vital to building trust. When clients believe their workers are tainted by dishonesty, inconsistency, or irresponsibility, they may find it impossible to develop the confidence necessary for them to work together.

Various situations raise different challenges about what it means to act with integrity. In terms of honesty, for instance, is it all right to tell a "little white lie" in order to save a person from

embarrassment? Would you tell a friend that his new hairstyle looks great in order to boost his ego, even though you think the style looks ridiculous on him? Would you act differently if this were a client rather than a friend? In terms of responsibility, must social workers always follow agency policies—even if the policies are discriminatory? In terms of accountability, are social workers always responsible for what happens to their clients?

Consider a client who commits suicide. At what points do clients, families, and communities have to accept responsibility rather than hold a social worker to account?

One might think that anyone who goes into professional social work must be doing so for the right reasons and must possess a relatively high value for integrity. One might be surprised at how often social workers act in a manner that conflicts with integrity—for instance, taking advantage of clients by having sex with them, breaching agency policy or ethical standards, and intentionally misguiding clients (Reamer, 2003). Sometimes these acts are based on poor judgment in a particular situation rather than faulty values. Sometimes these acts are committed while the worker is under extreme stress—for instance, putting inaccurate information in client records due to fatigue from working overtime, or exaggerating one's efforts in order to look good to a supervisor who has unreasonably high expectations.

Acting under stress does not excuse a person from acting dishonestly, but the context does put the behavior into perspective. Social workers must not only want to act with integrity; they must commit themselves to developing working environments that promote integrity.

(6) Competence

Competence means having the knowledge, skills, and self-awareness required to perform social work tasks in an effective manner. The specific skills and knowledge required depend on the specific tasks to be undertaken. In the foundation courses of your social work program, you will learn basic knowledge (e.g., systems theory, developmental theory, and the generalist planned-change process) and basic skills (e.g., attending to a client's nonverbal behavior, reflecting feelings, paraphrasing thoughts, and asking open-ended questions).

Your foundation courses are intended to provide you with the competence to practice as a generalist social work practitioner. Upon completion of these courses, you should be able to engage clients, conduct basic psychosocial assessments, guide clients through the planned-change process, and evaluate their progress.

While you will become competent to work with a range of clients with different presenting problems, be careful to stay within your competencies. If you are not competent to handle a particular situation, then the value of competence suggests that you should link clients with another worker who possesses the required skills and knowledge (e.g., your supervisor, a more experienced worker, or a professional with specialized training).

When people are experiencing social problems, many different kinds of people can provide help: family, friends, neighbors, charity workers, and professionals. What distinguishes professional help from the other types of help is the use of professional knowledge and skills. When a client asks for help, a social worker cannot simply give advice from personal experience or intuition. The social worker should apply professional knowledge and skills as appropriate to the situation. For most social work students, embracing competence as a value is relatively easy. After all, they are taking courses in a professional degree program. The decision to pursue a degree in social work generally means that the person wants to improve his or her competence through education. Unfortunately, some students struggle with why professional knowledge and skills are important. They believe that they possess all the knowledge and skills they need, for instance, as natural-born social workers or as people who have developed social work skills through general education and life experience.

They are only enrolled in a social work degree program because they need the credential to practice or to be eligible for promotion. The challenge for these students is to learn how additional knowledge and skills can enhance their ability to practice effectively. In fact, competence is not something that we achieve through completion of a single social work program. Gaining competence is an ongoing process.

All social workers may continue to gain competence, learning how to carry out certain functions more effectively, being open to the knowledge from new research findings, honing skills with different population groups, and so on. Thus, a commitment to competence is an ongoing endeavor. Building competence is not just a duty but a potential source of happiness, pleasure, or fulfillment. Competence provides what Aristotle called *eudaimonia*, a sense of self-worth or well-being (Hursthouse, 2007). In other words, competence may offer social workers a sense of self-gratification or meaning from the ability to do their jobs in a skilled, proficient manner.

DISCUSSION QUESTIONS AND EXERCISES

The following questions and exercises are designed to help you reflect on your values, gain greater appreciation for the values of others, and develop a deeper understanding of core social work values.

1. Appreciating Values: Refer to the case scenario at the top of this chapter. What values can you infer from Kedir's statements? What values does Yitayal demonstrate in her responses? Whose values are right? Should Yitayal help Kedir find a good home and a good job? Why or why not?

2. Comparing Values: Imagine that you are working with Fikerte, who tells you that she exaggerated on her resume in order to get a job. Without exaggerating, she would not have met the minimum requirements that were advertised for the job. She claims she was unemployed for 3 months and was about to be evicted from her apartment.

She needed money desperately for food and rent. What does this scenario tell you about how Fikerte prioritizes values such as honesty, shelter, security, and survival? How are your value priorities similar to or different from Fikerte's?

3. Contrasting Values: Assume you have an 18-year-old client, Cecilia, who tells you that she wants to marry Horace, a man she loves dearly. Her parents object to the proposed marriage because Horace comes from a different religious and racial background (e.g., Hindu and Asian). Cecilia says she would feel guilt ridden if she defied her parents' wishes. Describe the values that Cecilia and her parents may be expressing in this situation. How are your values similar to or different from theirs?

4. Prioritizing Values: Suppose you are working with Mesfin who says that he values having fun, but also taking work seriously. These values seem to conflict. Is it possible for him to truly value both of these? Why or why not?

5. Sources of Values: Ask one of your parents, grandparents, or another elder from your family or community to speak with you about values. Engage him or her in a discussion about what personal values are most important. Also, ask about the sources of these values. Invite your family member to share stories of how he or she has put these values into practice, or to discuss occasions when these values have been challenged. Be prepared to define values in plain language and to help your interviewee identify values in different areas of his or her life. Take notes, so you can report back to the class.

6. Values - from words to Meanings:

When people say they value “family,” “work,” “education,” or “democracy,” we may think we understand what they are saying because we are familiar with these words. Still, different people could mean different things with the same words. For each of these values, write down your definition of what that value means to you and give examples of how this value is manifest within your family, if it is a value for your family. Compare your definitions and examples with those of another person in your class.

7. Core Social Work Values: For each of the following scenarios, identify which core social work values (if any) are reflected by the social worker’s actions: (1) service, (2) social justice, (3) dignity and worth of the person, (4) importance of human relationships, (5) integrity, (6) competence, or (7) none of the above. If more than one value could apply, explain how.

- *Meron asks her social worker if she can see what the worker wrote in her case records. Initially, the worker thought about removing a certain page because some notes on that page were not very flattering. The worker ultimately decided to show her the whole case file because she did not want to deceive the client.*
- *Yonatan asks his social worker to help him apply for Medicaid so he can access treatments that he could not otherwise afford. The worker personally believes that people should pay for their own medical bills. Still, the worker follows her professional duties and helps Charlie with his request.*
- *Helen wants to know if her work is being effective, so she decides to document her interventions and outcomes in order to evaluate them, incorporating what she has learned in her research class.*
- *Yidnekachew advocates for a change in child welfare policy that would allow for greater involvement of extended family members when there are concerns about child abuse or neglect.*
- *Obang is concerned about discrimination against people with AIDS. He talks to his senator about passing legislation to protect them.*
- *Helina has a client who wants help with her fear of flying. Helina does not think she has enough experience and training in this area, so she refers the client to someone who specializes in this area.*

• *Abraham calls his social worker an idiot because he is frustrated by lack of progress. The social worker tells Abraham he is being childish and that he should find another worker.*

• *Eden works with people with Down syndrome. One of the common complaints she hears is that others call them “tards” and other derogatory names. Eden develops a media campaign to educate the public on how to treat people with Down syndrome more respectfully.*

• *Feven tells her social worker that she is a miserable person who has “lied on my taxes, cheated on my husband, and stolen drugs from a local pharmacy.” Her worker says that he is not there to judge Feven, but to offer support and help her maximize her own potential.*

8. Emotional Reactions: For each of the following scenarios, describe how you might feel. How might your emotional reactions either help or hinder your ability to assess the client’s values and motivations?

a. A charming client tells you that you have the most beautiful eyes. The client invites you to dinner to thank you for all the help you have provided.

b. You are running a support group for marines who have returned home after experiencing trauma in a foreign war zone. Several group members suggest that it would have been better to just “nuke the whole country.”

c. You have been helping the Muslim community build a community center. The all-male organizing committee proposes a policy requiring all women who enter the center to wear veils to cover their faces.

d. You are working with a 10-year-old client who discloses that his father calls him a “little sissy” because he likes to play with dolls.

1.3.2 International Declaration of Ethical Principles of Social Work-IFSW

Social workers serve the development of human beings through adherence to the following basic principles:

1.3.2.1 Every human being has a unique value, which justifies moral consideration for that person.

1.3.2.1 .2 Each individual has the right to self-fulfilment to the extent that it does not encroach upon the same right of others, and has an obligation to contribute to the well-being of society.

1.3.2.1.3. Each society, regardless of its form, should function to provide the maximum benefits for all of its members.

1.3.2.1.4 Social workers have a commitment to principles of social justice.

1.3.2.1.5 Social workers have the responsibility to devote objective and disciplined knowledge and skill to aid individuals, groups, communities, and societies in their development and resolution of personal-societal conflicts and their consequences.

1.3.2.1.6 Social workers are expected to provide the best possible assistance to anybody seeking their help and advice, without unfair discrimination on the basis of gender, age, disability, color, social class, race, religion, language, political beliefs, or sexual orientation.

1.3.2.1.7 Social workers respect the basic human rights of individuals and groups as expressed in the United Nations Universal Declaration of Human Rights and other international conventions derived from that Declaration.

1.3.2.1.8 Social workers pay regard to the principles of privacy, confidentiality, and responsible use of information in their professional work. Social workers respect justified confidentiality even when their country's legislation is in conflict with this demand.

1.3.2.1.9 Social workers are expected to work in full collaboration with their clients, working for the best interests of the clients but paying due regard to the interests of others involved. Clients are encouraged to participate as much as possible, and should be informed of the risks and likely benefits of proposed courses of action.

1.3.2.1.10 Social workers generally expect clients to take responsibility, in collaboration with them, for determining courses of action affecting their lives. Compulsion which might be necessary to solve one party's problems at the expense of the interests of others involved should only take place after careful explicit evaluation of the claims of the conflicting parties. Social workers should minimise the use of legal compulsion.

1.3.2.1.11 Social work is inconsistent with direct or indirect support of individuals, groups, political forces or power-structures suppressing their fellow human beings by employing terrorism, torture or similar brutal means.

1.3.2.1.12 Social workers make ethically justified decisions, and stand by them, paying due regard to the IFSW International Declaration of Ethical Principles, and to the International Ethical Standards for Social Workers adopted by their national professional association.

1.3.3 International Ethical Standards for Social Workers

General Standards of Ethical Conduct

- 1.3.3.1. Seek to understand each individual client and the client system, and the elements which affect behaviour and the service required.
- 1.3.3.2. Uphold and advance the values, knowledge and methodology of the profession, refraining from any behaviour which damages the functioning of the profession.
- 1.3.3.3. Recognise professional and personal limitations.
- 1.3.3.4. Encourage the utilisation of all relevant knowledge and skills.
- 1.3.3.5. Apply relevant methods in the development and validation of knowledge.
- 1.3.3.6. Contribute professional expertise to the development of policies and programs which improve the quality of life in society.
- 1.3.3.7. Identify and interpret social needs.
- 1.3.3.8. Identify and interpret the basis and nature of individual, group, community, national, and international social problems.
- 1.3.3.9. Identify and interpret the work of the social work profession.
- 1.3.3.10. Clarify whether public statements are made or actions performed on an individual basis or as representative of a professional association, agency or organisation, or other group.

1.3.4 Social Work Standards Relative to Clients

- 1.3.4 .1 Accept primary responsibility to identified clients, but within limitations set by the ethical claims of others.
- 1.3.4 .2 Maintain the client's right to a relationship of trust, to privacy and confidentiality, and to responsible use of information. The collection and sharing of information or data is related to the professional service function with the client informed as to its necessity and use. No information is released without prior knowledge and informed consent of the client, except where the client cannot be responsible or others may be seriously jeopardized. A client has access to social work records concerning them.
- 1.3.4 .3 Recognise and respect the individual goals, responsibilities, and differences of clients. Within the scope of the agency and the client's social milieu, the professional service shall assist clients to take responsibility for personal actions and help all clients with equal willingness.

Where the professional service cannot be provided under such conditions the clients shall be so informed in such a way as to leave the clients free to act.

1.3.4 .4 Help the client - individual, group, community, or society- to achieve self-fulfilment and maximum potential within the limits of the respective rights of others. The service shall be based upon helping the client to understand and use the professional relationship, in furtherance of the clients' legitimate desires and interests.

1.3.5. Social Work Standards Relative to Agencies and Organizations

1.3.5.1 Work and/or cooperate with those agencies and organizations whose policies, procedures, and operations are directed toward adequate service delivery and encouragement of professional practice consistent with the ethical principles of the IFSW.

1.3.5.2. Responsibly execute the stated aims and functions of the agency or organizations, contributing to the development of sound policies, procedures, and practice in order to obtain the best possible standards or practice.

1.3.5.3. Sustain ultimate responsibility to the client, initiating desirable alterations of policies, procedures, and practice, through appropriate agency and organization channels. If necessary remedies are not achieved after channels have been exhausted, initiate appropriate appeals to higher authorities or the wider community of interest.

1.3.5.4. Ensure professional accountability to client and community for efficiency and effectiveness through periodic review of the process of service provision.

1.3.5.5 Use all possible ethical means to bring unethical practice to an end when policies, procedures and practices are in direct conflict with the ethical principles of social work.

1.3.6 Social Work Standards Relative to Colleagues

1.3.6 .1 Acknowledge the education, training and performance of social work colleagues and professionals from other disciplines, extending all necessary cooperation that will enhance effective services.

1.3.6 .2 Recognize differences of opinion and practice of social work colleagues and other professionals, expressing criticism through channels in a responsible manner.

1.3.6 .3 Promote and share opportunities for knowledge, experience, and ideas with all social work colleagues, professionals from other disciplines and volunteers for the purpose of mutual improvement.

1.3.6 .4 Bring any violations of professionals ethics and standards to the attention of the appropriate bodies inside and outside the profession, and ensure that relevant clients are properly involved.

1.3.6 .1.5. Defend colleagues against unjust actions.

1.3.7 Standards Relative to the Profession

1.3.7.1 Maintain the values, ethical principles, knowledge and methodology of the profession and contribute to their clarification and improvement.

1.3.7.2. Uphold the professional standards of practice and work for their advancement.

1.3.7.3 Defend the profession against unjust criticism and work to increase confidence in the necessity for professional practice.

1.3.7.4. Present constructive criticism of the profession, its theories, methods and practices

1.3.7.4. Encourage new approaches and methodologies needed to meet new and existing needs.

Chapter Two: Generalist social work practice

Generalist Social Work Practice involves working "with client systems at all levels, connecting clients to available resources, intervening with organizations to enhance the responsiveness of resources systems, advocating just social policies to ensure the equitable distribution of resources, and researching all aspects of social work practice" (Miley, O'Melia, and Dubois, 1998, p.9).

Generalist Social Work Practice:

- Uses a systems or person-in-environment perspective
- Uses the strengths and client empowerment perspectives
- Requires multi-systems level intervention (micro and macro interventions)
- Involves the application of critical thinking skills to the planned change approach/process (assessment, intervention, evaluation, termination)

- Integrates direct practice with social policy and social work research
- Is guided by the professional code of ethics
- Provides the core competencies (knowledge and skills) for beginning level practice in a variety of social and human service settings
- Serves as the foundation for advanced practice

Generalist social work provides an integrated and multileveled approach for meeting the purposes of social work. Generalist practitioners acknowledge the interplay of personal and collective issues, prompting them to work with a variety of human systems—societies, communities, neighborhoods, complex organizations, formal groups, families, and individuals—to create changes that maximize human system functioning. This means that generalist social workers work directly with client systems at all levels, connect clients to available resources, intervene with organizations to enhance the responsiveness of resource systems, advocate just social policies to ensure the equitable distribution of resources, and research all aspects of social work practice.

The generalist approach to social work practice rests on four major premises. First, human behavior is inextricably connected to the social and physical environment. Second, based on this linkage among persons and environments, opportunities for enhancing the functioning of any human system include changing the system itself, modifying its interactions with the environment, and altering other systems within its environment. Generalist practitioners implement multilevel assessments and multimethod interventions in response to these possible avenues for change. Third, work with any level of a human system—from individual to society—uses similar social work processes. Social work intervention with all human systems requires an exchange of information through some form of dialogue, a process of discovery to locate resources for change, and a phase of development to accomplish the purposes of the work. Finally, generalist practitioners have responsibilities beyond direct practice to work toward just social policies as well as to conduct and apply research.

Levels of Intervention in Generalist Practice

Generalist social workers look at issues in context and find solutions within the interactions between people and their environments. The generalist approach moves beyond the confines of individually focused practice to the expansive sphere of intervention at multiple system levels. “In this process, all social work methods—traditional and innovative—are utilized, singly or in combination, to meet reality needs and to alleviate stresses in ways that enhance or strengthen the inherent capacities of client systems” (Brown, 1982,p. 123).

In generalist social work, the nature of presenting situations, the particular systems involved, and potential solutions shape interventions, rather than a social worker’s adherence to a particular method. The view of generalist social work is like the view through a wide-angle lens of a camera. It takes in the whole, even when focusing on an individual part. Workers assess people in the backdrop of their settings, and interventions unfold with an eye to outcomes at all system levels. Visualize potential clients and agents for change on a continuum ranging from micro- to mezzo- to macrolevel interventions, small systems to large systems. Generalist social workers view problems in context, combine practice techniques to fit the situation, and implement skills to intervene at multiple system levels.

Working with microlevel systems

Microlevel intervention focuses on work with people individually, in families, or in small groups to foster changes within personal functioning, in social relationships, and in the ways people interact with social and institutional resources.

Social workers draw on the knowledge and skills of clinical practice, including strategies such as crisis intervention, family therapy, linkage and referral, and the use of group process. Although microlevel interventions create changes in individual, familial, and interpersonal functioning, social workers do not necessarily direct all their efforts at changing individuals themselves. Often, workers target changes in other systems, including changes in the social and physical environments, to facilitate improvement in an individual’s or family’s social functioning. These activities involve work with systems at other levels.

Working with mezzolevel systems

Mezzolevel intervention creates changes in task groups, teams, organizations, and the network of service delivery. In other words, the locus for change is within organizations and formal groups, including their structures, goals, or functions. Effecting change in organizations requires an understanding of group dynamics, skills in facilitating decision

Working with macrolevel systems

Macrolevel intervention addresses social problems in community, institutional, and societal systems. At this level, generalist practitioners work to achieve social change through neighborhood organizing, community planning, locality development, public education, policy development, and social action.

Generalist Practice: A Wide Range of Roles

a professional role is behavior and activity involved in performing some designated function. Some of the roles characterizing generalist practitioners, which include counselor, educator, broker, case manager, mobilizer, mediator, facilitator, and advocate, are briefly summarized:

- **Counselor:** one who provides guidance to clients and assists them in a planned change or problemsolving process. For example, a worker might help a teenager decide which form of contraception is best for her.
- **Educator:** one who gives information and teaches skills to other systems. For instance, a practitioner might teach parents child management skills.
- **Broker:** one who links client systems to needed resources. For example, a worker might refer a client to a substance abuse treatment center for inpatient treatment.
- **Case manager:** a practitioner who, on the behalf of a specific client, coordinates needed services provided by any number of agencies, organizations, or facilities. For instance, a worker might coordinate the many services needed by a quadriplegic living in a group home.
- **Mobilizer:** one who identifies and convenes community people and resources to identify “unmet community needs” and “effect changes for the better in their community”. For example, a practitioner might encourage community residents to band together and start a drug education program for residents’ children.
- **Mediator:** one who resolves arguments or disagreements among micro, mezzo, or macro systems in conflict. For instance, a worker might serve as a go-between to establish an

agreement between an agency wanting to start a group home for people with developmental disabilities and neighborhood residents who violently oppose having the facility in their neighborhood.

■ **Facilitator:** one who guides a group experience. For instance, a practitioner might run a support group for young women with bulimia.

■ **Advocate:** one who steps forward and speaks out on the behalf of clients in order to promote fair and equitable treatment or gain needed resources. For example, a worker might meet with an administrator on the behalf of a client to change an agency policy on that client's behalf.

Skills For generalist practice

Micro Skills for Generalist Practice

Micro skills are those used for working with individuals. Providing the foundation for work with larger groups, organizations, and communities, they involve basic interpersonal skills including good communication and interviewing skills.

Endless scenarios come to mind that illustrate the use of micro skills. Social workers counsel people addicted to alcohol or other drugs. They try to find places to live and other resources for homeless families. They manage service provision for older adults who are ill or for people who have developmental disabilities and require numerous resources. They investigate potential child abuse situations. They help displaced homemakers and their families who are survivors of domestic violence.

Mezzo Skills for Generalist Practice

Mezzo skills are those used to work with small groups. We propose that working with families involves the use of both mezzo skills because the family is a group and micro skills because of a family's intimate nature. Social workers use mezzo skills with a wide range of groups. They run support groups for people who have been diagnosed with cancer. They run treatment conferences to evaluate progress and establish treatment recommendations for young people with serious emotional and behavioral problems living in group homes and residential treatment centers. They participate in educational groups in schools to talk about birth control. They facilitate

activity groups in nursing homes for older adults. They run agency meetings aimed at developing new treatment programs or a new policy manual.

Macro Skills for Generalist Practice

Building upon the mastery of both micro and mezzo skills, *macro skills* are those used to work with large systems including communities and organizations. Working with macro-level problems requires working with other individuals and groups of individuals. Macro practice most frequently involves issues concerning a number of people or a specific group of people. For example, illegal drug use might be identified as a major difficulty in an urban neighborhood. Violence over drug sales is escalating. More and more people, including teens, are being shot as dealers and users squabble. The incidence of persons diagnosed as HIV-positive is abruptly increasing as addicts share needles and contaminate each other. Child neglect and abuse in the community are skyrocketing. Truancy rates are soaring. Parents on a “high” fail to attend to their young children. Parents’ anger at themselves, at unsatisfied needs, and at the world in general is taken out on the easiest scapegoats: their children.

Chapter Three: The Ecological framework to social work practice

The ecological perspective is another relevant part of social work’s knowledge base. Like systems theory, it provides a useful framework for generalist practice. Generalist practitioners work with clients within the context of their social environments.

Ecological Concepts

social environment, person-in-environment, transactions, energy, input, output, interface, adaptation, coping, and interdependence.

The *social environment* involves the conditions, circumstances, and human interactions that encompass human beings. Persons are dependent on effective interactions with this environment in order to survive and thrive. The social environment includes the types of homes people live in, the types of work they do, the amount of money available, and the laws and social rules they live by. The social environment also includes all the individuals, groups, organizations, and systems with which a person comes into contact.

A *person-in-environment* focus sees people as constantly interacting with various systems around them. These systems include the family, friends, work, social services, politics, religion, goods and services, and educational systems. The person is portrayed as being dynamically involved with each. Social work practice then is directed at improving the interactions among the person and the various systems. This focus is referred to as improving person-in-environment fit. People communicate and interact with others in their environments. Each of these interactions or *transactions* (i.e., something is communicated or exchanged) is active and dynamic. However, they may be positive or negative. A positive transaction may be the revelation that the one you dearly love loves you in return. A negative transaction may involve being fired from a job you have held for 15 years.

Energy is the natural power of active involvement among people and their environments. Energy can take the form of input or output. *Input* is a form of energy coming into a person's life and adding to that life (e.g., an older adult in failing health may need substantial physical assistance and emotional support in order to continue performing ++++++necessary daily tasks) or output. *Output*, on the other hand, is a form of energy going out of a person's life or taking something away from it. For instance, a person may volunteer time and effort to work on a political campaign.

The *interface* is the exact point at which the interaction between an individual and the environment takes place. During an assessment of a person-in environment situation, the interface must be clearly in focus in order to target the appropriate interactions for change. For example, a couple entering marriage counseling may first state that their problem concerns disagreements about how to raise the children. On further exploration, however, their inability to communicate their real feelings to each other surfaces. The actual problem—the inability to communicate—is the interface at which one individual affects the other. Each person is part of the other's social environment. If the interface is inaccurately targeted, much time and energy will be wasted before getting at the real problem.

Adaptation is the capacity to adjust to surrounding environmental conditions. It implies change. A person must change or adapt to new conditions and circumstances in order to continue functioning effectively. As people are constantly exposed to changes and stressful life events,

they need to be flexible and capable of adaptation. Social workers frequently help people in this process of adaptation. A person may have to adapt to a new significant other, a new job, or a new neighborhood. Adaptation usually requires energy in the form of effort. Social workers often help direct people's energies so that they are most productive.

People are affected by their environments and vice versa. People can and do change their environments in order to adapt successfully. For instance, a person would find surviving a Montana winter in the natural environment challenging without shelter. Therefore, those who live in Montana change and manipulate their environment by clearing land and constructing heated buildings. They change their environment so they are better able to adapt to it. Therefore, adaptation often implies a two-way process involving both the individual and the environment.

Coping is a form of human adaptation and implies a struggle to overcome problems. Although adaptation may involve responses to new positive or negative conditions, coping refers to the way we deal with the problems we experience. For example, a person might have to cope with the sudden death of a parent or the birth of a baby.

Interdependence is the mutual reliance of each person on each other person. Individuals are interdependent as they rely on other individuals and groups of individuals in the social environment. Likewise, these other individuals are interdependent on one another for input, energy, services, and consistency.

People cannot exist without each other. The business executive needs the farmer to produce food and customers to purchase goods. Likewise, the farmer must sell food products to the executive in order to get money to buy seeds, tools, and other essentials. People—especially in a highly industrialized society—are interdependent and need each other in order to survive.

Systems Theory to social work practice

Systems theory provides social workers with a conceptual perspective that can guide how they view the world. Social work focuses on the interactions of various systems in the environment including individuals, groups, families, organizations, and communities (CSWE, 2001). A *system* is a set of elements that are orderly and interrelated to make a functional whole.

A person, your class, your family, and your college or universities are all systems. Each involves many components that work together in order to function. Understanding systems theory is especially important because generalist practice targets systems of virtually any size for change. Regardless of your field of practice, having a sound knowledge base in systems theory is helpful. As a generalist, you will evaluate any confronting problem from multiple perspectives. You will determine whether change is best pursued by individual, family, group, organizational, or community avenues. You might decide that any of these systems should be the target of your planned change efforts.

In order to understand how a systems model can provide the framework for intervention, one must understand some of the major concepts involved. These concepts include the terms *system*, *dynamic*, *interact*, *input*, *output*, *homeostasis*, and *equifinality* (Zastrow and Kirst-Ashman, 2007).

We defined a *system* as a set of elements that forms an orderly, interrelated, and functional whole. Several aspects of this definition are important. The idea that a system is a “set of elements” means that a system can be composed of any type of things as long as these things have some relationship to each other. Things may be people or they may be mathematical symbols. Regardless, the set of elements must be orderly and arranged in some pattern that is not simply random.

The set of elements must also be interrelated. They must have some kind of mutual relationship or connection with each other. Additionally, the set of elements must be functional. Together, they must be able to perform some regular task, activity, or function and fulfill some purpose. Finally, the set of elements must form a whole, a single entity. Examples of systems include a large nation, a public social services department.

The concept of a system helps a social worker focus on a target for intervention. The system may be an individual or a state government. The fact that the target is conceptualized as a system means that an understanding of the whole system and how its many elements work together is necessary.

a systems approach guides social workers to look beyond a seemingly simplistic presenting problem. Workers view problems as being interrelated with all other aspects of the system. Many aspects work together to affect the functioning of the whole person. A systems perspective also

guides workers to view systems as dynamic—that is, having constant dynamic movement because problems and issues are forever changing. This perspective provides workers with an outlook that must be flexible. They must be ready to address new problems and apply new intervention strategies.

Systems constantly *interact* with each other. A system can be an individual, a group, or a large organization. A systems focus provides the worker with a framework that extends far beyond that of the individual as the sole target of intervention. A systems perspective diverts the attention from the individual to the interaction between that individual and the environment (Hartman, 1970). There is a constant flow of input and output among systems. *Input* is the energy, information, or communication flow received from other systems; *output* is the same flow emitted from a system to the environment or to other systems.

Similarities between Systems Theory and the Ecological Perspective

Some basic similarities exist between systems theory and the ecological perspective. Both emphasize systems and focus on the dynamic interaction among many levels of systems.

Some of the terms and concepts (especially *input* and *output*) are similar. Additionally, each provides social workers a framework with which to view the world. Finally, both perspectives emphasize external interactions instead of internal functioning. In other words, from a social work point of view, both emphasize helping people improve their interactions with other systems. As a result, these two perspectives are different from a focus on fixing or curing the individual.

Differences between Systems Theory and the Ecological Perspective

In the simplest sense, there are two major differences between systems theory and the ecological perspective. First, the ecological approach refers to living, dynamic interactions. The emphasis is on active participation. People, for example, have dynamic transactions with each other and with their environments. Systems theory, on the other hand, assumes a broader perspective. It can be used to refer to inanimate, mechanical operations such as a mechanized assembly line in a pea canning plant. It can also be used to describe the functioning of a human family.

A second difference between the ecological perspective and systems theory is based on the emphasizing of different terms. For example, the ecological approach focuses on transactions between individuals and the environment at the interface or point at which the individual and environment meet. Systems theory, on the other hand, addresses boundaries of subsystems

within a system and the maintenance of homeostasis or equilibrium within a system. Some theoreticians might posit that the ecological model is an offshoot or interpretation of systems theory, since it is a bit more limited in scope and application

Psychodynamic Theory

Psychodynamic' refers to the way in which the psyche (as mind/emotions/spirit/self) is experienced as active, and not static. The words '**psychodynamic**' and 'psychoanalytic' are often confused. Remember that **Freud's theories** were psychoanalytic, whereas the term 'psychodynamic' refers to both his theories and those of his followers. Freud's psychoanalysis is both a theory and a therapy.

Sigmund Freud developed a collection of theories which have formed the basis of the psychodynamic approach to psychology. His theories are clinically derived - i.e. based on what his patients told him during therapy. The psychodynamic therapist would usually be treating the patient for depression or anxiety related disorders.

- Psychodynamic psychotherapy is concerned with how internal processes such as needs, drives, and emotions motivate human behavior.
- Emotions have a central place in human behavior.
- Unconscious, as well as conscious mental activity serves as the motivating force in human behavior.
- Early childhood experiences are central in the patterning of an individual's emotions, and therefore, central to problems of living throughout life.
- Individuals may become overwhelmed by internal and/or external demands.
- Individuals frequently use ego defense mechanisms to avoid becoming overwhelmed by internal and/or external demands.

Psychodynamic Approach Assumptions

- Our behavior and feelings are powerfully affected by **unconscious motives**.
- Our behavior and feelings as adults (including psychological problems) are rooted in our **>childhood experiences**.

- **All behavior has a cause** (usually unconscious), even slips of the tongue. Therefore all behavior is determined.
- **Personality is made up of three parts** (i.e. tripartite). The id, ego and super-ego.
- behavior is motivated by two **>instinctual drives**: Eros (the sex drive & life instinct) and Thanatos (the aggressive drive & death instinct). Both these drives come from the “id”.
- Parts of the unconscious mind (the id and superego) are in constant **>conflict** with the conscious part of the mind (the ego).
- Personality is shaped as the drives are modified by different conflicts at different times in childhood (during **psychosexual development**).

Psychodynamic psychologists assume that our behaviour is determined by **unconscious** forces of which we are unaware. Each **manifest** (surface) thought, utterance or behaviour hides a **latent** (hidden) motive or intention. The latent motives for our behaviour reflect our instinctive **biological drives** and our early experiences, particularly before the age of five. Most particularly, it is the way we are treated by our **parents** as children that shapes our adult behaviour.

Psychodynamic psychologists see behaviour as the result of a compromise between three parts of the **psyche** (personality). Each person has biological drives (eating, drinking, sex, aggression) from their **id**. These need to be satisfied but this is prevented by the **superego**, the moral part of the psyche, which uses anxiety and guilt to prevent us from acting on the id’s impulses. Between the two is the **ego**, which tries to find ways of satisfying the id in a way that the superego will accept and that is in line with reality. This often involves the use of **defence mechanisms** which convert unconscious impulses into more acceptable forms.

Psychodynamic psychologists study human behaviour by looking for the hidden meanings in the things that people think, do or say. This requires them to gather large amounts of **qualitative** data about people, which is usually done through the use of the individual **case-study** method. The subject of the case study is often a person who is suffering from a psychological disorder and who is being treated with psychoanalysis. The analyst gathers information from the things the person says or does in therapy (including **free association** and dream descriptions).

Evaluation of the psychodynamic approach

Many criticisms of the psychodynamic approach centre on its methods. The need for interpretation of the material gathered means that psychodynamic psychologists are often accused of **researcher bias**: they tend to favour interpretations of the data that support what they already believe. The fact that two different researchers can reach completely different interpretations suggests that the methods lack **objectivity**. Other critics point to the fact that the psychodynamic approach relies heavily on theoretical constructs whose existence is difficult to prove (e.g. the unconscious mind). It is claimed by some that the lack of objectivity in the methods and the dependence on unobservable constructs makes the theory impossible to test in an **empirical** manner, giving Freud's approach more the status of a religion than a science.

Defenders of the psychodynamic approach point to the fact that it is unique among the approaches in recognizing the **complexity** of human motives and the **irrationality** of much human behaviour. They also point out that the approach led to the development of **treatments** for psychological disorders ('the talking cure') that have helped many people live more productive and satisfying lives than they might otherwise have had. It could also be said that, even if you reject Freud's theories, his contribution to Psychology is unarguable. Many of Freud's **insights** – the importance of childhood, or the idea that we are influenced by unconscious processes, for example – remain very influential even after most of his theoretical concepts have been rejected by the mainstream.

The psychodynamic approach and key debates

The psychodynamic approach rejects the idea that people have free will. A person's behaviour is determined by their unconscious motives which are shaped by their biological drives and their early experiences, making this a **deterministic** approach. With reference to the nature-nurture debate, the psychodynamic approach takes an **interactionist** position: it agrees that we are driven by innate, biological instincts (nature) but also maintains that the expression of these is heavily modified by our upbringing (nurture). Because the psychodynamic approach generally explains complex behaviours as manifestations of more primitive biological drives, it is widely regarded as a **reductionist** approach to psychology rather than a holistic one.

Implications for social work

In current social work practice psychodynamic theory is what the social worker uses when s/he looks at early attachment relationships and the developmental history of the client which includes past trauma or abuse. In addition, social workers use this theory in supervision to understand the dynamics of the helping relationship (transference, countertransference).

Chapter four: The Generalist Intervention Model (GIM)

Our definition of generalist practice provides the foundation for the Generalist Intervention Model (GIM). GIM is a practice model providing step-by-step direction concerning how to undertake the planned change process, which is generally directed at addressing problems.

Social workers help people deal with problems ranging from personal relationships to lack of resources to blatant discrimination. A social worker may need to address the problem of a battered woman who is economically and emotionally dependent on her abusive husband and who also has three children to protect.

In another instance, a social worker might have an adolescent client who has committed a number of serious crimes and is heavily involved with an urban gang. At yet another time, a social worker may need to advocate and fight for change in a public assistance policy—one that discriminates against people who speak little to no English and are unable to follow an intricate, exasperating application process in order to receive benefits. Regardless of what problem is addressed, the planned change effort follows the same course of action.

Three major features characterize GIM. First, GIM assumes that workers acquire an eclectic knowledge base, a wide range of skills to target any size system, and a professional values base, all emphasized in our definition of generalist practice.

GIM's second major feature is its core seven-step planned change process that emphasizes the assessment and use of client strengths. The third key feature is its generalist approach, which means virtually any problem may be analyzed and addressed from multiple levels of intervention. GIM is oriented toward addressing problems and issues that involve not only individuals, but also groups, organizations, and even major social policies. In other words, the model involves micro, mezzo, and macro systems as targets of change.

Planned Change Steps in GIM

Regardless of what kind of problem is addressed, the planned change process presented here involves seven major steps. Planned change steps include engagement, assessment, planning, implementation, evaluation, termination, and follow-up.

Step 1: Engagement

Engagement is the initial period where you as a practitioner orient yourself to the problem at hand and begin to establish communication and a relationship with others also addressing the problem. Regardless of whether you pursue micro, mezzo, or macro change, you must establish rapport or a harmonious relationship with clients and target systems in order to communicate and get things done.

Engagement is based on the acquisition of a range of micro skills. Both the words you speak (verbal communication) and your coinciding actions and expressions (nonverbal communication) can act to engage others in the helping process. Nonverbal communication conveys information in ways other than spoken words (e.g., eye contact, facial expressions, body positioning).

Many other dimensions are involved in engagement. Your overall demeanor, including your ability to convey warmth, empathy, and genuineness, can enhance engagement. Likewise, how you introduce yourself and arrange an initial meeting's setting affects the engagement process. Other engagement skills include alleviating initial client anxiety and introducing your purpose and role.

Step 2: Assessment

According to Siporin, assessment is the “differential, individualized, and accurate identification and evaluation of problems, people, and situations and of their interrelations, to serve as a sound basis for differential helping intervention” (1975, p. 224). Meyer defines assessment simply as “knowing, understanding, evaluating, individualizing, or figuring out” (1995, p. 260). For our purposes, assessment is affecting an identified problem or issue as viewed from micro, mezzo, or

macro perspectives. In the first place, assessment refers to gathering relevant information about a problem so that decisions can be made about what to do to solve it. Secondly, assessment can involve preparation for intervention at any level of practice. Assessment includes the following four substeps:

1. Identify your client.
2. Assess the client-in-situation from micro, mezzo, macro, and diversity perspectives.
3. Cite information about client problems and needs.
4. Identify client strengths.

Step 3: Planning

The third step in GIM involves planning what to do. Planning follows assessment in the problem-solving process. Assessment sets the stage for the intervention, and planning specifies what should be done. Planning involves the following eight substeps:

1. Work with the client.
2. Prioritize problems.
3. Translate problems into needs.
4. Evaluate levels of intervention for each need.
5. Establish goals.
6. Specify objectives.
7. Specify action steps.
8. Formalize a contract.

Step 4: Implementation

The fourth step in GIM involves implementation, the actual *doing* of the plan.

Client and worker follow their plan to achieve their goals. Progress during implementation must be constantly monitored and assessed. Sometimes, new issues, situations, and conditions require that the plan be changed.

For example, consider a case in which the intervention plan involves the goal of determining custody and visitation rights following a divorce. The couple suddenly decides to stay together. Determining custody rights is no longer relevant. However, new goals might need to be developed concerning more effective behavioral management of the children to prevent family feuding and future disruptions of the marital relationship.

Step 5: Evaluation

Evaluation of implementation, step five in GIM, is critical for accountability. Social workers must be accountable. That is, they must prove that their interventions have been effective. Each goal is evaluated in terms of the extent to which it has been achieved. The decision then must be made about whether the case should be terminated or reassessed to establish new goals.

Evaluation techniques are becoming increasingly more effective. They involve the application of research principles to generalist practice.

Step 6: Termination

Step six in GIM concerns termination. The worker/client relationship must eventually come to an end. To get up one day and, out of the clear blue sky, say “well, good-bye” is not a good ending for a worker. Termination in generalist practice involves specific skills and techniques. This fact is true regardless of the level of intervention. There are various ways the planned change process may be terminated (Fortune, 1995).

It might be a planned ending when major goals have been achieved. Unanticipated circumstances might occur such as a worker gets another job or funding for the agency’s program is lost. For any number of reasons, clients may drop out of the treatment process and simply do not come back. Clients may feel the intervention is not working, or they no longer feel the discomfort initially causing them to seek help. The family moves. The client is no longer motivated to return. Other aspects of a client’s life take precedence over the problem he or she came to the social worker to solve.

The most effective terminations, regardless of client system, follow a planned, steady progression. Social workers need to acknowledge that endings are near before they abruptly

occur. They must encourage clients to share feelings about the termination and in turn share their own. Additionally, practitioners must clearly identify whatever progress has been made. This process increases the chance that the client will use what has been learned during this intervention to help solve other problems in the future.

Step 7: Follow-Up

Follow-up is the seventh and final step in GIM. Follow-up is the reexamination of a client's situation at some point after the intervention is completed. Its purpose is to monitor its ongoing effects. Follow-up is an important step in the intervention process. It involves checking to find out whether clients have maintained progress and are still functioning well on their own. Many times, this step is the most difficult to follow. Caseloads may be too heavy and too filled with crises. The worker may be distracted by other issues and demands. Follow-up information might be hard to get.

Chapter five: social work practices with diverse clients

Social Case Work:

Social Case Work, a primary method of social work, is concerned with the adjustment and development of individual towards more satisfying human relations. Better family life, improved schools, better housing, more hospitals and medical care facilities, protected economic conditions and better relations between religious groups help the individual in his adjustment and development.

Objectives of Social Case Work

- To make good rapport with the common people
- To find-out, understand & solve the internal problems of an individual
- To strengthen ones ego power
- To prevent problem
- To develop internal resources

Group Work

Social Group Work is a method through which individuals in groups and in agency settings are helped by a worker who guides their interaction in program activities so that they may relate themselves to others and experience growth opportunities in accordance with their needs and capacities to the end of the individual, group and community development (H.B.Trecker -1955)

Social Group Work is a method of social work which helps individuals to enhance their social functioning through purposeful group experiences and to cope more effectively with their personal, group or community problems (Konapka -1963)

Goal (Purpose) of Group work:

- To teach the individual to live & work together and participate in the group activities for their intellectual emotion& physical growth
- To live a good life within the group and family. The individual is also taught to work together with other people & participate in different activities.
- To develop individual personality& behavior by using different group work process
- To prepare the individual to learn how to safe responsibility in a democracy style of working.
- To give opportunity to them who have potentiality, worth and dignity of leadership
- To learn division of labour & specialization of role just to indicate to play individual role in the group
- To provide suitable task to the individual according to her/his skill, knowledge and interest
- To prepare people for social change
- To apply group therapy in need of physical, mental and emotional adjustment

Social work practice with families

Social work practice with families involves the application of social work methods and techniques to help improve the social functioning of families.

family-centered practice has shown a great deal of promise for preventing many child problem behaviors and demonstrating improvements in family functioning. Effective family-centered interventions are comprehensive in nature, and they conceptually employ an ecological-developmental approach, within a family system perspective, to understand family processes and continuity of problem behavior over time. This model captures the ongoing interactions among aspects of contexts and persons. From this approach, problem behaviors are viewed as having multiple determinants and there are multiple pathways to a specific problem behavior .

Principles of effective family-centered practice

- _ The focus is the entire family. Families are unique systems of influence.
- _ The family is viewed as the expert and therefore the best source for solutions to their difficulties. Families need to be involved as full partners in the change process.
- _ Place emphasis on family strengths, assets, and their aspirations because this promotes resilience. Reframe the problem as a strength because this leads to finding more strengths.
- _ Be sensitive, nonjudgmental, and, above all, do not blame.
- _ Interventions need to have multicomponents that address critical domains and influence the development and perpetuation of the behaviors to be prevented. The context of interventions considers social and environmental factors, personal beliefs, and cultural values as influences on development and behavior.
- _ Environmental influences play a critical role in impacting various individual and family behaviors. Interventions need to fit the community and cultural norms of the family.
- _ Consider each family's personal beliefs and preferences. This affirms that the family's own solutions to problems are the ones that are most effective and long lasting.
- _ The goal is to instill hope in the family, provide realistic possibilities, and build positive experiences for family members and to look forward (Thomlison, 2007).

Family systems theory

The process through which all family members interact and function together is referred to as the family system.

Three guiding beliefs of family system work are:

1. Problems occur as the result of ongoing patterns of communication within the family
2. Family crises creates both instability and opportunities for change and,
3. Family function based on established rules. The rules governing families must be changed before problems can be addressed.

Six family system tenets

1. A family system is part of a larger social system and contains many other smaller sub systems.
2. A change in one family member affects other family members and the family as a whole
3. The family as a whole is greater than the sum of its parts.
4. Families work toward balance between change and stability
5. A family functions according to established rules of governance
6. Family members' behaviors are circular than linear.

Community practice

Community practice is the application of practice skills to alter the behavioral patterns of community groups, organizations, and institutions or people's relationships and interactions with these entities. Netting, Kettner, and McMurtry (1993) conceive of community practice as part of macropractice. They define macropractice as the "professional directed intervention designed to bring about planned change in organizations and communities" (p. 3). Community practice as macropractice includes the skills associated with community organization and development, social planning and social action, and social administration.

Community organization and the related strategy of community development is the practice of helping a community or part of a community, such as a neighborhood or a group of people with a common interest, to be a more effective, efficient, and supportive social environment for nurturing people and their social relationships. Social planning, a subset of community organization, addresses the development and coordination of community agencies and services to meet community functions and responsibilities and to provide for its members. Social action, another subset of community organization, is the development, redistribution, and control of

community statuses and resources, including social power, and the alteration of community relations

and behavior patterns to promote the development or redistribution of community resources.

Community practice's objectives are to

- develop the organizing skills and abilities of individuals and groups,
- make social planning more accessible and inclusive in a community,
- connect social and economic involvement to grassroots community groups,
- advocate for broad coalitions in solving community problems, and
- infuse the social planning process with a concern for social justice. (Well & Gamble, p. 577)

Social work practice with organizations

Social work practice with organization involves the application of social work methods and techniques to help improve the functioning of human service organizations. The majority of work carried out by social workers is done within a nonprofit or governmental organization. Therefore, it is important to understand the dynamics of organizations and how the skills and interests of staff, as well as clients, fit within the mission of the organization.

Holland defines organizations as

“formalized groups of people who make coordinated use of resources and skills to accomplish given goals or purposes . . . [with a] focus on promoting and enhancing the well-being of the people they serve” (as quoted in Gibelman, 2003, p. 19).

Chapter six: different models of social work intervention

Medical Model

- From the 1920's to the 1960's most social workers used a medical model approach to assessing and changing human behavior.

- This approach initiated primarily by Sigmund Freud views clients as patients. The task of the provider of services is first to diagnose the causes of a patient's problems and then to provide treatment. The patient's problems are viewed as being inside the patient.
- In regard to emotional and behavioral problems of people, the medical model conceptualizes these problems as mental illnesses. People with emotional and behavioral problems are then given medical labels such as schizophrenia, paranoia, psychosis and insanity.

Ethnic sensitive practice

Awareness - a cognitive process through which workers become aware of different cultural expressions.

Sensitivity - is an affective process where in worker emotions are brought in play in a respectful way.

It seeks to incorporate understanding of diverse ethnic-cultural and minority groups into the theories and principles that guide social work practice.

- It is based on the view that practice must be attuned to the values and dispositions related to client's ethnic group membership and social class position.
- It requires that social workers have an in-depth understanding of the effects of oppression on racial and ethnic groups.
- It requires that social workers have a special obligation to be aware of and seek to redress the oppression experienced by ethnic groups.
- It does not introduce new practice principles or approaches. Instead, it urges the adaptation of prevailing therapies, social work principles, and skills to take account of ethnic reality.

Empowerment

Solomon defines *empowerment* as

A process whereby the social worker engages in a set of activities with the client . . . that aim to reduce the powerlessness that has been created by negative valuations based on membership in a stigmatized group.

Empowerment means different things to different people. But we need a working definition to get us started. The *Dictionary of Social Work* links empowerment with self-help: Empowerment can refer to user participation in services and to the self-help movement generally, in which groups take action on their own behalf, either in cooperation with, or independently of, the statutory services. (Thomas and Pierson, 1995, pp. 134–5)

Empowerment may be defined as:

the means by which individuals, groups and/or communities become able to take control of their circumstances and achieve their own goals, thereby being able to work towards helping themselves and others to maximise the quality of their lives.

Empowerment literally means ‘becoming powerful’ but in social work it has come to mean much more than that. It embraces both theory and method. According to the *Dictionary of Social Work*, empowerment is: theory concerned with how people may gain collective control over their lives, so as to achieve their interests as a group, and a method by which social workers seek to enhance the power of people who lack it. (Thomas and Pierson, 1995, p. 134)

Empowerment Perspective

Empowerment perspective address the dynamics of power and discrimination. It propose that empowerment requires linking a sense of self-efficacy with critical consciousness and effective action (Robbins et al., 2006).

Social Work Empowerment Concepts

In the 1980s and 1990s empowerment concepts were widely touted by social work theorists, and, in combination with the strengths perspective, the empowerment model became the predominant theoretical approach in social work.

Gutiérrez and Lewis (1999) identify three themes of empowerment as a model for practice—concern with power, critical consciousness, and connection. Dominant groups use power to protect their position and control decision-making processes. Being a member of a disempowered group has personal, as well as political, costs. An understanding of power dynamics in society is crucial for empowering social work practice, Gutiérrez and Lewis suggest.

Critical consciousness is a crucial means of gaining power through a collective solidarity that arises through awareness of the root of power disparities and the need to change the system.

Connection with others enhances personal transformation and the development of social support networks.

Powerlessness by individuals or social groups involves the inability to manage emotions in a way that will lead to personal gratification. Translated into practice, social workers need to help clients see themselves as causal agents in finding solutions to their problems and to see social workers as peers and partners in solving problems.

The Strengths Perspective

Strengths-based social work is largely associated with the work of Dennis Saleebey, who produced the first edition of *The Strengths Perspective in Social Work Practice* in 1992, and Charles Rapp (1998), who spelled out interventions from this model for case management with persons with mental illness. Saleebey (2001, 2006) often speaks of empowerment as a goal of social work, while proponents of the empowerment approach almost always advocate a reinforcing of client strengths. Thus the overlap is considerable.

According to Saleebey, five principles underlie the guiding assumptions of the strengths perspective

1. Every individual, group and community has strengths. The strength perspective is about discerning these resources.
2. Trauma, abuse, illness, and struggle may be injurious, but they may also be sources of challenge and opportunity
3. Assume that you do not know the upper limits of the capacity to grow and change and take individual, group and community aspirations seriously
4. We best serve clients by collaborating with them
5. Every environment is full of resources

Within the social work practice literature, a focus on client strengths has received increasing attention in recent years. Unlike related fields, moreover, social work has come to use the term “the strengths perspective” or “the strengths approach” as standard rhetorical practice.

The strengths perspective has been applied to a wide variety of client populations: mentally ill persons and their families; coming-out gays and lesbians and their families; child welfare clients; homeless women in emergency rooms; the isolated elderly; addicted drug users; and troubled African American families (Saleebey, 2006; van Wormer, The

concept of strength is also part and parcel of the growing literature on familycentered practice, narrative therapy, the person-centered approach, ethnic-sensitive programming, and gender-specified counseling.

The strengths perspective, Kirst-Ashman and Hull (1997) state, assumes that power resides in people and that social workers should do their best to promote power by refusing to label clients, avoiding paternalistic treatment, and trusting clients to make appropriate decisions.

A presumption of health over pathology and an emphasis on self-actualization and personal growth are key tenets of the strengths approach.

A basic point that strengths theorists emphasize is that assigning labels to clients is fraught with negativism. The problem is often not in the diagnosis itself but in the manner in which the label is applied. Rapp and Goscha (2006) warn us about the process of naming, which belongs to the professional, not the client, and a problems-deficit orientation that can develop a life of its own. A person with schizophrenia, for example, *becomes* a schizophrenic (Saleebey, 2006). Once a client has been labeled, other facts about that person's character and accomplishments, Saleebey suggests, recede into the background. The difference between "I am illness" and "I am a person who has an illness" is profound. Hope is engendered in the latter but not the former.

Feminist Empowerment Approach

Theories of gender oppression address the basic structure of patriarchal dominance and social control of the latent sexism in society. While having a realistic awareness of the barriers facing women who are disadvantaged in our society, social workers of the feminist school seek to uncover coping strategies that can be used even in the most difficult of circumstances.

Just as empowerment practice has enriched feminist theory, so has feminist theory enriched empowerment practice theory, especially insofar as women's issues are concerned (East, 1999).

These two perspectives both view power and powerlessness related to race, gender, and class as central to the experiences of women who live in poverty and women of color.

A pro-woman stance and an understanding of personal oppression as political are key themes. Many of the ideas of the feminist approaches are subsumed under the anti-oppressive

perspective, which sees all forms of oppression as stemming from common psychological and structural causes.

Payne (2005) differentiates five types of feminism: **liberal, radical, socialist, black, and postmodern**. Liberal feminism seeks to reduce inequality and provide equal opportunities through legislation; radical feminism focuses on combating patriarchy and celebrating women's uniqueness within their separate social structures. Socialist feminism emphasizes women's oppression as part of structured inequality within a class-based social system. Black feminism starts from racism and points to the many kinds of oppression to which black women are subject as compared to white women. Postmodern feminism emphasizes the way that language is used to place people in certain categories.

Chapter seven: spirituality and religion in social work practice

Spirituality: *Relates to a search for a sense of meaning, purpose, and connection between oneself, other people, the encompassing universe, and the ultimate – whether one understands this in terms that are theistic, atheistic, nontheistic, or any combination of these.*

Religion:

Involves the patterning of spiritual beliefs and practices into social institutions, with community support and traditions maintained over time.

Religion may be understood sociologically as a formal set of beliefs, doctrines, laws, practices, rituals, and assignments of authority, which are linked to an explanation of the creation and governance of the universe. They are accepted by their adherents as directly or indirectly divine in origin. Religion also entails the formation of one or more federated communities in which the commonweal is thought to be the result of shared thinking and action that revolves around acknowledgment of God, some other “higher power” or a set of principles thought to govern and sustain creation.

The ability to experience faith and hope is a very large part of fulfillment and contentment at any particular moment in life. From year to year we face losses and disappointments; we have to deal with grief and failure. Common sense, confirmed by research and clinical findings, tells us

that we're better able to get through difficult times if we have faith and hope. All other things being equal, more faith and hope result in:

- Fewer hospitalization days;
- Fewer days in jail or prison;
- More days in school;
- More days on the job;
- Fewer suicides; and
- Less spouse, child, and elderly abuse.

So as social workers we ask ourselves, what kinds of interventions might we initiate to promote faith and hope? But first we have to answer the question, how are we to understand what faith and hope mean to our profession's beneficiaries?

Practitioners in the field have increasingly recognized spirituality and religion as important variables in the lives of those who are the profession's beneficiaries—whether casework or group work clients, residents of a neighborhood, members of a religious congregation or cultural community, constituents within a government jurisdiction, employees of a corporation, or a network of allied professionals.

It's certain that once we begin to consider the role of spirituality and religion in the lives of our profession's beneficiaries, soon after we're going to begin having insights into how we can intervene more effectively. Thus the social work role relative to spirituality and religion may move from one that is largely passive in to one that is proactive. Any model of generalist practice that does not incorporate a conception of the social worker's role, responsibilities, and resources relative to a beneficiary's spiritual and religious interests does not address the totality of the beneficiary's capacity. Inevitably it will fail to help the beneficiary reach full potential.

Chapter eight: professional use of self

Learning a set of skills and techniques is vital to social work as in other fields, but the professional social worker blends those techniques with a heightened awareness of human dynamics. Social workers do not necessarily utilize the sophisticated tools of our late century as much as they use a keen sense of self as a major tool. The professional social worker serves as a role model, a guide, a coach, an advocate and/or a partner with client systems and, therefore, needs to understand strengths and weaknesses in each of those roles. Professional social workers

need to possess the humility to recognize weaknesses as well as the confidence to utilize strengths. Social workers must seek out opportunities for personal and professional growth, understanding that only through that growth will they be able to assist on an ever broadening range.

Foundation Level:

Knowledge: Possesses awareness of own strengths and weaknesses; knowledgeable of the factors necessary in achieving a balance between work and personal issues in life; understands the need to place client/community needs over one's own; is able to recognize personal growth and skill and possesses confidence to initiate use of those skills.

Values: Appreciates the need for and value of leading an integrated personal and professional life; committed to focusing on ways to enhance strengths and improve skills; identifies with the profession—can articulate and practice within a coherent and consistent value system; appreciates constructive criticism.

Skills: Is flexible and adaptable in assuming various social work roles as they relate to needs of clients, systems, or communities; can effectively cope with change; is able to ask for feedback from supervisors; distinguishes need for and appropriately uses self-disclosure.

Advanced Level:

Knowledge: Primarily outer-focused; understands own personal biases, judgments, and prejudices and is aware of how those impact work with clients or client systems; able to gauge this impact on others and adjust accordingly; possesses the ability to know when it is time to refer client elsewhere, obtain a consultation, or terminate.

Values: Is committed to mentoring new professionals; is respectful of the mutual impact of the change process on the worker and the client; recognized the contributions of other's skills, knowledge, values and resources in the change process.

Skills: Is able to accommodate own needs, strengths and weaknesses to the organizational structure; manages authority relationships in a professional manner; can identify and modify personal and professional barriers to effective practice

The term “use of self” is sometimes confusing for both social work students and the discipline of social work at large. Social workers believe they know what it means when they hear the term, but they have a hard time defining and describing the term when pressed. The use of self in social work practice is the combining of knowledge, values, and skills gained in social work education with aspects of one's personal self, including personality traits, belief systems, life experiences, and cultural heritage (Dewane, 2006). It is the use of self that enables social workers to strive for authenticity and genuineness with the clients we serve, while at the same time honoring the values and ethics we so highly value in social work practice. In an effort to

explain the use of self to my child welfare interns and other students, I will often use their micro skills coursework as an example of how use of self looks in professional practice. When I teach interviewing skills, each student is exposed to the same basic skill set (e.g., paraphrasing, summarization, responding to content, feeling, and meaning). However, no student's use of this skill set is exactly the same, because these skills are manifested through the individual student's personality, relational skills, and developmental capacity. What I have found in the classroom, as well as when I am supervising field placements, is that successful students have not only mastered the skill set taught in social work practice courses, but have also mastered the integration of their social work skills with their authentic selves.

To integrate the authentic self into the skills required for your social work field placement, it may be helpful to view the use of self from five different perspectives: Use of Personality, Use of Belief System, Use of Relational Dynamics, Use of Anxiety, and Use of Self Disclosure (Dewane, 2006). Through analyzing each of the constructs and their application to your daily practice, you will begin to discover the unique attributes that will enable you to relate to clients in a more authentic manner and contribute to the field of social work in a way that is uniquely reflective of you.

Personality

One of the most important aspects you bring to social work practice is your personality. Although fundamental to social work practice, the social worker's theoretical orientation and mastery of skills appear to have the least impact on client satisfaction when compared to the social worker's authenticity and how they use personality traits as a therapeutic tool (Edwards & Bess, 1998; Baldwin, 2000). What is important regarding authenticity is to reflect your "real self" at all times. If you accidentally run into your client while shopping for groceries or at the park on the weekend, the client should be able to engage with the same person he or she met during your last home visit. In other words, social workers need to take time to fully understand who they are as individuals, as well as their identities as professional social workers, in order to holistically integrate these two roles.

The first step toward this authentic integration is taking time for personal discovery. Making a list of your most prominent personality traits and identifying how these traits can help you relate to clients, as well as limit your efficacy, is a helpful exercise. A second exercise that may prompt personal discovery is identifying what first attracted you to the field of social work and analyzing your motivation for choosing social work as a career. What need did becoming a social worker meet in your life? Was it a healthy need, and how does this need affect your work with clients and families? In addition, individual and group therapy can also be effective tools for understanding your personality traits and how these traits affect your relationships with others.

Belief System

A second aspect of self that has an impact on social work practice is your belief system. Belief systems do not necessarily have to be religious or spiritual in nature. Instead, belief systems can be a method for understanding, organizing, and making sense of the world around us. Often, social work students will hear this referred to as their “worldview.” It is important for social work students to take time and assess their personal views of the world. What do I believe about the nature of humankind? How do I explain pain and suffering? What is the meaning of life? By exploring our personal values and beliefs through these kinds of questions, we are able to understand our individual perspectives of life and the world around us. Through defining our worldview, we are better able to understand the congruence between our personal philosophies and the values and ethics of the social work profession, as well as those of our clients. A disconcerting error that many social workers make when beginning social work practice is to impose their own values upon the client and failing to honor self-determination. This mistake often happens because the social worker has not clearly defined his or her own values and beliefs, and unconsciously projects his or her worldview onto the client’s presenting concern. Social workers may also hold too rigidly to their own values and fail to recognize clients’ rights to their own standards and beliefs. Once a social worker has clarified his or her worldview and personal values, it is imperative to assess how these values contribute to the development of relationships with clients and how their beliefs may negatively affect direct services.

Relational Dynamics

A third aspect of use of self is relational dynamics. Carl Rogers (1957) developed the necessary and sufficient conditions that form the foundation of all helping relationships, including congruence, unconditional positive regard, and empathy. The integration of the necessary and sufficient conditions into your personal and therapeutic relationships is imperative when delivering effective service to clients. Upon completion of a client interview, it is imperative for social work students to review how they reflected these elements during the interview process and how they could improve future interviews. An important tool that can help you evaluate your use of relational dynamics is listening to a tape recording or viewing a video of your interview with clients. If tape recording and video recording is not appropriate for your agency, then you can develop a process recording by typing up the dialogue that you engaged in with the client, as if it were a screen play. Make sure to leave enough room in the margins to make comments on your integration of congruence, unconditional positive regard, and empathy. By reviewing audio tapes, video tapes, and/or process recordings with your agency supervisor and field instructor, you can obtain feedback on your strengths and weaknesses regarding your use of relational dynamics.

Anxiety

The fourth aspect of use of self is recognizing your own anxiety when engaging in a therapeutic relationship. It is normal to feel anxious and nervous during the initial stages of your field placement. It is also normal to experience some anxiety when serving clients. What is important is not to become paralyzed by fear or to deny your experience of anxiety, but instead to embrace your anxiety (Dewane, 2006). When you first experience anxiety, you need to realize that your sense of self is speaking to you as a social worker. At the first sign of anxiety, you must ask important questions, such as: What thoughts are contributing this anxiety, and how does this anxiety affect my relationship with my client? How does my anxiety manifest itself in my emotions, thoughts, and behaviors when working with the client? What makes me anxious about working with this particular client?

Discussing your experience of anxiety in working with particular clients during field seminar, with your field instructor, and/or with your agency supervisor are important steps to remedying anxiety and preventing its impact on your relationship with clients.

Self Disclosure

A final aspect of use of self is self disclosure. Sharing your own experiences and past problems can often normalize a client's experience and provide an opportunity for modeling appropriate behaviors and responses. Yet, inappropriate self disclosure can result in a client's lack of confidence in the social worker's abilities and role reversal in the helping relationship. When you are about to self disclose information to a client, ask yourself, "Am I doing this for the client, or is this more related to my own interest? What is my goal in self disclosing my experiences? How do I predict sharing this with the client will benefit the client?" In addition, you may want to ask the client's permission to self disclose by informing him or her of your reason for self disclosure and what you predict the benefit of this disclosure will be for the client. A good rule of thumb that I tell all my students regarding self disclosure is, "When in doubt, wait it out." If for any reason you believe a self disclosure will not be helpful to the client, then wait a week and see if it is still important in the context of the client's well-being. As a final precaution, always review what you would like to self disclose with a supervisor or colleague to get feedback on the risks and benefits prior to self disclosing to a client.