

# Thinking Critically About Self-Determination: A Literature Review

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## Abstract

Self-determination, the concept that individuals are qualified to make their own decisions about their lives, is a central concept in the social work profession. It is described in the NASW Code of Ethics as one of a social worker's primary ethical responsibilities, and it provides a framework for practitioners working with the many populations that social workers serve. Despite the NASW's professional mandate, self-determination has been the subject of decades of discipline-wide debate. Proponents argue that self-determination is empowering and acknowledges that clients are the best resource on their own needs. Critics argue that one can never fully be self-determined and that social workers face an impossible dilemma: they must promote client self-determination while upholding societal and agency conventions, oftentimes in contradiction with each other.

*Keywords:* self-determination, client self-determination, social work ethics, ethical dilemmas, social work values

## The Concept of Self-Determination

Self-determination, an ideal based on the freedom to think, choose and act on one's own path in life, is considered to be a core principle and among the top of the hierarchy in importance in many Western nations (Dolgoff, Loewenberg, & Harrington, 2004; Freedberg, 1989; Furlong, 2003; Weick & Pope, 1988). Self-determination

is based upon the principle that the individual is the best judge of his or her own interests and that each person has the right to make his or her own decisions (Furlong, 2003; Karlsson & Nilholm, 2006). Although self-determination is not explicitly mentioned in the United States Constitution, it is a right that is considered protected by the 9th and 14th amendments and is based on the broader values of liberty, justice, equality and freedom (Dolgoff et al., 2004; Staller & Kirk, 1997). An individual's self-determination provides him or her with a sense of purpose and destiny and can encourage positive outcomes in life.

Despite it being a seemingly positive concept, self-determination has been the subject of debate and controversy among social workers (Furlong, 2003; Perlman, 1965). As Tower (1994) states, the social work profession has held self-determination among its highest values, one that is implied in all of the other values in the Code of Ethics (Biestek & Gehrig, 1978). Yet, others dismiss it as a catchphrase, professional jargon, and a practice principle that is impossible to implement (Ackerman, 2006, Dolgoff et al., 2004; Weick & Pope, 1988). Even more harshly, Biestek & Gehrig (1978) label it as a term that could be seen as manipulative or deceitful.

The following review highlights the evolution of the concept of self-determination in the social work literature, from the early stages of social work through contemporary practice. The review examines self-determination by decade, noting the

social climate, the evolution of the profession, and how those factors impacted how social workers both define self-determination and promote it in practice. Overall, the literature reveals that the dichotomy between social work and promoting client self-determination is not newly emerging, and that social workers have struggled with similar conflicts since the origin of the profession. The decades examined are characterized by conflicts in self-determination unique to those time periods, which were influenced by the changing role of workers, as well as social and political factors of a particular era.

### **Early Historical Development of Self-Determination**

The earliest known definition of self-determination is found in Webster's dictionary in 1683, which defined the term as "determination of one's mind or will by itself toward an object" or "the action of a people in deciding its own form of government" (Wehmeyer, 2004, p. 340). In the early 18th and 19th centuries self-determination was primarily a philosophical principle derived from concepts surrounding man's free will and determinism to choose his life's path without "external compulsion" (Wehmeyer, 2004). In the early 1900s, the advent of evolutionary theory led to more biologically driven models to explain determinism in human behavior (Wehmeyer, 2004). The philosophical view of determinism, which posits that human behaviors and actions are effects of preceding causes, can be considered the antecedent of modern definitions of self-determination, but the terms must be distinguished. Self-determination was not seen as an inexorable human function, rather a human right, basic to all individuals, having the ability to reason, the capacity for growth and the choice of one's own actions (Freedberg, 1989; Weick & Pope, 1988).

Social work began with the charity organization and settlement movements of the 1890s, with middle- and upper-class families distributing financial, intellectual and moral aid to their lower socio-economic status neighbors (Courtney & Specht, 1994). At the turn of the century,

social work, then termed "social works," focused on working with individuals and communities (Courtney & Specht, 1994). During the early 20th century, from 1901-1910, the United States experienced large-scale immigration from Southern Europe, which inevitably influenced the country's population, federal policies, and thus social work practice. The communities that social workers served grew larger and more diverse and had more diverse needs. Social workers, with a mission to work with the country's most disadvantaged, saw an increase in agency caseloads due to the increased immigration (Biestek & Gehrig, 1978; Courtney & Specht, 1994).

From 1910-1920, social work became more recognized as a legitimate profession (Lubove, 1983). During this time many social work organizations were established, namely, the American Association of Medical Social Workers, the American Association of School Social Workers, and the American Association of Psychiatric Social Workers. Client self-determination was challenged as social work continued to define the role of the profession and establish the limits of case worker purpose and function. The expectations of clients varied as workers struggled with language barriers with their new clientele, and made their own interpretations of their clients' needs, generally providing basics such as food and shelter (Biestek & Gehrig, 1978). The social work literature noted the importance of the concept of "client freedom," but found difficulties in casework practice applications – particularly as social work became more influenced by the profession of psychiatry, which had a more medically oriented focus (Courtney & Specht, 1994). This "theory versus practice" dichotomy in defining and supporting self-determination is a recurring theme throughout the historical professional literature and social work practice. Even today, social workers struggle with how to integrate social work practice guidelines, which are based on theory and ethics, with work in the field.

The politics of the post-World War I era also influenced professional ideology, and in the

1920s and 1930s increased attention to the “self” was supported as a turn against socialism and totalitarianism (Martha M. Dore, 1990; Freedberg, 1989). As Freudian based psychodynamic theory increased momentum in the United States, the psychiatric influence was felt in social work as well (Freedberg, 1989; Reisch & Andrews, 2002). Overall, psychoanalytic thought was concerned with individual actions, particularly internal drives and intrapsychic conflicts, yet in social work the evolution of the functional and diagnostic theoretical schools took the debate on autonomy further. Although the diagnostic school did value the individual, the worker was still regarded as the expert and in control of the therapeutic relationship (Freedberg, 1989). In contrast, the functionalist saw clients as the fashioners of their own fate and the focus was on the individuals’ potential to use the self and their own will to make powerful choices that could effect change (Faatz, 1953; Freedberg, 1989; Kasius, 1950). The Functional School was based on the psychodynamic theories of Otto Rank, who was originally a student of Freud, but later received criticism from the Vienna circle of strict Freudians when he rejected traditional ego psychology and supported the strength of “The Will” in personality development (Cnaan, Dichter, & Draine, 2008; Martha M. Dore, 1990).

Following the lead of Rank, functionalist social workers Jessie Taft and Virginia Robinson supported the functional theoretical concept of a client’s potential to determine his or her own path within the helping relationship and the human condition (Martha Morrison Dore, 1999). Functionalists criticized diagnostic practitioners for their conformity with traditional medical paradigms where the helper/client relationship was seen as comparable to the doctor/patient alliance; where a social worker may be sought to treat intrapsychic needs similar to how a physician would treat a physical ailment (Simon, 1994; Weick & Pope, 1988). Dore (1999) elaborates on the historical implications of the functional model, stating:

With its focus on agency setting and its ready adaptation to relief giving,

functional practice was eager to establish a niche in the newly formed public assistance programs and other public institutions developed in response to the effects of the Depression (p.177).

Functionalists placed value on clients’ right and responsibility to choose desired outcomes in their lives, proposing that even in crisis situations, with a social worker serving as the agency’s representative to uncover needs, individuals have the potential to use the self and their own will to make those powerful choices to bring about change. This premise helped to sway the profession from a role of having pity for and holding judgments of vulnerable populations that needed to be cured, to one of empathy, advocacy and empowerment of individuals who can cultivate the change by themselves (Faatz, 1953; Hamilton, 1941; Kasius, 1950).

In 1931 Virginia Robinson, a Rankian social worker from the Pennsylvania School, published *A Changing Psychology in Social Casework*. Her book promoted changes in the casework relationship, and encouraged workers to allow clients to take an active role in their treatment. Social work concepts that are currently taught in educational institutions owe a great deal to the functional school. Phrases such as “self-determination,” “starting where the client is,” “bio-psycho-social” and “strengths-based” are commonplace for even beginning social workers today. In essence, they are the foundation of function in the helping process. However these ideals were revolutionary beliefs at a time in the early twentieth century, when the helper/client relationship was often paternalistic.

Through the end of the 1930s and 1940s the U.S. continued to be affected by the changing political climate. The American values of liberty and personal freedom were challenged by the expansion of Communism (Biestek & Gehrig, 1978). Roosevelt’s New Deal provided government relief for those affected by The Great Depression. In 1935 the Social Security Act was passed, stirring controversy about the broad relief provisions given

for the country's most vulnerable: the unemployed, the disabled, the elderly, and dependent children (Biestek & Gehrig, 1978). Although desperately needed, it was criticized for being too socialist in nature. It is also important to note that New Deal benefits often were not applied equitably across racial and ethnic groups. In fact, some argue that regarding certain policies, particularly those related to funding for housing, the New Deal actually created more race-based discrimination and institutional racism (Valocchi, 1994). Despite this, the Depression and The New Deal still had a significant impact on social work. Social work services were sought in large numbers by individuals who previously had no need for these types of services (Biestek & Gehrig, 1978). Social case workers saw increased caseloads due to the establishment of these new social programs and child guidance clinics increased their psychiatric and counseling services for children and families (Biestek & Gehrig, 1978). Socially, Americans struggled with the dichotomy between dependency and autonomy, as we shunned socialism, yet accepted the necessary post-Depression and post-war federal relief, aid and support (Biestek & Gehrig, 1978).

During this period, the terminology and ideological perspective shifted from "client participation" to "self-help," though some would argue that the motive for more client involvement was not the social worker's encouraging intentions but rather burgeoning caseloads (Biestek & Gehrig, 1978; Freedberg, 1989; Weick & Pope, 1988). Public welfare personnel had less stringent educational requirements, many social workers' roles were modified, and the new positions were labeled as welfare eligibility workers (Biestek & Gehrig, 1978; Ellett, Ellis, Westbrook, & Dews, 2007). Conflicts in self-determination were due to eligibility requirements for government social services, where social welfare recipients had to prove they were needy and were often subject to home visits from their social workers (Biestek & Gehrig, 1978).

It was also during the 1920s – 1930s that the

term "principle of self-determination" appeared in the social work literature (Biestek & Gehrig, 1978). Case workers understood their role in promoting the principle as being able to psychologically understand the client's life and environment and supporting the client to freely choose their own actions (Biestek & Gehrig, 1978). Case workers aimed to allow clients to decide whether they wanted treatment while providing input throughout the treatment process, and also providing clients with tools to make their own decisions, both during and after treatment. Social workers struggled with the use of authority in the social work relationship and questioned how to manage client freedom and self-determination with the inevitable position of authority that workers had in different agency settings such as family case work, medical social work, psychiatric social work, probation and parole agencies and public assistance agencies (Biestek & Gehrig, 1978). Each setting gave rise to distinct situations regarding self-determination, which social workers had to manage.

Moving forward, the dichotomy of client self-determination vs. worker authority repeats as a theme throughout the literature. In the 1950s and 1960s, several articles attempting to define authority in the worker-client relationship were written by social work practitioners and in professional journals (Hutchison, 1987). Writers explored the theme of authority in client interactions and questioned if clients had democratic participation and choice in relationships with workers, or whether social work was just another form of social control (Hutchison, 1987).

During the 1950s, the United States saw the growth of industry, population and urban living and the early stages of the Cold War and the civil rights movement (Biestek & Gehrig, 1978). This period was a turning point in the development of social work ethics and the discussion of self-determination, as it was the first time that self-determination was specifically and extensively defined in the social work literature (Biestek, 1951; Reamer, 2005). Writers continued to discuss self-determination as a social work principle as well as

the limitations to client self-determination (Biestek & Gehrig, 1978). Social workers focused on self-determination outside the realm of the worker/client relationship and again focused on self-determination as a human right. The 1950s also saw the establishment of the National Association of Social Workers and the merger of the American Association of School Social Work and the National Association of Schools of Social Administration to form the Council on Social Work Education (Biestek & Gehrig, 1978).

With the influx of immigrants into urban centers, the conclusion of World War II and the emergence of the civil rights movement, the fabric of the social structure in the United States was undergoing significant political, economic, and cultural changes. Social work mirrored the shifts of that era and evolved to meet the needs of a more progressive public. Though undercurrents of the ideas of the “worthy” and “unworthy” poor continued to exist and created a dichotomy in charitable helping, this new “social welfare” also included themes of individual rights, focus on the influence of the environment in human agency and the importance of the helping relationship to foster change (Leiby, 1985; Smalley, 1971).

The 1960s and 1970s saw an increase of many social and political movements such as anti-war, civil rights, and self-help, as well as the demedicalization, deinstitutionalization, and independent living of the disabled (Freedberg, 1989; Tower, 1994). The scope of social work widened to meet the contemporary needs of the population. Biestek and Gehrig (1978) state:

During the sixties the casework frame of reference expanded so that it now included the functional mode, the problem-solving model, the psycho-social mode, and the behavioral modification mode (p. 123).

Through the 1970s and 1980s, social work ethics were influenced by the development of the applied professional ethics and bioethics fields.

The terminology now included “personal agency” and “emancipation” (Biestek & Gehrig, 1978). The term “empowerment” was also introduced to social work in 1976 by Barbara Solomon’s publication *Black Empowerment* (Simon, 1994). Like self-determination, the empowerment approach “presumes that oppressed people and communities yearn for freedom, justice, and fulfillment” (Simon, 1994, p.3). Many African-Americans responded to social injustices by forming unity groups to fight racism and poverty (Biestek & Gehrig, 1978). Although the profession overall continued to struggle with dealing with discrimination and oppression on an institutional level (Brill, 2001), during this time more social workers were exploring the impact of these issues in society, their agency, and their practice.

During the 1980s, individualism and consumerism continued to make the United States one of the most affluent countries, but not without some costs (Chelf, 1992). The effectiveness of programs designed to fight poverty in earlier decades were re-examined during this time, when the gap between the richest and poorest Americans was widened (Chelf, 1992). A conservative shift in politics and economics impacted social work clients, funding, and overall social work practice (Brill, 2001). Conservatives criticized social programs, claiming they drained government resources and inhibited self-determination by creating a class of dependents (Chelf, 1992). Also during the 1980s, the rates of minorities and children in poverty grew in disproportionate numbers, and as dissatisfaction with the increases in out-of-home placement grew, critics of foster care promoted family preservation programs to keep children in their family of origin. One could argue that these new family preservation programs helped to promote self-determination by allowing parents to keep their families intact, while working with agencies to receive new skills and resources (Zell, 2006).

With the term “self-determination” now more widely used, there was an increased discussion of self-determination in social work literature, and the debates on theory versus practice continued.

Social workers now began to accept client self-determination to include the right to fail, and to make what the social worker might consider poor choices, where in the past a more paternalistic view with the social worker's plan taking precedence had been common (Biestek & Gehrig, 1978). Some have challenged social workers, questioning how they can respect a client's self-determination when their own idea of the client's best interests differs (Dolgoff et al., 2004). Others state that because of power and oppression, the client may have a limited understanding of the system and the consequences. These factors, among others, have left some social workers questioning whether full self-determination is unrealistic, and forces us to question whether it is the job of social workers to provide clients with the information and tools to make their own decisions. Or, is the social worker's role to help people live as functionally as possible within a system, despite the oppression and inequities that exist? Practitioners in all fields of social work continue to struggle with these questions.

### **Contemporary Views on Self-Determination**

Current literature on self-determination is limited. There are few current studies that focus on social worker practice issues related to promoting self-determination. However, the study by Rothman, Smith, Nakashima, Paterson, & et al (1996) on self-determination highlights some of the conflicts that professional social workers face promoting self-determination in practice. Rothman and colleagues proposed that practitioner directiveness, the degree to which a worker decides to either intervene or allow clients to make their own choices, involves the fundamental concept of self-determination. To examine the hypotheses surrounding the notion that social work practice interventions require, "...a complex array of intervention modes or helping strategies in working with clients (p. 397)," they implemented a study that explored helping strategies. Their survey asked a sample of 35 social workers, chosen from the field instructor pool at the University of California, Los Angeles School

of Social Welfare, to cite specific instances where they used reflective, suggestive, prescriptive, and determinative modes of interventions.

The findings indicated that practitioners have a range of directiveness behaviors, which are often influenced by conditional factors. The authors note the discrepancy between the concept of client self-determination that is taught in social work school, encouraging non-directive methods of practice, with real practice encounters that often require more directive interventions. Examples are those agencies with mandated clients, such as child welfare agencies.

In McCormick's (2011) exhaustive examination of the literature on self-determination and the right-to-die movement, he discusses that although the right-to-die movement has grown and now has the positive support of a large portion of the population, the government often does not share these views, and the law does not match public opinion (McCormick, 2011). And similar to the dichotomy child welfare workers face, hospice social workers face struggles regarding end-of-life issues. Generally medical staff are charged with using all available means to keep the patient alive, yet the right-to-die movement is based on respect for an individual's rights, personal choice and autonomy and the expectation that the patient and medical team will make joint decisions about treatment options. McCormick surmises that self-determination is extremely important to social work practice, yet is often influenced by not only agency culture but racial and ethnic culture as well. Social workers involved in end-of-life care often struggle between meeting the mandate to allow clients to be self-determined while also honoring cultural traditions and meeting legal standards (McCormick, 2011).

Taylor (2006) conducted a larger mixed-methods study, where she questioned the importance of self-determination among 320 seasoned mental health social workers. She used random sampling to recruit 750 participants listed in the National Association of Social Workers' (NASW) Register of Clinical Social Workers, of which 320 surveys

were returned. Taylor's study on self-determination was part of a larger study investigating professional dissonance. For that study she created and piloted her own instrument. A subsection of that scale consisted of three Likert-type questions and one open-ended question, which probed participants on their views regarding client self-determination.

Results from Taylor's study indicate "...both importance and utility of self-determination were heartily endorsed by the majority of participants (p.3)." Taylor's quantitative data suggests that mental health social workers support self-determination as "important", many participants found conflicts in practice situations with self-determination "troubling", and a large percentage think about issues related to self-determination "more now" than they did when they were new social workers (Taylor, 2006). The qualitative data stemmed from open-ended responses of the 175 participants who indicated they had experienced a change in how they thought about self-determination over the years, due to increased practice knowledge and life experiences. Taylor concluded that the richest data in the study came from the qualitative responses, which allowed the participants to express how they had evolved in their practice regarding their understanding of self-determination. Taylor states:

Through the answers to these questions, we see how social workers have evolved in their practice and the practice wisdom evident in these responses speaks to the largely untapped resource of our own experience to guide one another's practice, especially in difficult situations (p.4).

Rothman and colleagues as well as Taylor both cite their sampling frame as limitations to the study, with Rothman having such a small convenience sample and Taylor pulling exclusively from the Clinical Register, where a high proportion of workers are in private practice. The clientele of private practitioners and those in public mental health agencies is decidedly different and could

impact how practitioners assess client self-determination. Interestingly, Taylor also cites the issue of "social desirability" as a limitation of the study, stating that social workers are socialized to value self-determination, thus her results could have been skewed by self-serving bias.

## **Discussion**

Social work has promoted itself as a profession based on social justice and places an ethical mandate on its professionals to promote clients' self-determination. The topic has had an extensive history in the social sciences (Staller & Kirk, 1997). But how does the profession even define self-determination? Some of the controversy about self-determination persists because of the difficulty in how to operationalize it (Wehmeyer, 2004). The common threads among most definitions within the literature include having knowledge about one's own needs, having the capacity to choose, governing one's own behavior, self-advocacy, pride, and freedom from all external sources (Ackerman, 2006; Tower, 1994; Wehmeyer, 2004).

Still, researchers cite the need for expanded empirical clinical research on the operationalization of social work values, such as client self-determination, stating that although there is a generally agreed upon conceptualization of the meaning, the literature repeatedly suggests that the Code of Ethics does not specifically and explicitly define what the standard of self-determination means (McCormick, 2011; Rothman et al, 1996; Taylor, 2006). This is also evident in the progression of self-determination throughout history, since as the social climate changes, the understanding of the term as well as the actual term have evolved. And, as advances in medicine, bioethics and technology continue, it is likely that our understanding of self-determination will continue to expand.

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