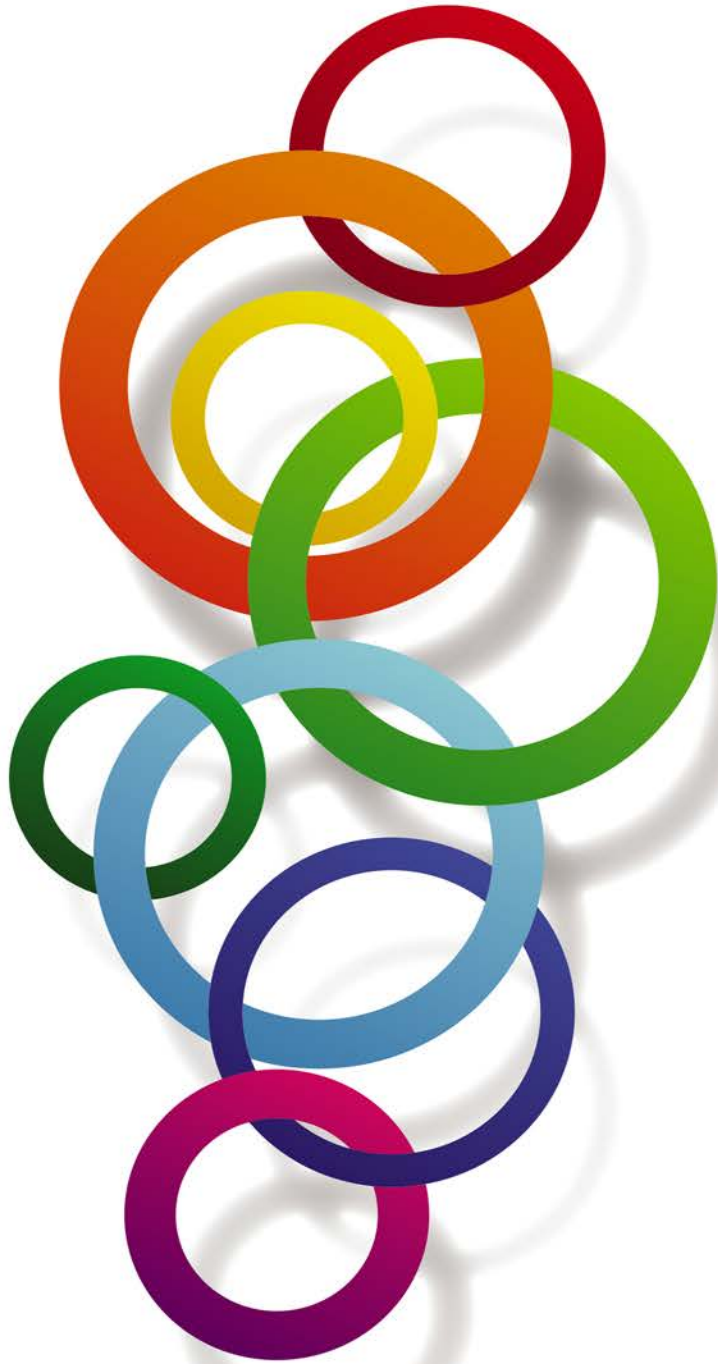




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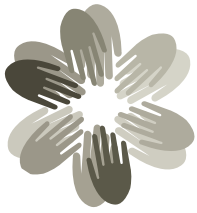
A MULTIDIMENSIONAL  
PERSPECTIVE

José B. Ashford

Craig Winston LeCroy

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SIXTH EDITION



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# HUMAN BEHAVIOR

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A MULTIDIMENSIONAL  
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Australia • Brazil • Mexico • Singapore • United Kingdom • United States

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A Multidimensional Perspective, 6e***  
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# Preface

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Our book on human behavior in the social environment has ushered in a new generation of textbooks that have adopted our focus on including issues of assessment in the coverage of foundation knowledge. In this edition, we take another important step toward helping students improve their assessment abilities and biopsychosocial case formulations.

The capacity to develop relevant case and situation formulations has important implications for developing holistic rather than reductionist prevention and intervention strategies. Although we introduced this important practice skill in prior editions, we learned from instructors that they were not able to devote as much attention to helping students develop this competency as they were devoting to helping students grasp developmental and theoretical constructs. Instructors also pointed out that it was difficult to cover the amount of substantive content included in some of our previous editions in just one semester. In response to these observations, we decided to make some major changes to this edition. A number of changes in this edition were also influenced by developments in CSWE's Education Policy and Accreditation Standards (EPAS).

CSWE's 2015 EPAS have evolved in a direction that places less emphasis on coverage of Human Behavior and Social Environment (HBSE) content and more emphasis on developing practice behaviors guided by specific HBSE frameworks such as the person-in-environment framework. For this reason, the 6th edition maintains its original vision of linking assessment competencies in social work with foundation knowledge, but with a primary focus on enhancing student capacities for applying foundation knowledge of human development in assessing

person-in-environment concerns with our integrative multidimensional framework.

In keeping with this new focus, this edition eliminated chapters in the prior editions that provided general reviews of biological, psychological, and social content. We hope this change will enable instructors to assist students in understanding not only how biopsychosocial factors contribute to current circumstances but also how they contribute to the development of these concerns. We have found over the years that students have significant difficulties in making these distinctions in actual case formulations. They often focus primarily on the contributions of biopsychosocial factors in the assessments of the current situation without taking into account the contributions of biopsychosocial factors in the development of those situations. Thus, a key theme emphasized in this edition is the differences between current and developmental assessments with a primary aim of helping student understand how to perform developmental assessments.

Human growth and development content has long been considered a hallmark of social work knowledge. While our prior editions focused on this foundation knowledge, we have come to realize that our prior editions attempted to accomplish too much. Namely, we were attempting to give equal emphasis to current and developmental assessments. For this reason, we shifted our focus in this edition to promoting student competencies in performing case formulations that emphasize developmental contributions in assessing person-in-environment transactions. This is not to suggest that current assessments are not covered, but that a greater effort was devoted in the organization of content for this

edition on developmental science and its contributions to assessment processes.

In recent years, case formulations have reappeared as key competencies for licensure in psychology and psychiatry in the United Kingdom and Australia. Formulations have regained this attention because instructors in a number of applied fields similar to social work have found that beginning practitioners lack the capacity to provide a concise formulation of a case. We recognize that there are different approaches to developing competencies in case formulations. In our textbook, we are introducing students to an integrative multidimensional framework for developing a biopsychosocial formulation of a case. This framework is consistent with ecological system principles in keeping with recommendations by the Institute of Medicine of the National Academies for the advancement of scientific knowledge. By doing so, we also believe that we are providing social work professionals with a bridge to the American Psychiatric Association's shift in the DSM-5 from multiaxial assessments to biopsychosocial formulations.

In keeping with multisystem approaches to assessment, we have relied on a practice model that is widely employed for guiding biopsychosocial formulations that have been referred to in the mental health and child-well-being literature as the 4 Ps: **P**recipitating, **P**redisposing, **P**erpetuating, and **P**rotective factors. In this edition, students are now asked at the end of the Applying the Framework sections in each developmental chapter to identify biopsychosocial factors for each of the model's 4 Ps. They are also asked to address questions concerning specific EPAS for HBSE content specified in the new EPAS. These exercises are intended to further instructor efforts at promoting integration of biopsychosocial content in the completion of case formulations. We have learned over the years how students often do not see the connection between risk factors and predisposing factors in completing assessments, and in designing preventions and intervention strategies. They are much more sensitive to precipitant events than to predisposing and/or protective factors. For this reason, we hope that you will be as excited about this new addition to our textbook as we are because it provides an excellent means for connecting the content on human development covered in our textbook to relevant CSWE practice behaviors.

Clearly, the focus on biopsychosocial interactions in our integrative framework supports recent actions

taken by the CSWE and the Institute of Medicine of the National Academies to move professions out of their respective silos toward the adoption of more integrative and translational approaches to understanding the biopsychosocial contributions to human and community well-being. For this reason, we are very proud that our textbook is supportive of this current trend in science policy and practice, as well as in our profession's revised Educational Policy and Accreditation Standards (EPAS).

Every chapter in this edition continues to identify biopsychosocial competencies that can help students and instructors cross many of the disciplinary chasms that currently exist between the biological, the psychological, and the social sciences. This book also continues to be about people, how people change across the span of their lives, and how biopsychosocial factors play a role in the course of their lives.

People today are facing choices in their lives that were not conceived of by past and present generations. The current rate of social change is challenging many of our society's cherished social institutions and how people perceive their sense of self and others. The upshot of these changes is people are experiencing pressures to modify their life course in response to many of the changes in social institutions, social relationships, and cultural practices that are characteristic of our current society. Some of these changes are due to advances in technology that are a byproduct of our expanding sphere of human thought, or what is sometimes termed the *noosphere*. Others are due to changes in the political economy. For these reasons, this edition continues to devote substantial attention to trying to fill gaps in our profession's literature about how change is affecting the life tasks, choices, challenges, and opportunities confronting people across the life span, including changes resulting from developments in our physical, political-economic, and technological environments.

## Key Features

The authors' **multidimensional framework for assessing the current and developmental components of a case** helps social work students understand theory and its implications for assessment of human behavior and social work practice across the life span. The framework is introduced in the all-new Chapter 2.

**Applying the Framework**, concludes each developmental chapter. Each section includes a case study, and an activity called *Four Ps formulation for Integration of the Data*.

**Practice Guidelines** sections highlight critical issues for social workers and link foundation knowledge to assessment, prevention, intervention, engagement, and policy issues.

**Focus On** Multiculturalism and Narrative sections reflect current CSWE guidelines by examining different voices and perspectives, focusing in this edition on *Multiculturalism* and *Narrative*.

**Personal Narratives** offer firsthand accounts of real-life experiences related to diversity issues such as racism, poverty, sexual orientation, and ageism. Through these different voices, students gain a real-world flavor of the material discussed.

**Developmental Themes** tables open each developmental chapter, and help readers understand the key concepts, organized by major discussions within the chapter.

**Study Tables**, following each major section heading, helps readers focus on the key topics via a bulleted listing and organized by section headings.

**Reviewing Your Competencies**, at the end of each chapter, helps readers connect the chapter reading with the EPAS other relevant competencies contained in each chapter.

## What's New in the Sixth Edition?

We have heard from reviewers, chapter consultants, instructors, and students about suggestions for inclusions in this edition. In keeping with these suggestions, we have added a number of new elements, besides the previously mentioned changes in focus and organization of this edition, including exercises for students in MindTap that will afford students a web portal to personal learning experiences.

**New author.** The *MindTap for Human Behavior in the Social Environment*, an important aid to the student's experience, was developed by a new co-author for this edition, Lela Rankin Williams of the Arizona State University. She also added significant

new content to this edition in the areas of prenatal and postnatal early development.

**New EPAS icons and competencies.** This edition includes icons that highlight specific competencies and practice behaviors germane to the most recent Council of Social Work Education Accreditation Standards (EPAS). Education policy competencies are also highlighted within the text to assist instructors in identifying relevant accreditation standards. In addition to these important policy outcomes for the education of professional social workers, each chapter also includes other competencies that focus on content that is specific to matters that can further enhance a student's efficacy in mastering knowledge of human behavior and the social environment. We assume that these additional competencies can also help students in summarizing the relevant substantive issues covered in each chapter.

**New and Updated Coverage.** The book has also completely revised its introductory chapter with a primary focus on developmentally relevant concepts and theories. This revision was designed to help students understand varying theoretical approaches to human development and their implications for prevention and intervention. It also includes a special subsection on developmental strengths. The second chapter was also completely revised to focus on connecting the books' integrative multidimensional framework to relevant case formulation practices. This chapter is followed by developmental chapters with two chapters that were reorganized to give increased attention to newly recognized phases of development in the scientific literature: emerging adulthood and late adulthood. This edition has also moved towards the use of bullets in summarizing content covered in key subsections of the book's developmental chapters.

As in prior editions, our sixth edition includes:

- Updated citations and new research on biopsychosocial development.
- New infographics, word clouds, graphs, and other methods of displaying complex information in ways that help in the integration of relevant HBSE content.
- The introduction of the 4Ps method for completing a biopsychosocial formulation of a case is also new.
- The introduction of practice guidelines for specific issues in human development.
- Additional graphs and materials to simplify complex topics and enhance the acquisition of relevant information.

**Chapter-Specific Revisions.** In addition to these overarching revisions, each chapter has undergone other specific changes, including:

- Chapter 1: New developmental and theoretical constructs, strength approaches to understanding development, and a completely new chapter 1.
- Chapter 2: An entirely new chapter on our multidimensional framework, introduction of the 4 Ps, and other relevant considerations for implementing current and developmental assessments.
- Chapter 3: New definitions of “term pregnancy”; new technologies for noninvasive prenatal testing.
- Chapter 4: Colic; postpartum depression; postpartum anxiety; federal policy on maternity or paternity leave; benefits of infant contact.
- Chapter 5: Autism screening; receptive and expressive language; childhood use of media.
- Chapter 6: Childhood obesity; poverty and food insecurity, social and emotional learning, self-efficacy, ADHD and medication, Helping children with divorce, promoting academic success, children with special needs.
- Chapter 7: self-harm and cutting; cyber-bullying, brain development, obesity prevention, adolescents and confidentiality, working with depressed adolescents, promoting positive family relationships, immigrants, sexual behavior, coming out.
- Chapter 8: Defining maturity; Adults with neurodevelopmental disorders; counseling men; unconnected youth; dilemmas in defining maturity; theories of maturity; post formal thought Emergent adulthood.
- Chapter 9: Homeless interventions, happiness, physical fitness in middle adulthood, sexual recovery after cancer loss, social responsibility in midlife, working with blended families, care giving and loss.
- Chapter 10: Functional age; diagnosis of Alzheimer’s disease; advanced directives for health care; physical activity and aging; Gay and Lesbian elders; working with people who are dying; spirituality and aging; very late adulthood

## Supplements

### MindTap

MindTap®, a digital teaching and learning solution, helps students be more successful and confident in the course — and in their work with clients.

MindTap guides students through the course by combining the complete textbook with interactive multimedia, activities, assessments, and learning tools. Readings and activities engage students in learning core concepts, practicing needed skills, reflecting on their attitudes and opinions, and applying what they learn. Videos of client sessions illustrate skills and concepts in action, while case studies ask students to make decisions and think critically about the types of situations they’ll encounter on the job. Helper Studio activities put students in the role of the helper, allowing them to build and practice skills in a non-threatening environment by responding via video to a virtual client. Instructors can rearrange and add content to personalize their MindTap course, and easily track students’ progress with real-time analytics. And, MindTap integrates seamlessly with any learning management system.

## Instructor Supplements

**Online Instructor’s Manual.** The Instructor’s Manual contains a variety of resources to aid instructors in preparing and presenting text material in a manner that meets their personal preferences and course needs. It presents chapter-by-chapter suggestions and resources to enhance and facilitate learning.

**Online Test Bank.** For assessment support, the updated test bank includes questions for each chapter.

**Cengage Learning Testing Powered by Cognero.** Cognero is a flexible, online system that allows instructors to author, edit, and manage test bank content as well as create multiple test versions in an instant. Instructors can deliver tests from their school’s learning management system, their classroom, or wherever they want.

**Online PowerPoint.** These vibrant Microsoft® PowerPoint® lecture slides for each chapter assist instructors with their lectures by providing concept coverage directly from the textbook.

## Acknowledgments

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To Nancy, my soul mate  
and inspiration for  
appreciating life and its  
continued mysteries.

J.B.A.

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To my son, Skyler A.  
Milligan LeCroy  
C.W.L.

**CRAIG WINSTON LECROY** is the Communitas Professor in the School of Social Work at Arizona State University. He also holds an appointment at the University of Arizona in the John and Doris Norton School of Family and Consumer Sciences, Family Studies and Human Development division and in the School of Medicine, Department of Pediatrics. He has been a visiting professor at the University of Canterbury, New Zealand; the Zellerbach Visiting Professor at the University of California at Berkeley; and a senior Fulbright specialist. Professor LeCroy has published 14 previous books, including *First Person Accounts of Mental Illness and Recovery*, *Parenting Mentally Ill Children: Faith, Hope, Support, and Surviving the System*; *Handbook of Evidence-Based Treatment Manuals for Children and Adolescents*; *Handbook of Prevention and Intervention Program for Adolescent Girls*; *The Call to Social Work: Life Stories*; *Case Studies in Child, Adolescent, and Family Treatment*; *Case Studies in Social Work Practice*; *Empowering Adolescent Girls: Examining the Present and Building Skills for the Future with the “Go Girls” Program*; *Go Grrrls Workbook*; and *Social Skills Training for Children and Adolescents*. Professor LeCroy has published over 100 articles and book chapters on a wide range of topics, including child and adolescent treatment, the social work profession, home visitation, and research methodology. He is the recipient of numerous grants, including (as principal investigator or co-principal investigator) interventions for risk reduction and avoidance in youth (NIH), Go Grrrls Teen Pregnancy Prevention Program, evaluation of Healthy Families (a child-abuse prevention program), a mental health training grant for improving service delivery to severely emotionally disturbed children and adolescents (NIMH), and Youth Plus: Positive Socialization for Youth (CSAP).



**LELA RANKIN WILLIAMS** is an associate professor in the School of Social Work who teaches human behavior courses at the Arizona State University. Dr. Williams has interdisciplinary training in psychology and human development and family studies. She has also had specialized postdoctoral training in infant and child development, including working with populations identified as high risk for poor social adjustment and anxiety. She regards cultural and familial relationships as critical influences on development from infancy through adolescence. She has collected, analyzed, and published data from several longitudinal studies, as well as some community-based intervention studies on infant temperament, mother-infant bonding, parenting and parenting interventions, adolescence substance use and prevention, dating violence, juvenile desistance, and sexual education across the life span.

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# Introduction to Human Behavior in the Social Environment

*Why Do Social Workers Study  
Human Behavior and the Social  
Environment?*

## Competencies:

- Explain why social workers study human behavior and the social environment.
- Describe the role played by normative and nonnormative influences on developmental outcomes.

What most influences our behavior? Is it our biological makeup, our psychological characteristics, or our social setting? As you will learn in this book, human behavior takes place in a diverse array of geophysical, psychological, temporal (historical), and social contexts. In these contexts, people confront biological, psychological, and social demands that require effective adjustments. The ability to make effective adjustments to these demands on individuals, families, groups, communities, and organizations is known as adaptation.

Understanding the process of adaptation is vital to practice in any human-service profession. In the field of social work, Human Behavior and the Social Environment (HBSE) is the curriculum area that provides the foundation of knowledge needed for a basic understanding of human adaptation. Knowledge of human adaptation and processes of social adjustment are recognized as fundamental competencies for promoting human and community well-being, which is considered the primary purpose of the profession of social work (CSWE, 2015).

Social work, unlike many other human-service professions, sees *social adaptation* as one of its primary areas of expertise. In social life, people have to adjust to many different types of events, traumas, situations, or changes in their life situation. “Personal relationships, changes in work schedules and living habits, and major happenings such as war, a poor economy, or a natural disaster are some of the events that require good coping skills from almost everyone, no matter how healthy or disabled” (Duffy & Wong, 1996, p. 94). Some of these events involve normal levels of stress, whereas others involve excessive amounts of stress (traumatic stressors) for which it is difficult for some individuals to make positive adaptations. Persons who cannot make positive adaptations are vulnerable to experiencing negative developmental outcomes. Some individuals appear to be invulnerable, however, to the same stressors or number of stressors. In the current developmental literature, these individuals are considered *resilient* because of their “patterns of positive adaptation during or following significant adversity

or risk” (Masten, Cutuli, Herbert, & Reed, 2009, p. 118). Social workers are committed to understanding the causes and the consequences of issues of risk and resilience because they need to have knowledge of adaptations associated with positive and negative developmental outcomes.



### EP 8b

This book examines standards for assessing developmental outcomes across the life span that are supported by findings in the human development literature. In assessing human behavior, social workers need to identify good developmental outcomes by examining age-related standards of human behavior. These developmental standards encompass the developmental tasks for various kinds of human behavior. “They may vary from one culture to another to some degree, but these broad tasks presumably depend on human capabilities and societal goals that are widely shared across cultures” (Masten et al., 2009, p. 118). Exhibit 1.1 reviews key concepts for understanding human developmental processes and outcomes.



### EP 7b

Social workers rely on established standards from the developmental sciences—the fields of anthropology, genetics, human biology, psychology, and sociology. The developmental sciences assume that some of the changes in people’s behavior and lives are ordered forms of change. These predictable changes that are tied to a person’s age are termed *normative age-graded influences*. Other changes with degrees of predictability can be caused by what are often termed *normative history-graded influences*. These influences involve social factors or mechanisms of influence that operate during a particular historical era or period of time. They are also termed *cohort effects* or *period effects*.

In the behavioral and social sciences, a *cohort* consists of individuals who have birth years in the same generation. Individuals within a specific cohort can adhere to different norms concerning developmental tasks from individuals from other generations. For instance, adolescents making a transition to adulthood today are encountering very different life tasks from prior generations. They have grown

## EXHIBIT I.1 Glossary of Key Terms

<b>Adaptation</b>	refers to how a biological organism adjusts to changes in the environment.
<b>Adjustment</b>	refers to the processes involved in how a person copes with the demands and challenges of everyday life, including changes in the social environment.
<b>Age norms</b>	represent the socially and culturally defined expectations for how people should behave at a specific point in the life span.
<b>Assets</b>	represent known internal or external resources with known probabilities of producing positive developmental or other relevant behavioral outcomes.
<b>Cohort effects</b>	refer to influences on a group of individuals born around the same time who share common historical experiences, for example, Generation X.
<b>Cumulative-risk hypothesis</b>	assumes that risk factors threaten development, and these negative effects will accumulate over time.
<b>Developmental tasks</b>	are specific expectations for a person's development at a specific point in the life span.
<b>Normative age-graded influences</b>	represent the predictable influences on behavior that are associated with a specific age grade or grouping of individuals that is associated with chronological age. It occurs for most of the people in that specific group, for example, children or adolescents.
<b>Normative history-graded influences</b>	are factors associated with a group of people during a particular period of time that affects the lives of everyone growing up in that period. The Great Depression was a history influence that had differential effects on different age grades, adolescents, etc.
<b>Nonnormative events</b>	are life experiences or events that are not shared by most individuals but have a significant influence on a person's developmental outcomes and behavior.
<b>Protective Factor</b>	is any well-known event, experience, or circumstance that is associated with a positive developmental outcome.
<b>Resilience</b>	refers to a person's ability to make positive adjustments under conditions of adversity.
<b>Risk factor</b>	is any event or experience associated with an undesirable developmental outcome(s).

up on using computers that have affected their lives in ways that are quite different from other previous generations. They also grew up in different cultural, economic, and social contexts. A *generation* refers to a time period of approximately 20 years. Some of the generations that have been studied by developmental scientists include the *GI Generation*, which consists of people born between 1901 and 1924; the *Silent Generation*, people born between 1925 and 1945; the *Baby Boomer Generation*, people born between 1946 and 1960; *Generation X*, people born between 1961 and 1981; and the *Millennium Generation* or *Generation Y*, people born between 1982 and 2003.

Each of the prior generations established age norms that are based on distinctly different socio-historical influences. **Age norms** are society's way of telling people the expectations for a person's behavior at a specific age or phase of development (Sigelman & Rider, 2015). Age norms derived from social influences are as important as age norms derived from maturational influences associated with biologically based growth and developmental processes. They

influence how members of society judge a person's behavior and also influence what Bernice Neugarten (1968) termed the social clock—"a person's sense of when things should be done and when he or she is ahead or behind the schedule dictated by age norms" (Sigelman & Rider, 2015, p. 7). Therefore, age norms encompass influences that can be predicted from both maturational and sociocultural influences.

However, many changes observed in people and their environments are caused by nonnormative events. *Nonnormative events* encompass all our chance encounters—things that do not happen to everyone and that do not follow any predictable timetable (Lemme, 2001; Furstenberg, 2005). We lack knowledge of the sequencing of nonnormative events and their causes relative to issues of time and place (see, e.g., the focus on narrative that describes the experiences of women who experience demands for adjusting to becoming a step-parent).

Nonnormative events also cannot be identified based on the assessments of either a person's age or cohort years. Examples of nonnormative events that can influence outcomes include exposure to various



**EXHIBIT 1.2** Are You a Millennial?

The Pew Research Center created a fascinating quiz called “how millennial are you?” and the questions help identify the distinctive characteristics of Millennials. A sample of the questions are:

1. In the past 24 hours, did you watch more than an hour of television programming, or not?
  - a) Yes
  - b) No
2. In the past 24 hours, did you read a daily newspaper, or not?
  - a) Yes
  - b) No
3. In the past 24 hours, did you play video games, or not?
  - a) Yes
  - b) No
5. In the past 24 hours, about how many text messages, if any, did you send or receive on your cell phone?
  - a) 1–9 text messages
  - b) 10–49 text messages
  - c) 50 or more text messages
6. How important is being successful in a high-paying career or profession to you personally?
  - a) One of the most important things
  - b) Very important but not the most
  - c) Somewhat important
  - d) Not important
10. How important is living a very religious life to you personally?
  - a) One of the most important things
  - b) Very important but not the most
  - c) Somewhat important
  - d) Not important
12. Do you have a tattoo, or not?
  - a) Yes
  - b) No

Source: The Pew Research Center (2016). Your score depends on how you answer all the questions. To take the quiz and get your score go to the Pew website: <http://www.pewresearch.org/quiz/how-millennial-are-you/>

kinds of traumas such as loss of a child, involvement in a serious car accident, exposure to a natural disaster, contracting a serious illness, experiencing serious maltreatment during critical periods of development, and many other non-predictable events and experiences. They can also be associated with other kinds of chance experiences that are positive, such as meeting a mentor at school, a caring neighbor, or a highly supportive intimate partner or friend. These positive experiences can promote rather than threaten developmental outcomes. Researchers and practitioners are now classifying many of these non-normative influences as either risks or protective factors.

## Assessing Developmental Risks and Protective Factors



### EP 4a

Social workers need knowledge of factors that place individuals at risk for developing negative outcomes, as well as factors for developing positive outcomes. Early research on human development focused primarily on identifying factors that increased the probability of a person having poor health and well-being. These well-established threats to human developmental and behavioral

### Competencies:

- Explain the concept of resiliency.
- Compare how risk and protective factors affect developmental outcomes.
- Describe the cumulative-risk hypothesis.

**FOCUS ON NARRATIVE**

## A Stepfamily's Life

### Story 1

I loved my stepchildren before I met them. How could I not? They were Bruce's children. After spending the summer with them during their annual visit, my love felt deeper because they were both so much like their father. They were nice to me, and I had a fabulous time that summer before marrying their father, getting to know them. When it was time for them to leave, I sobbed like a baby at the airport and for days after.

When Bruce and I got married, I was thrilled to be their stepmother. I couldn't believe my luck at meeting a man who was a good father, with kids who liked me! But things changed after we got married: the kids weren't nice, or even respectful, to me. It seemed like they were deliberately trying to create conflict between their father and me. I hated how my husband catered to their every whim—to the point of serving them. When I suggested we have dinner together each evening, Bruce said the kids simply wouldn't like it. I told my husband they didn't have to like it, but that he could make them do it. I was angry and hurt, and my husband was unaware—entirely focused on doing anything his children wanted, even if it was unhealthy or extravagant. I was miserable and confused.

We went to Disneyland that summer. When I got hungry around noon our first day there, I suggested to my husband we get lunch. Bruce asked his oldest son whether he wanted to eat yet. When the 10-year-old replied that he wasn't hungry, Bruce told me to get a snack while he took the boys on another ride. I was furious, but my husband wouldn't budge. The boys watched my tantrum with a smile. Just as I was finishing my snack, about 10 minutes later, my stepson was suddenly famished. We went to lunch. This is the incident that got us into therapy.

In therapy, my husband and I learned our problems were common to stepfamilies in formation. We learned that the boys' behavior toward me was, ultimately, the responsibility of my husband. The boys were reacting normally to their father's marriage, wanting assurance he still loved them. We learned that creating a healthy stepfamily takes a great deal of work and commitment. I don't think we would still be married had we not gotten help with our marriage and education about stepfamilies.

It's been more than 10 years now since I became a stepmother. It has simultaneously been the most difficult,

rewarding, and thankless job I have ever had. My stepchildren are nearly grown, both in college. I don't love my stepchildren in the same way their biological parents love them, but I do love them as a parent—a stepparent. The love I feel for my stepchildren is so great it cannot be put into words. I would not be the person I am today without my husband or without my stepchildren, and I am grateful. (P.S. They love me, too!)

### Story 2

As I grew older, I knew if I got married, it would probably be to someone who had children. When I married a man with two young boys, I was sure his previous marriage was simply a mismatch. My husband was so wonderful, and I didn't believe it could have been anything else.

As a new stepmother, I planned to include the boys' biological mother in everything. After all, how could I create a home for them if I didn't include the person who was most important to them? She was not hostile, but she was cold, even impolite. She would write thank-you notes to my husband for personal gifts from me. I made excuses for her because I was confident I would win her over. I knew we were going to be one big, happy family.

Then, my younger stepson had a serious problem in school while he was with my husband and me. She blamed me for this problem, shouted at my husband over the phone, and told me she was going to do everything in her power to make sure her children never saw me again because I was "dangerous." I was devastated, and I didn't understand. It was hard enough trying to find help for my stepson without her accusations.

My stepson got the help he needed, and today he is okay. His problem was not my fault, or anyone else's. We communicate with the boys' biological mother through a facilitator only, and it has helped tremendously. I have managed to recover from the hurt and pain.

Sometimes I think about how naive I was, imagining we'd all be a happy family, and I feel stupid. I'm no longer naive, but I still consider the bio-mom of my stepchildren a member of my family. We're just not talking right now.

The thing I want people to know about stepparents is that, whether anyone likes it or not, we are in a parenting role. We are parents, not biological parents, but parents nonetheless.

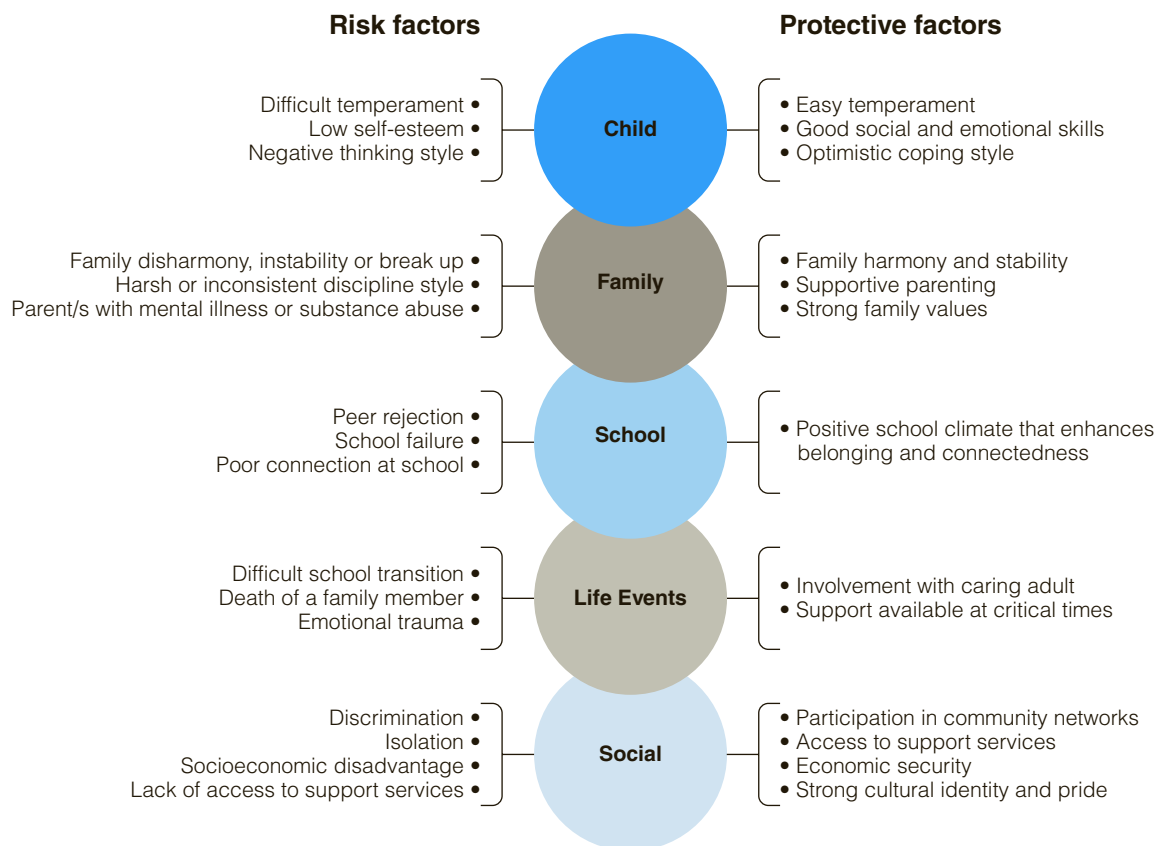
—ANONYMOUS AUTHOR

outcomes are called in the developmental literature *risk factors*. However, everyone who experiences a risk factor will not necessarily experience negative developmental outcomes. People can have other personal strengths and supports in their social environment that can buffer the effects of these established risk factors.

Knowledge of exposure to extreme risks is important, but studies such as the one by Emmy Werner (1996, 2005) showed that most children exposed to a single-risk factor during the first two years of their lives are able to adjust. Werner and her colleagues followed all of the children born on the island of Kauai in 1955 for 40 years. Thirty percent of this study's birth cohort had one or more of the following risks: prenatal or birth complications, poverty, exposure to family violence, divorce, parental psychopathology, and low parental education. Two-thirds of the 30% of children with four or more risk factors had the highest probability of developing "learning disabilities, behavior disorders, delinquency, or mental health problems before adulthood" (Kloos, B., Hill, J., Thomas, E., Elias, M. J.,


Wandersman, A., & Dalton, J. H., 2012, p. 295). These and other findings in the overall risk literature have contributed to the formulation of what has come to be known as the **cumulative-risk hypothesis** (Rutter et al., 2010).

The cumulative-risk hypothesis assumes that many individuals can handle one or two-risk factors, but "when you get up to two-risk factors, the chances of a negative outcome increases exponentially. It is not the presence of a risk in a child's life that results in negative outcomes; it is the level of cumulative risks" (Kloos et al., 2012, p. 295). Indeed, risk factors are likely to co-occur, and when they pile up over time we now know that they will increase the likelihood of negative developmental outcomes (Masten et al., 2009). In other words, there are very few single-risk factors after the prenatal phase of development that are associated with negative developmental outcomes germane to many human behavior concerns. Many problems in living commonly encountered by social workers occur when individuals are exposed to multiple-risk factors. Figure 1.3 illustrates assessed differences between risk and protective factors.



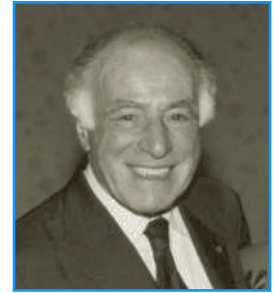
**EXHIBIT 1.3** Assessing Risk and Protective Factors

It is important to note, however, that developmentalists focus not only on understanding the relationship between risks and negative developmental outcomes but also on identifying factors that can promote resiliency under various conditions of adversity. This focus on understanding the relationship between risks and resilience has produced additional findings about the kinds of factors that can help to buffer or protect individuals from negative outcomes after exposure to known risk factors. These factors are considered **protective factors** in the risk and resilience literature (Mark & Fraser, 2015; Waller, 2001). These protective factors help practitioners explain and predict good forms of adaptation in situations of adversity. Social workers, over the years, have established an expertise in assessing risk and protective factors associated with understanding matters of social functioning.

 Werner Boehm (1958) made a significant contribution to social work's knowledge base by clarifying the profession's primary focus in responding to matters involving issues of good adaptation. Boehm (1958, p. 14) wrote that the complexity of humans' "functioning and the increase of scientific specialization have made it necessary for each profession to take one aspect . . . as the primary focus of its activities." In Boehm's view, the physician focuses on enhancing a client's physical functioning and the social worker should focus on enhancing the client's social functioning.

#### EP 6a

*Social functioning* is a technical term in social work that supports the profession's focus on person-in-environment transactions. Figure 1.4 presents an illustration of of person-in-environment transactions. It refers to the client's ability to accomplish the tasks necessary for daily living (such as obtaining food, shelter, and transportation) and to fulfill his or her major social roles, as defined by the client's community or subculture (Karls & O'Keefe, 2008). In responding to social functioning concerns, social workers address "common human needs that must be adequately met to enable individuals to achieve a reasonable degree of fulfillment and to function as productive and contributing members of society" (Hepworth, Rooney, Ronney, Strom-Gottfried & Larsen, 2012, p. 6). This societally sanctioned mandate for the profession of social work cannot be achieved without having a solid grounding in normative expectations about good forms of social adaptation. For this reason, we will introduce you to an integrative multidimensional framework in Chapter 2 that will help in guiding your person-in-environment assessments of various kinds of human behavior and developmental outcomes.



Werner Boehm, the developer of the social-functioning framework.

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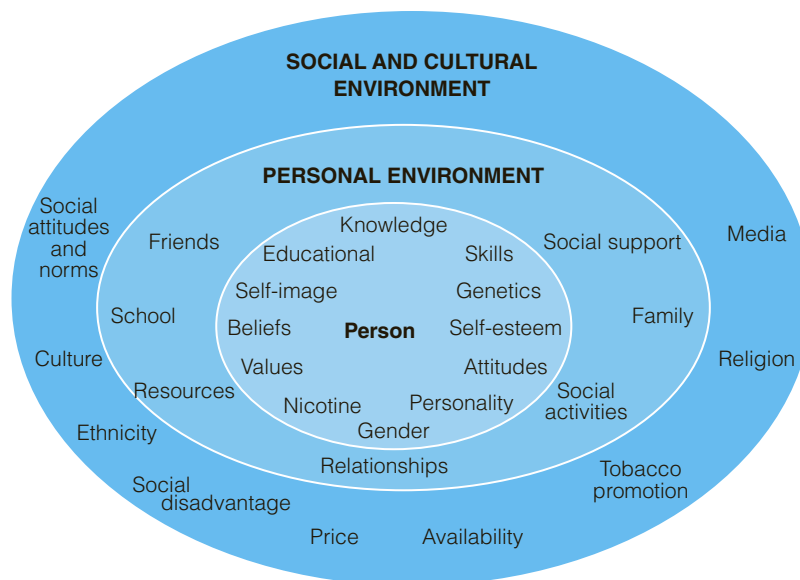


EXHIBIT 1.4 Person-in-Environment Model

In the remaining sections of this introductory chapter, we will review a number of assumptions and perspectives on human behavior in the social environment that are important components of the multidimensional framework described in this book for examining developmental and other human behavior matters. We begin our review of this background information by examining an underlying assumption about humans that sets humans apart from other social animals and supports social work's strong commitments to promoting issues of cultural competency. Knowledge of culture is an important competency for advancing social work's commitment to the adoption of a global perspective in promoting human and community well-being and in helping social workers understand how issues of diversity and difference characterize and shape the human experience (CSWE, 2015).

## Humans are Sociocultural Animals

The capacity of humans to adapt and thrive in changing environments is related to their capacity for “developmental flexibility” (Mahoney, 2003, 2000). Because human development is an important sociocultural process, adaptation is not limited to genetic or biological considerations. Beliefs, skills, values, and social expectations also must adapt to the conditions of rapidly changing environments. These adaptations are possible because of the flexibility of our social institutions and our cultural heritage. As humans, our developmental capacity for adaptation is heavily connected to cultural practices and traditions (Kornblum, 2012; Rogoff, 2003).



**EP 2a** Culture is a critical variable that social workers take into account in examining human behavior and human developmental concerns. For this reason, culture plays a critical role in the integrative multidimensional

framework described in Chapter 2. Social workers are highly cognizant of the role culture plays in assessing the effects of the social environment on human behavior. Baumeister (2005) has written that nature designed humans through processes of natural selection to belong to a culture. His writings illustrate how culture is what differentiates human animals from other social animals. Baumeister and Bushman (2014) assume that humans are shaped by their genes and their social environment for the primary purpose of living in a culture. In their opinion, the distinctive psychological and mental processes of humans (capacities associated with understanding self and others) were selected by nature to enable humans to create and sustain culture (Baumeister & Bushman, 2014). In fact, these two social psychologists have hypothesized that we cannot understand the psychology of humans unless we know what the mental processes of humans were “designed” to achieve.

Nature has selected traits in nonsocial animals, on the other hand, that enable them to obtain food, water, air, and other resources directly from the physical environment without the support of other animals. For social animals, nature selected for the capacity to *cooperate*. As a consequence, the brains of wolves differ substantially from the brains of chickens. Chickens need brains that facilitate their responses to changes in their physical environment but not brains for adjusting to changes in their fellow chickens. That is, their capacity for survival is not dependent on the cooperation of other chickens. Wolves, on the other hand, hunt in packs with established social hierarchies—the strongest wolf is at the top of the social hierarchy (Baumeister, 2005). Thus, the survival of wolves is enhanced by life in the social context of the pack. (See Exhibit 1.5 for important contrasts between humans and other social animals.)

Although wolves and other social animals still behave much as they behaved a century ago, humans have undergone massive changes during

### Competencies:

- Describe how humans differ from other social animals.
- Identify the different meanings attached to age grading and aging in different cultural contexts.

**EXHIBIT 1.5** What are differences between humans and other social animals?

- Social relationships help animals and humans survive.
- Other social animals cannot pass on knowledge and technology to other generations.
- Nature selected larger brains in humans to enable them to understand self and others for the purposes of cooperating and for passing on knowledge to other generations.
- Sociocultural animals not only work together, but have an extensive system of division of labor.
- Evolution selected the human brain to capitalize on culture.

Derived from Baumeister and Bushman (2014).

the same time period. What explains the higher rate of change in the lives of humans when compared to other social animals?

The social environment of humans is much more complex than other animals because of their culture (Baumeister, 2005). Humans live in a social environment that involves a division of labor among many different individuals who have to cooperate with one another in highly complex ways. How many people touched the food that you will eat for dinner tonight? Baumeister (2005) wrote that at least 50–100 people have handled the food that appears on your table and about 1,000 people probably had some form of indirect connection with the provision of this food for your consumption. This complex approach to obtaining food is accomplished through the richness of our culture. Most animals have a much less complex approach to obtaining food. They spend the majority of their day searching for the food they will eat, and do not devote their time to actions involving abstract cultural ideas such as promoting social justice in the distribution of resources. In other words, culture is a critical factor that differentiates the lives of humans from those of other social animals. A central theme in this book is that cultural and social processes matter in accounting for changes in behavior, people, institutions, and societies. For this reason, it is critical for social work professionals to understand culture and how cultural processes influence human behavior and influence the construction of various social environments.

## Cultural Variations in Understanding Age and Aging

*It would hardly be fish who discovered the existence of water.*

—CLYDE KLUCKHOHN



**EP 2a**

Although, like the United States, many indigenous societies engage in the ordering of life according to years following birth (age), some societies do not even track chronological age in their interpersonal relationships. For instance, some Mayan tribal groups do not rely on age as a marker of a child's identity. When adults meet a child for the first time, instead of asking his or her name, as many European Americans would, they ask, "Who are your mother and father?" Because identity in this culture is defined by relationships and social position or place within the community, Mayans are more likely to attempt to describe a child in terms of other people in their family, and not in terms of the child's individual characteristics, including age. This view of children is also common among other indigenous groups, including some Native American and Canadian First Nations people, and immigrants who come to the United States from Central and South America. The identities of individual members of these communities are determined less by the individual characteristics of its members than by the clan or familial characteristics.

In general, U.S. society currently places significant emphasis on issues of age, and many people take for granted that we have always used time since birth as a marker of human development or as a milestone for understanding key transitions during the course of a person's life. Yet before the end of the 1800s, people in the United States tended to place little emphasis on age. Most people were born at home, and there were very few social institutions that organized their lives around the concept of chronological age. Barbara Rogoff (2003) wrote, "It was not until the 20th century that Americans commonly referred to ages and began to celebrate birthdays regularly" (p. 155). Like the Santa Claus tradition in America, many of the practices and customs associated with celebrations of birthdays are of relatively recent origin. The ditty "Happy Birthday to You" was not widely adopted until around 1930, when it was in a hit Broadway play (Rogoff, 2003).