

# Chapter 5

## The emotionally competent professional

*Neil Thompson*

### Introduction

Social work involves working with people in distress and difficulties, people who have perhaps been traumatised by abuse or other life experience, people who have encountered major loss, suffering and pain. In addition there can be immense feelings of alienation and disaffection rooted in social inequalities and the discrimination and oppression associated with them. It would therefore be extremely naive not to recognise that there is a strong emotional component to social work.

It would also be naive not to recognise that, as professionals, we bring our own emotional issues into our work. The idea of the 'objective' professional as someone who can leave their feelings at the office door as they arrive for work is, of course, not one that is tenable in reality. Social work is, by its very nature, a challenging occupation (Thompson, 2009a), and we must count among the challenges being able to deal effectively with the emotional elements involved. Failure to do so can mean that our interventions are insensitive and therefore potentially counterproductive or even oppressive, and that our own emotional needs go unmet, potentially resulting in significant problems for us – stress, burnout, anxiety, depression or any combination of these.

This chapter therefore explores what is involved in the emotional challenges of social work. In particular, it relates these to what it means to be a professional, particularly in terms of what I shall refer to as the 'new professionalism', and the emotional implications of that. The concept of 'emotional competence' will be introduced and its significance explored. This will lead to a consideration of the 'three Rs' and how each of these relates to the emotional challenges of social work. Finally, there will be a discussion of the crucial role of self-care – exposing ourselves to high levels of emotionality without proper strategies in place for protecting ourselves is a very dangerous and foolhardy undertaking.

The chapter will not provide easy answers or formula solutions. As Howe comments: 'We are creatures saturated by feelings' (2008: 1). Emotions are part and parcel of being human, part of the existential territory we occupy and the existential challenges we face. Emotion is not some form of illness or pathology for

which we should seek a cure. Rather, it is a dimension of how we relate to other people and how we relate to ourselves (or, more specifically, our sense of self – how we maintain a coherent identity). It is therefore something we need to wrestle with throughout our lives, not something that can be resolved once and for all. There are, however, strategies that can help us in this regard, and the need to develop our own strategies is a key message of this chapter.

## Emotional challenges

Emotions are traditionally thought of as psychological phenomena, with a strong biological basis. However, this can be misleading, as it neglects other, equally important aspects of emotion, namely the sociological and the spiritual (or existential). As Fineman puts it, emotions are: 'intersubjective, a product of the way systems of meaning are created and negotiated between people' (2000a: 2). Parkinson et al. reinforce the need to adopt a broad perspective on understanding emotion when they argue that:

*Although emotions are often seen as intensely personal experiences, it also seems clear that most of them have an intimate relationship to other people's thoughts, words, and deeds and bring direct consequences for how social life proceeds. Further, our position within groups, subcultures, and the broader society helps to determine our emotional outlook on the world.*

(2005: 2)

So, what constitutes an emotional challenge? I would identify the following as important examples of what can reasonably be interpreted as emotional challenges within the context of this broader, more holistic understanding of emotion:

- **Anxiety:** Although anxiety is not contagious in a literal sense, if we are not careful, being exposed to other people's anxieties can make us feel anxious too. In addition, if we approach the demands of social work in an unconfident way and without the appropriate supports in place, then we can find ourselves becoming anxious in our own right. Here a vicious circle can develop in which our own anxiety can make our client(s) more anxious, while also making us more prone to being caught up in their anxiety. Being able to manage anxiety (our own and other people's) is therefore an important part of the social worker's repertoire.
- **Depression:** Depression can be similar, in the sense that the feelings of hopelessness and helplessness that characterises depression can also drag us down. In social work we are likely to encounter depressed people fairly often even if we do not specialise in the mental health field. The challenge is to be able to work towards lifting the depressed person's spirits (carefully, sensitively and at their pace), rather than allowing their low spirits to have an adverse effect on us.
- **Aggression:** Sadly it is not uncommon for social workers to encounter verbal abuse and aggression. Such situations are likely to generate a fight or flight

response as a result of our bodies pumping adrenaline into our blood stream to prepare us for responding to the perceived threat. Thankfully, most aggression does not lead to actual violence, but our bodies do not know that and react accordingly. This can leave us feeling tense and agitated and therefore prone to reacting rashly and unwisely. We therefore have to make sure that we are able to train ourselves to respond to such situations as calmly as we can, difficult though that may be.

- *Grief*: Grief is a very powerful phenomenon that can generate very intense emotions and therefore significant challenges (Thompson, 2012a). Working with someone who is deep in the thrall of grief can: (i) leave us feeling overwhelmed by the sheer intensity of the experience; and (ii) open up old wounds of our own. When working with grief we therefore need to make sure that we have access to appropriate support, what Schneider (2012) calls a 'healing community'.
- *Emotional overload*: At times we can face a situation where we are encountering different emotions from different directions (and, of course, we will not be free of emotions coming to us from our personal lives outside of work), all combining to produce a sense of emotional overload – just too many emotional plates to keep spinning. Once again, this is a time when support can be significant and we should not be afraid to ask for it.
- *Mind games*: Unfortunately, some clients and carers can play 'mind games' at times, by which I mean they can attempt to manipulate situations by playing on our heart strings – for example, trying to evoke pity; testing out our patience; and/or trying to get 'under our skin'. We therefore need to be aware of this possibility and make sure that we do not allow ourselves to be naive enough to be taken in by such games. 'Disguised compliance' (Reder et al., 1993) in a safeguarding context in children's services would be a further example.

This is by no means an exhaustive list, but it should paint a sufficiently vivid picture to clarify that we need to take the emotional dimension of social work very seriously and be alert to the challenges involved and the potential dangers associated with it.

## Developing the new professionalism

Traditional professionalism is characterised by a hierarchical relationship ('doctor's orders') and an assumption that the professional's expertise holds the answers. This type of professionalism was at one time associated with UK social work until the radical social work movement presented a major critique of how disempowering such a relationship is likely to be. Unfortunately, this much needed critique produced a period of anti-professionalism, rather than a new professionalism that avoided the problems of the traditional elitist approach while retaining a commitment to the positive aspects of professionalism (see Thompson, 2009b, for a detailed discussion of this).

The 'new professionalism', however, is intended to be a means of reaffirming the positives of professionalism while avoiding a reliance on elitist assumptions. In an earlier work, I argued that professionalism can, and should be, rooted in partnership and empowerment (Thompson, 2007) and this was further developed in Thompson (2009b). It is worth exploring these two key concepts in a little more detail:

- *Partnership*: Traditional ideas of professionalism are based on a hierarchical power relationship. It is as if the client has the questions and problems and the professional, with his or her expertise and access to resources, has the answers and solutions. The expectation, according to this model, is that the role of the client is a fairly passive one, submissive even. Clearly such a model is incompatible with the social work value of working in partnership, which emphasises the importance of participation and involvement and an active role in shared planning, goal setting and working towards achieving those goals (or 'outcomes', to use the current parlance).
- *Empowerment*: A significant danger with the traditional model of professionalism is that it can encourage passivity and thus dependency. This is inconsistent with the traditional social work value of self-determination and the more recent emphasis on empowerment as part of the development of anti-discriminatory practice (Thompson, 2012b). Unfortunately, empowerment is a term that is often misunderstood and oversimplified. For example, it is often assumed to involve professionals 'giving away' their power. It is more helpful to understand empowerment as a process of helping people gain greater power over their lives (using our power constructively to help clients become more powerful). Provided that we do not oversimplify empowerment, then, there is no inconsistency between empowerment and professionalism.

In relation to emotional challenges, developing more partnership-based, empowering forms of professionalism can be seen to be significant in two main ways:

1. It enables us to move away from traditional notions of professionalism rooted in the idea that professional knowledge should be derived from positivistic science that produces objective facts disconnected from 'irrational' matters of emotion. If we are to work genuinely in partnership with the people we are seeking to help, then emotional issues need to feature as part of our interactions and, indeed, our assessment work and all that flows from it.
2. Reaffirming professionalism provides a platform for developing a much stronger professional identity and the professional pride that can and should be part of that. Motivation and morale are important (emotional) issues, and so the capacity for a renewed and enhanced sense of professionalism to make a positive contribution to our emotional well-being is a major factor – and with the potential for significant consequences in terms of how well equipped we are to face the emotional challenges we are likely to encounter.

The 'new professionalism' therefore needs to be understood to have an emotional component, in the sense that it recognises that, while the term 'professionalism' is

often associated with the notion of rational objectivity, there has to be scope for addressing irrational and emotional dimensions of human experience. This argument could apply across the helping professions, but it is especially applicable to social work which so often involves working with people who are anxious, distressed, vulnerable, grieving, traumatised, discriminated against, alienated and disaffected. There is a very real danger that, if we do not acknowledge and accept the emotional dimension of social work, our practice could be dehumanising and oppressive.

## Why emotional competence?

The concept of 'emotional intelligence' became very popular in the 1990s, largely due to the work of Goleman (1996, 1999). Despite its immense popularity, it has been criticised for, on the one hand, being 'commodified' (that is, used as a basis for superficial commercial enterprises that seek to make a profit from helping people increase their 'EQ', the emotional intelligence equivalent of IQ [Fineman, 2000c]) and, on the other, for misusing the term 'intelligence' by overextending it (Murphy, 2006). For these reasons I will use the term 'emotional competence' to refer to our ability to respond appropriately to the emotional aspects of social work practice.

Emotional competence can be divided into three sets of skills:

- *Reading other people's emotions:* We generally learn basic non-verbal communication skills as part of growing up, but there is much to be gained from taking those skills to a more advanced level in terms of becoming much more sensitive to the subtle nuances of emotional expression (Navarro, 2008). It is quite significant how many clues can be missed if we rely on our everyday level of skill in reading body language and do not take our skills and sensitivity to a more advanced professional level. It can take time to develop these skills, but it is certainly worth the effort. It involves increasing our level of self-awareness and being able to tune it to the subtleties of what our senses are encountering. This is consistent with the idea of reflective practice which entails not operating on automatic pilot or just following set patterns of behaviour. It involves a degree of reflexivity and being attuned to what is happening around us and how we can use our professional knowledge base to help us respond appropriately (Thompson and Thompson, 2008).
- *Managing our own emotions:* Being able to regulate our emotions is a key skill. This does not mean that we are expected to be unfeeling automata, but it does mean that we have to be able to balance head and heart and not simply react in an entirely emotional way without any sort of counterbalance. An important part of this is the distinction between empathy and sympathy. Being sympathetic means sharing the other person's feelings – if they are sad, we are sad; if they are disappointed, we are disappointed. Clearly, this would be very debilitating in social work – we would very quickly become emotionally drained and unable to function. At the other extreme we have apathy, which

means having no feelings at all, and not being attuned to feelings, which is also clearly not appropriate for social work. In between these two extremes we have empathy. Being empathic means being able to recognise other people's feelings and their significance, but without necessarily experiencing them ourselves. Of course, pure empathy is not always possible, and it is inevitable that we will at times actually share the feelings we are encountering in others – but that is where the balance of head and heart comes in. We need to be able to 'regulate' our feelings – that is, not suppress them, but subject them to a degree of rational control, hence the idea of balancing head and heart. Research undertaken by Singh (2006) concluded that the effective regulation of emotion is an important factor in professional efficacy in social work.

- *Communicating emotion appropriately*: This is the other side of the coin from 'reading' body language. We also have to be skilled in conveying emotion in a helpful and constructive way. This will involve language (what we say), paralanguage (how we say it, pitch, tone and so on); and non-verbal communication (what our body and our behaviour are saying). These need to be congruent (that is, consistent with one another and with the emotional message we are trying to convey). Some people are very skilful indeed at this sort of communication of affect, to use the technical term, while others can really struggle to convey emotion in helpful ways, and by helpful I mean ways that help to 'connect' with the other person(s), to form a meaningful and constructive rapport and to form the basis of further communication and interaction.

To these three components of emotional competence I would also want to add the need to be aware of emotional issues in the first place. For example, I have argued elsewhere (Thompson, 2012a) that it is very easy for professionals to miss the significance of grief in people's lives. This is largely because we tend to make a strong association between grief and bereavement. This means that in situations where a death has not occurred we may not be alert to the significance of grief. This is a particularly worrisome danger in social work where so many of the situations we encounter are likely to contain a significant element of loss. Consider the following:

- a child being abused – there are various losses involved here, not least the loss of innocence and trust (Thompson, 1999);
- a child being received into care – the loss of family home is only one of many in such circumstances (Thomas and Philpot, 2009);
- an older person giving up their home to enter residential care – losing many connections and aspects of their sense of self at the same time (Renzenbrink, 2004);
- becoming disabled – although disability is not necessarily a loss in itself, it can bring many losses (Sapey, 2002);
- divorce or family breakdown – this can produce both extensive and intensive losses, with potentially profound and far-reaching consequences (Kroll, 2002);

- becoming homeless or being forced to give up one's home – this can, of course, involve losing far more than just the familiar building we call home (Robinson, 2005).

This is a far from complete list. For example, there is now a growing literature which links mental health problems in adulthood with losses in earlier life, particularly traumatic losses (Rogers and Pilgrim, 2005). It should therefore be clear that a sensitivity to loss in the lives of the people we seek to help should be seen as an essential component of emotional competence.

Kinman and Grant support the importance of developing emotional competence when they comment that:

*The findings of this study indicate that trainee social workers whose emotional and social competencies are more highly developed are more resilient to stress. More specifically, evidence has been found that emotional intelligence, reflective ability, aspects of empathy and social competence may be key protective qualities in the social care context. The importance of helping social work students to develop their emotion management and social skills in order to enhance well-being and protect them against future professional burnout has been highlighted.*

 (2011: 270)  
**The three Rs**

In a previous discussion of the importance of professionalism (Thompson, 2009b) I introduced the notion of the three Rs. These are very relevant to our discussion of emotional competence. It is therefore worth highlighting in turn each of the three Rs:

- **Resourcefulness:** This refers to our ability to be imaginative and creative, to move away from being simply managerialist rationers of scarce resources (welfare bureaucrats). Being resourceful involves recognising that: (i) we are, in ourselves, an important resource (Hamer, 2006), as captured by the traditional term 'use of self'; and (ii) a creative approach to problem solving is likely to be far more empowering and effective than a narrow focus on service provision (Thompson, 2012c). Being resourceful can also bring greater job satisfaction (West, 1997) and, of course, greater opportunities for learning and development (Thompson, 2006). By contrast, a tramlines approach where we make little use of resourcefulness is highly unlikely to produce much by way of job satisfaction or learning. Resourcefulness can therefore be seen to have emotional consequences, in so far as its presence or absence will have a bearing on our overall well-being and thus our potential for happiness and positive emotions at work.
- **Robustness:** Social work is a challenging undertaking, and so we need a certain amount of robustness to withstand its pressures and demands. This includes a

degree of emotional robustness. This takes us back to the notion of empathy, being able to find the balance between a debilitating sympathy and a dehumanising apathy; being strong and hardy without being unfeeling. Robustness, then, is not a matter of being 'macho' and stoic, but, rather, having the personal resources to see us through some difficult times. For me, this is closely related to values, as it is our values that will generally motivate and sustain us through the sticky patches (Moss, 2007). It can also be related to the wider notion of spirituality which includes being clear about who we are and how we fit into the wider world, including having a sense of being part of something bigger than ourselves, of being committed to a worthwhile venture (alleviating distress and hardship, tackling social problems and promoting social justice), as discussed by Moss (2005) and Holloway and Moss (2010).

- *Resilience*: This refers to our ability to bounce back from adversity. It is what enables us to get back up after we have been knocked over. This is clearly a key part of emotional competence, as it is an essential requirement for dealing with the setbacks we will inevitably encounter in social work. If the first time we encounter a setback we go down and stay down or take an inordinate amount of time to recover, we will struggle to be effective and to gain any real job satisfaction by making a positive difference. Of course, we will not always be able to get back up again immediately, but the sooner we are able to do so, the stronger the position we will be in. One important factor in relation to resilience is the recognition that, while experiencing a setback may be construed as a form of failure, that does not mean that we are failures. It is essential that we do not allow experiencing failures from time to time (which is only to be expected in an undertaking such as social work) to affect our self-esteem. Most people experience some form of failure most days (failing to be on time on every single occasion, for example), but that does not make them failures as people. This is an important point to emphasise, as internalising a sense of failure can be a significant barrier to developing resilience.

My focus here has been on the three Rs as they relate to social work staff. However, it is also important to recognise how these factors are often present in clients but not recognised or nurtured and therefore not seen as important potential resources for empowerment. This fits well with the idea of the strengths perspective which has developed as a reaction against the tendency to focus on negatives and to fail to counterbalance these with strengths, including resilience factors.

Where the three Rs are present they can be built *on* and, where they are absent, they can be built *up*. That is, if our assessment indicates strengths in relation to one, two or all three of the three Rs, we can explore how to capitalise on these in order to make progress. Where there is evidence of little strength in relation to any of the three Rs, efforts could perhaps usefully be geared towards building these up in order to help the client(s) be better equipped to deal with the challenges they face.



## Self-care

It is not without significance that Sue Thompson entitles her e-book on self-care *Don't Be Your Own Worst Enemy* (S Thompson, 2012). Sadly, it is not at all uncommon for social workers (and, indeed, other members of the helping professions) to invest huge amounts of effort and energy (including emotional energy) into helping others, but do relatively little to ensure their own health, well-being and safety. For example, being exposed to the demands of social work for 37 hours a week is challenging enough, but many people work much longer hours than this and do not reclaim the time owing (time off in lieu). They are, in effect, receiving a salary for their basic hours and then doing a number of unpaid hours on top of that. While it has to be recognised that the nature of social work means that it is often not possible to stick rigidly to a 37-hour week, it also has to be recognised that: (i) there should be the opportunity for taking the time back without becoming unduly behind schedule in terms of our overall workload; and (ii) having to work more than 37 hours per week should not be happening as a matter of routine – it should be the exception not the rule.

If (i) is not the case, then it strongly suggests that there is something seriously wrong in terms of workload management, either in terms of how the individual worker is managing their pressures or the level and amount of work the organisation is allocating to them – or, indeed, a combination of the two. It is not uncommon for excessive work allocation to lead workers to become overloaded and then enter a vicious circle in which they do not manage their work as effectively as they otherwise could have. If (ii) is not the case, then it suggests that either the same issues I have just identified in relation to (i) apply or the whole team is overloaded. In either case, steps need to be taken – individually and collectively – to address the issues in whatever ways possible. Deciding not to address the issues or being defeatist about the possibility for change can be very dangerous. For example, it could lead not only to levels of stress which are harmful to health, but also to dangerous practices that could put the worker's professional registration (and thus career) in jeopardy (I have met many practitioners – for example, on training courses about report writing and record keeping – who have told me that their records are weeks if not months out of date).

If a department were to advertise a post in the following terms I cannot imagine they would get many applicants:

*Social worker: 37 hours per week paid, plus several additional hours unpaid. Anyone raising concerns about the hours will be made to feel they are letting the side down. If, however, anything goes wrong as a result of excessive hours being worked, the individual worker will be blamed and the department will take no responsibility for the situation.*

Social work by its very nature is a pressurised endeavour. If we do not take self-care concerns seriously and we allow situations to develop in which we are being stretched beyond safe limits and we do nothing about this, individually

or collectively, we place ourselves in a very invidious position. Those pressures can easily cross the line and become dangerous, health-affecting stress. For me, being able to pull together to address constructively any concerns about unrealistic and dangerous levels of pressure is a key part of professionalism. It is not an easy thing to do, which is why, in my writings, I have referred to the need to 'meet the professional challenge' (Thompson, 2009b). Social work (and social workers) is too important to be allowed to suffer as a result of a combination of managerialism at a macro level and defeatism about influencing organisational practices at a micro level.

It is also important to note that levels of pressure are not the only consideration when it comes to self-care. There is also the nature of the pressure to be considered. For example, it is well documented that professionals working with people who have been traumatised can experience what has come to be known as 'secondary' (or 'vicarious') trauma – that is, exposure to the intensity of emotion a trauma situation generates can have a potentially traumatic effect on others, including well-trained, experienced and competent professionals (Kaul and Welzant, 2005). We should therefore not be complacent about such risks. We need to be clear about what support is available to us – both formally and informally – and ensure that: (i) we have sufficient sources available to us; and (ii) we are prepared to use them. This may seem an obvious statement, but my experience has taught me that any combination of macho stoicism (and women can be macho and stoic too, of course), stress, burnout, defeatism, cynicism and not wanting to 'let the side down' can lead people not to seek the support they need.

## Conclusion

Emotion is a key part of what makes us human. Dealing with emotional matters can be very satisfying and rewarding – quite joyful and enriching in fact. However, we also need to be aware of the other side of the coin and recognise that working in an emotionally intense atmosphere can be potentially quite harmful if we are not conscious of the risks involved and fail to take appropriate steps to protect ourselves from harm. Not handling emotions well can harm our health (through stress), wreck our confidence, make us ineffective or even dangerous in our practice, contribute to a destructive and counterproductive culture of low morale for groups of staff and burnout, defeatism and cynicism for individual staff members.

Being emotionally competent, however, is not just a matter of avoiding the negatives of emotionality. By developing our emotional competence to the full we can become highly skilled in responding sensitively, compassionately and effectively to people's needs; we can achieve very high levels of expertise in handling highly sensitive emotional situations in positive and constructive ways (boosting our own credibility in the process); we can develop a strong foundation of knowledge, skills and confidence that can be used within our own workplace to respond to the emotional challenges of organisational life; and we can develop leadership skills that can be of benefit to us (and to our clients and colleagues) at

work and, indeed, in our personal lives outside of the workplace. Developing our emotional competence can therefore enrich the lives of many people, including our own, while neglecting emotional competence can leave us vulnerable to a wide range of problems and dangers.

This chapter has examined emotional competence in the context of professionalism and explored a number of key issues as I see them. It is to be hoped that it has helped to lay a foundation of understanding that can be built on over time, so that social work can play an important role in tackling emotional problems in families and communities, rather than add to them in the workplace.

#### REFLECTIVE QUESTIONS

1. Why is emotional competence an important part of an effective social worker's repertoire?
2. How confident do you feel about your own abilities in this area?
3. In what ways do you feel you could improve?
4. Who would be the best person to support you in this?

#### RECOMMENDED FURTHER READING



Howe, D (2008) *The Emotionally Intelligent Social Worker*. Basingstoke: Palgrave Macmillan.  
Parkinson, B, Fischer, AH and Manstead, ASR (2005) *Emotion in Social Relations: Cultural, Group, and Interpersonal Processes*. New York: Psychology Press.

Thompson, N (2009) *Practising Social Work: Meeting the Professional Challenge*. Basingstoke: Palgrave Macmillan.

Thompson, N (2009) *People Skills* (3rd edition). Basingstoke: Palgrave Macmillan.

#### REFERENCES



Bates, J, Pugh, R and Thompson, N (eds) (1999) *Protecting Children: Challenges and Change*. Aldershot: Arena.

Fineman, S (2000a) Emotional Arenas Revisited. In Fineman S (ed) *Emotion in Organizations* (2nd edition). London: Sage.

Fineman, S (ed) (2000b) *Emotion in Organizations* (2nd edn). London: Sage.

Fineman, S (2000c) Commodifying the Emotionally Intelligent. In Fineman S (ed) *Emotion in Organizations* (2nd edition). London: Sage.

Goleman, D (1996) *Emotional Intelligence* London: Bloomsbury.

Goleman, D (1999) *Working with Emotional Intelligence*. London: Bloomsbury.

Hamer, M (2006) *The Barefoot Helper*. Lyme Regis: Russell House Publishing.

Hen, M and Goroshit, M (2011) Emotional Competencies in the Education of Mental Health Professionals. *Social Work Education*, 30(7): 811–29.

- Holloway, M and Moss, B (2010) *Spirituality and Social Work*. Basingstoke: Palgrave Macmillan.
- Howe, D (2008) *The Emotionally Intelligent Social Worker*. Basingstoke: Palgrave Macmillan.
- Kaul, RE and Welzant, V (2005) Disaster Mental Health: A Discussion of Best Practices as Applied After the Pentagon Attack. In Roberts, RA (ed) *Crisis Intervention Handbook* (3rd edition). Oxford: Oxford University Press.
- Kinman, G and Grant, L (2011) Exploring Stress Resilience in Trainee Social Workers: The Role of Emotional and Social Competences. *British Journal of Social Work*, 4(2)1: 261–75.
- Kroll, B (2002) Children and Divorce. In Thompson, N (ed) *Loss and Grief: A Guide for Human Services Practitioners*. Basingstoke: Palgrave Macmillan.
- Morrison, T (2007) Emotional Intelligence, Emotion and Social Work: Context, Characteristics, Complications and Contribution. *British Journal of Social Work*, 37(2): 245–63.
- Moss, B (2005) *Spirituality and Religion*. Lyme Regis: Russell House Publishing.
- Moss, B (2007) *Values*. Lyme Regis: Russell House Publishing.
- Murphy, KR (ed.) (2006) *A Critique of Emotional Intelligence: What Are the Problems and How Can They Be Fixed?* Mahwah, NJ: Lawrence Erlbaum Associates.
- Navarro, J (2008) *What Every Body is Saying*. London: HarperCollins.
- Parkinson, B, Fischer, AH and Manstead, ASR (2005) *Emotion in Social Relations: Cultural, Group, and Interpersonal Processes*. New York: Psychology Press.
- Reder, P, Duncan, S and Gray, M (1993) *Beyond Blame: Child Abuse Tragedies Revisited*. London: Routledge.
- Renzenbrink, J (2004) Home is Where the Heart Is: Relocation in Later Years. *Illness, Crisis & Loss*, 12(1): 63–74.
- Roberts, RA (ed) (2005) *Crisis Intervention Handbook* (3rd edition). Oxford: Oxford University Press.
- Robinson, C (2005) Grieving Home. *Social & Cultural Geography*, (6)1: 47–60.
- Rogers, A and Pilgrim, D (2005) *A Sociology of Mental Health and Illness* (3rd edition). Maidenhead: Open University Press.
- Sapey, B (2002) Disability. In Thompson, N (ed) *Loss and Grief: A Guide for Human Services Practitioners*. Basingstoke: Palgrave Macmillan.
- Schneider, J (2012) *Finding Your Way* (2nd edition). Traverse City, MI: Seasons Press.
- Singh, SK (2006) Social Work Professionals' Emotional Intelligence, Locus of Control and Self-efficacy: An Exploratory Study. *South African Journal of Human Resource Management*, 4(2): 39–45.
- Thomas, M and Philpot, T (2009) *Fostering a Child's Recovery: Family Placement for Traumatized Children*. London: Jessica Kingsley.
- Thompson, N (1999) Responding to Loss. In Bates, J, Pugh, R and Thompson, N (eds) *Protecting Children: Challenges and Change*. Aldershot: Arena.
- Thompson, N (ed) (2002) *Loss and Grief: A Guide for Human Services Practitioners*. Basingstoke: Palgrave Macmillan.

- Thompson, N (2006) *Promoting Workplace Learning*. Bristol: The Policy Press.
- Thompson, N (2007) *Power and Empowerment*. Lyme Regis: Russell House Publishing.
- Thompson, N (2009a) *Understanding Social Work: Preparing for Practice* (3rd edition). Basingstoke: Palgrave Macmillan.
- Thompson, N (2009b) *Practising Social Work: Meeting the Professional Challenge*. Basingstoke: Palgrave Macmillan.
- Thompson, N (2012a) *Grief and its Challenges*. Basingstoke: Palgrave Macmillan.
- Thompson, N (2012b) *Anti-discriminatory Practice* (5th edition). Basingstoke: Palgrave Macmillan.
- Thompson, N (2012c) *The People Solutions Sourcebook* (2nd edition). Basingstoke: Palgrave Macmillan.
- Thompson, N and Thompson, S (2008) *The Social Work Companion*. Basingstoke: Palgrave Macmillan.
- Thompson, S (2012) *Don't Be Your Own Worst Enemy: Self-Care for Busy People*, e-book published by Avenue Media Solutions: [www.avenuemedia.com](http://www.avenuemedia.com)
- Thompson, S and Thompson, N (2008) *The Critically Reflective Practitioner*. Basingstoke: Palgrave Macmillan.
- West, MA (1997) *Developing Creativity in Organizations*. London: BPS Books.

