Editorial: Is Infantilization Ethical? An Ethical Question for Gerontologists

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Since 1982 I have been observing health-care professionals, including social workers, interact with elderly residents in a syrupy and infantile manner. As a supervisor I never felt comfortable with this type of interaction—but at the time—I did not have the skills to wrap coherent words around the behavior. As a doctoral student and a practicing social worker I made a Herculean effort to conceptualize the interaction within a theoretical framework. I thought that if I had a theory I would have the effective words to modify the interaction I was observing in nursing homes.

My first effort was to employ Goffman's Dramaturgical and Framework Analysis. Yes, indeed, as a doctoral student I wrote a research paper on this subject. I recently reread this paper I wrote in 1982 through my hopefully *now* more objective eyes and I can honestly admit it was a grossly inadequate work. I understand why my professor did not like the paper. As a consequence I gave up on the idea until the paper resurfaced in the fall of 2012. I still believe the idea of conceptualizing infantilization is an important practice concept and decided to rewrite the paper with the help of a colleague. This updated paper was accepted as a presentation at a gerontology conference.

In the process of writing the paper I came across the brilliant work of Salari (2005). She make a profoundly convincing argument that infantilization of the elderly constitutes elder abuse. The critical issues are threefold: 1) professionals are currently interacting with elderly persons in an infantile manner; 2) professionals do not believe this style is harmful, but rather a demonstration of warmth; and 3) infantilization is harmful whether it is intentional or unintentional. I have been asking policymakers in my state, "Does infantilization of elderly persons constitute elder abuse?" The reply: "This is a difficult question to answer."

The bottom line is this: Professionals who are interacting with elderly persons in a syrupy and infantile manner have good intentions. On a practical level, identifying this style of interaction as elder abuse becomes problematic. However, the taxonomy of elder abuse that I learned included the concept of "unintentional psychology abuse." I personally believe that infantilization fits well with the concept of unintentional psychological abuse. What do you think? Is infantilization elder abuse and therefore unethical? Send your thoughts to smarson@nc.rr.com. Please include a statement giving me permission to publish!

Reference

Salari, S. M. (2005). Infantilization as elder mistreatment: Evidence from five adult day centers. *Journal of Elder Abuse & Neglect,* 17(4), 53–91.

Ethical Dilemmas: The Use of Applied Scenarios in the Helping Professions

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Abstract

Although ethics is a core topic within most helping profession curricula, the actual implementation of ethical decision-making in the context of professional practice can be challenging. Ethical decision-making is a craft that practitioners may not easily acquire because of the complexities involved in many situations. It is beneficial for curricula to present complex scenarios for a realistic practice foundation that includes ethical considerations. This project illustrates situational dilemmas that were drawn from six categories and presented to 166 human service college students. Analysis suggests that examples in the "Duty To Warn" and "Self-Awareness" categories show promise in enhancing students' abilities to understand ethical situations. Examples in the "Boundaries/Dual Relationships" and "Client Rights/Confidentiality" categories were effective for slightly more than half of participants for identifying ethical dilemmas, with examples from "Safety" and "Gifts/Solicitation" categories closely following. This paper suggests that presenting applied ethical situations in a professional development arena may lead to insights about ethical practice and may promote discussion of ethical considerations for current and future practitioners in the helping professions.

Keywords: ethical dilemmas; confidentiality; duty to warn; dual relationships; professionalism; self-awareness

1.   Introduction

The incorporation of ethical decision-making to safeguard mental health professionalism, as well as the recognition and challenges of these ethical situations, continues to be important (Jain, Hoop, Dunn, & Roberts, 2010). Practitioners in helping professions encounter ambiguous situations that require close consideration (Wolfer, Freeman, & Rhodes, 2001); therefore, ethical decision-making remains a valuable function (Banks, 2004). Decision-making may seem only to require common sense reactions; however, conflicting values and principles may result in different responses from different people (Kirst-Ashman & Hull, 2009). It is not so much about making the right decision as it is about scrutinizing multiple options

(Woodside & McClam, 2009). By this process, each potential option is evaluated and investigated so that a dubious option can be eliminated (Pope & Vasquez, 2007; Manning, 2003). The quality of final decisions can be improved if the consequences and risks are considered. The study in this paper presents practice-based scenarios that can stimulate discussion, debate, and consideration, all toward the goal of informing professional ethical decision-making.

Self-awareness is an essential component in ethical decision-making, since ethics is more than the application of rules (Prilleltensky, Rossiter, & Walsh-Bowers, 1996). Coupled with this is the reality that practitioners can experience a welter of emotions when tackling ethical dilemmas (Nigro, 2004), because "feelings, perceptions, attitudes, relationships, oppression and injustices are inextricably intertwined with ethical decision-making" (Prilleltensky et al., 1996, p. 17). Several ethical territories that evoke emotions have been researched: bartering (Zur, 2007; Gandolfo, 2005); confidentiality (Letzring & Snow, 2011; Campbell, Vasquez, Behnke, & Kinscherff, 2010); consumer safety (Cummings, 1998); mandated reporting (Shapiro, 2011; Werth, Welfel, & Benjamin, 2009); boundaries and dual relationships (Sawyer & Prescott, 2011; Justice & Garland, 2010; Skeem, Louden, Polaschek, & Camp, 2007, Apgar & Congress, 2005); and practitioner self-awareness (Aaron, 2012; Hanson, 2009).

Decisions that are made based on a practitioner's own emotional need can be considered a form of abusive clinical power that is "exploitive in nature and therefore harmful to the client" (Sperry, 2007, p. 132). Practitioners must ask: "Is this action really for the best interest of the patient? Is there a benefit for me in this action? Do I have a conflict of interest in this action? Is this action characterized as helpful (acceptable) or does it border on over-involvement (potentially unacceptable)?" (Tamin, Heijaili, Jamal, Shamsi, & Sayyari, 2010, p. 30).

Ethical situations practitioners face may be as diverse as the clientele they serve (Chang, Scott, & Decker, 2009). Some practitioners may perceive ethical decision-making in perplexing situations as a "complex process," while others may seek a "black-and-white or right-or-wrong process" to problem solving (Neukrug, 2008, p. 52). When they find themselves particularly uncomfortable with a situation, the practitioners in the latter group may even go as far as to redefine the problem in order to make it coincide with their desired solution (Welfel, 2006). These types of workers are unaware of, or simply not using, the systematic approach of tackling ethical dilemmas, and they may benefit from specific professional development to enhance their ethical decision-making abilities (Lichtenstein, Lindstrom, & Kerewsky, 2005, p. 27). To expand these abilities, practitioners who encounter changeable scenarios can employ problem-based learning and formulation (McBeath, Webb, 2002; Wolfer et al., 2001), especially those that mirror workplace scenarios (Prilleltensky et al., 1996).

Within higher education, a curriculum that includes ethical practice examples can assist educators in their quest to mentor future practitioners. This curriculum could include discussion on developing tolerance for uncertainty in multiple practice situations; development of self-reflection on thoughts and feelings related to certain situations; and the evaluation of the latent and manifest content of a situation in order to apply ethical reasoning, rather than personal opinion (Manning, 2003). Also, a worker's choice of method can sometimes be contradictory, erratic, and fallible; thus for students, it may be beneficial to distinguish whether their decisions are components of their own preferred method, or that of an established ethical procedure (Garthwait, 2008, p. 183). Practitioners and students need to recognize that even the most benign situations require thought and perceptive judgment. Without these, practitioners may not realize how their preferred behaviors can impact and influence consumers as well as agency policy (Corey, Corey, & Callanan, 2007; Dolgoff, Loewenberg, & Harrington, 2009). This form of subtle harm,

which may not be obvious and is often fraught with a therapeutic rationale, may create a situation in which morality goes unexplored (Spinelli, 1994).

Even with pedagogical exposure to ethics, students will not always find easy solutions to the ambiguous situations and dilemmas they may encounter in practice (Garthwait, 2008; Nystul, 2006; Royce, Dhooper, & Rompf, 2007; Sperry, 2007). For instance, students may intellectually understand ethical codes and standards, such as the 1996 popular Health Insurance Portability and Accountability Act (HIPAA) (U.S. Dept. of Health & Human Services, 2003); however, when presented with actual scenarios, they may find that formulating a professional response can be challenging. Ethical decision-making is often a rapid process, because a practitioner can be unexpectedly presented with a dilemma. Practice-based scenarios introduce students to the types of situations that they may encounter in a professional internship or in employment settings where snapshot decisions have to be made without opportunity for consultation or the desired time to craft a response. By using student responses, educators can highlight the myriad snares that may exist within a seemingly simple scenario. In light of this, the exploration of ethical dilemmas within the curriculum should include preparation for and knowledge of realistic situations experienced in an agency setting, as well as the anticipation of future difficult circumstances (Royce et al., 2007).

Many researchers have employed case vignettes (Mumford, Connelly, Murphy, Devenport, Antes, Brown, & Hill, 2009; Rae, Sullivan, Razo, & Garcia de Alba, 2009; Weinberg, 2005; Wolfer et al., 2001) or in-depth interviews (Prilleltensky et al., 1996) to evaluate methods of ethical decision-making (Barnett & Vaicys, 2000; Paolillo & Vitell, 2002). Providing students with scenarios that mimic real clinical experiences may be useful for educators, given that traditional academic assignments such as exams and term papers, as well as grading procedures, may not reflect a student's actual ethical knowledge and application skills (Claire, 2006).

Weinberg's (2005) study of ethics using case examples addresses the reality that ethical situations are multiply constructed and that practitioners can experience an ethical trespass that may include resistance to accepting the ethical choice. Scenarios can highlight a trespass as well as an alternative appropriate ethical response and ask why a certain response may be considered ethical behavior or not. Additionally, the discussion can be strengthened by role playing activities during which students learn how to put didactic education into practice with experiences that facilitate the discovery of patterned hypotheses for learning (Diambra, Cole-Zakrzewski, & Zakrzewski, 2004, p. 11). Through this type of exploration, students may embrace the responsibility and expectations of ethical practice.

2. Methodology

An informational flyer soliciting volunteer participants was distributed to freshmen and senior students majoring in human services at New York City College of Technology. The project was approved by the college's Institutional Review Board. A consent form was completed by 166 subjects who voluntarily agreed to participate. The information on the consent form was re-explained to each participant prior to distribution of the 25 scenarios and the collection of any demographic information. This included survey instructions, anonymity through coding, voluntary participation, and participant resignation, as well as project contact information.

3. Ethical Scenarios

The 25 ethical scenarios that were administered to subjects were real-life field examples taken from the researcher's practice. Each highlighted a situation that required students to indicate whether they agreed with the human service worker's decision. Situations that highlighted six ethical categories were included: Gifts/Solicitation; Boundaries/Dual Relationships; Safety; Client Rights/Confidentiality; Self-Awareness; and Duty To Warn.

4. Results

Of the 166 participants, 70% were enrolled in their first year of college. The remaining 30% were in their senior year of study and were beginning their fourth and final bachelor internship experiences. Only 15% of the group were currently employed as human service workers and 2% held an agency supervisory position. Overall, the majority of respondents were female (83%) and approximately 80% were African American. The remaining 20% self-identified as Caucasian or Asian. Average age was 26 years.

The ethical dilemmas included situations associated with confidentiality, dual relationships, boundaries, legalities, safety, solicitation, gifts, duty to warn, self-awareness, self-disclosure, treatment services, and client rights. These were categorized into the six domains previously mentioned. Of those, Duty To Warn and Self-Awareness had the highest percentage of similar responses (76%). Boundaries/Dual Relationships and Client Rights/Confidentiality resulted in participants responding one way or another (55% and 54%, respectively) to an ethical dilemma. The percentages of the Safety (44%) and Gifts/ Solicitation (43%) responses were slightly more inconsistent. In general, subject demographics did not indicate significant differences in their responses.

4.1. Gifts/Solicitation

In three items (Appendix I) participants were asked to review situations in which the worker was offered a gift (item 14), solicited to purchase (item 1), or had the opportunity to sell something to a consumer (item 2). A small number (21%) identified it as inappropriate to purchase a candy bar from a consumer who is fund-raising for the homeless (item 1). Less than 40% believed that it was inappropriate for a worker to sell a raffle ticket to a consumer (item 2). Two-thirds of subjects questioned whether to accept a lottery ticket from a consumer (item 14).

4.2. Confidentially/Treatment Rights

Seven consumer treatment rights items, including confidentiality (Appendix I), tested participants' familiarity with regulations. Approximately 61% of subjects identified that a worker's personal knowledge of a consumer may compromise confidentiality (item 23). A little less than half (46%) were unsure whether it was unacceptable to greet a consumer outside the parameters of the agency (item 4).

Participants (80%) noted that a worker should not give another consumer's phone number without permission (item 9). However, when the scenario was a consumer's mother calling, without an available release of information, only 34% correctly identified the HIPAA breach of confidentiality (item 3).

Regarding the specific issue of treatment rights, 58% agreed that a consumer's case should not be closed without some form of outreach (item 5). Within the task of referral upon discharge, 37% of subjects thought this should be a part of their case management responsibilities (item 24). Finally, 45% did not have the belief that consumers should be discharged from an agency because they did not adhere to their treatment plans (item 6).

4.3. Safety

Four safety scenarios (Appendix I) reflected the need to recognize the health and well-being of a consumer as an ethical consideration. Subjects (71%) said that a worker should not distribute over-the-counter medications to the consumer with a headache (item 7). The item addressing the safety of an intoxicated consumer (which also dealt with the right to proper treatment) (item 8) resulted in only 19% disagreeing with the worker who gave an intoxicated consumer a subway pass.

Participant responses regarding employing the consumer for personal services or goods, in precarious or potentially dangerous situations, were analyzed. About half (54%) believed that it was inappropriate for the worker to solicit the

consumer's assistance while traveling to the store in the worker's car (item 10). But only 32% felt that the human service worker should not permit a consumer to repair the worker's disabled car (item 15).

4.4. Boundaries/Dual Relationships.

In the category of Boundaries/Dual Relationships, three scenarios (Appendix I) were presented. Rrespondents (37%) identified that revealing the worker's own challenges is not an option to engage consumers (item 17). The majority (72%) believed that it was unethical for a worker to meet a former consumer for coffee (item 12). About half (56%) felt that a worker should not give a personal loan to a consumer (item 16).

4.5. Self-Awareness

In the domain of Self-Awareness, subjects were asked to respond to four items (Appendix I). Only 20% did not agree with the worker's decision to discharge consumers who were physically attracted to them (item 11). A large portion reported acknowledging that they may have to work with consumers that they or society may stigmatize and reject. For example, the majority (70% and 80%, respectively) recognized that it is unethical for a worker to refuse to be a consumer's case manager because of sexual orientation (item 18) or poor hygiene (item 22). Subjects were also surveyed on the topic of consumer evaluations of case workers. Nearly two thirds (65%) believed that it was acceptable for a group leader to ask consumers for feedback (item 21).

4.6. Duty To Warn

Appropriate responses were high on the three-item domain of Duty To Warn (Appendix I), especially the reporting of child abuse to proper authorities (84%) (item 20). Additionally, the majority of respondents confirmed that it was correct for a worker to report a consumer's suicidal ideation (81%) or homicidal plans (71%) (items 13 and 19, respectively).

5. Discussion

The scenarios presented in each domain can produce a myriad of discussions and challenging questions amongst educators and students. For instance, the items in Gifts/Solicitation mimic events that many people encounter in their personal lives; thus, subjects might have difficulty identifying these behaviors as ones needing ethical consideration in their practice. Specifically, if a worker participates in a solicitation, s/he might feel pressured to engage in future consumer solicitations in order to maintain fairness. This type of participation alters the worker's role from practitioner to that of consumer. If a worker buys a lottery ticket from a client and subsequently wins the lottery, s/he may terminate employment, thus abandoning the consumer. Is the worker obligated to share or give all the lottery monies to the consumer?

Within confidentiality, conflict of interest can occur because a consumer may not be comfortable knowing that someone s/he knows has access to his/her personal information. This may impede willingness to disclose information and fully make use of treatment resources. Acknowledgement of conflict of interest situations can protect the consumer's comfort and confidentiality, as well as maintain the practitioner's expected work environment. When an inquiring party expresses nonstop urgency, it may be difficult to execute a restricted response of "Please understand that due to the privacy act I cannot reveal whether in fact I even know the person to whom you are referring." As far as encountering a consumer in public, discussion of why a consumer may want to maintain his/her privacy can be enlightening for the practitioner. While not acknowledging a consumer in a public arena may be considered rude and inconsiderate, the expectation of confidentiality supersedes social graces.

For Treatment Rights, learning techniques for uncomfortable and taboo topics, such as attraction between consumer/worker (and vice versa), can be managed through the use of

supervision. Surrounding referral, there may be the benefits to the consumer when a savvy case manager has knowledge of providers as well as an array of networks. Referral is a skill that might best be executed by practitioners who recognize that their role is to advocate throughout the course of treatment. Regarding a consumer who does not adhere to the treatment plan, pedagogy may tackle the prejudicial concept of "blaming the victim," followed by curriculum that includes employing consumer strengths and desired goals. Finally, the consequences of not reaching out to a consumer before closing a case can be evaluated independently.

Consumer safety is paramount, so skills to understand and even tolerate resistance can be deliberated in the example of the consumer wanting to prematurely leave the group meeting. Even the simplest of medical interventions can be reserved for the appropriate licensed professional. Regarding using one's vehicle accompanied by a consumer, there may be risks for both parties. For the intoxicated consumer there can be safety challenges on a train or on the subway platform. Intoxication does qualify as a crisis intervention circumstance and/or referral to a higher level of care as a course of action. For the disabled automobile tire, there may be recourse if one of the consumers is injured. A consumer's provision of a free service to a worker might be grounds for termination.

In a crisis situation, duty to warn guidelines can surface. Sometimes the relationship is negatively impacted by the mandated worker's sound ethical decision of reporting the consumer or those close to him/her to child protective services. Consumers who intimately reveal suicidal or homicidal ideation, because of the existence of a therapeutic alliance, may be surprised when the worker refers them to a higher level of care that may include transport by ambulance and police presence. At best, ethical treatment surpasses the need for consumer-practitioner rapport. How to sustain the latter is a suitable topic for this conundrum.

Within Boundaries/Dual Relationships, agencies often have specific guidelines, particularly when the worker's interactions with consumers includes social and recreational therapies. Maintaining professional boundaries with consumers includes limiting the kinds of behaviors in which one may readily engage with family and friends. Once a consumer, always a consumer; never a friend. To comfortably reenter treatment, the doors to the agency must remain available for consumers in need, without conflict of interest. Disclosing personal, intimate information that relates to the consumer's plight, rather than relying on learned therapeutic techniques, may not necessarily result in the consumer sharing his/her experiences. Regarding a loan, agencies may have their own guidelines and services for aiding those with fiscal needs. We wondered if the practitioner's behaviors of self-disclosure, having a personal relationship with a former consumer, or providing a loan, might be executed for some sense of personal self-gratification. This parallels the Self-Awareness scenarios and can add to the discussion by identifying how consumers' diverse beliefs, behaviors, and presenting problems can hone a worker's skill set.

While this project does not address every ethical dilemma and cultural caveat, it underscores the importance of including ethical decision-making in professional development. From a pedagogical standpoint, this method may increase the engagement and enhance a discussion that highlights the reality of practice-based dilemmas. A lively debate and a deeper understanding of the issues may ensue, because it is not so much the type of ethical dilemma that is challenging but rather the subtleties of the dilemma that seem to cause uncertainty. Therefore, the more that students are able to practice and discuss ethical behaviors in the safe, nurturing environment of the classroom—before they enter a clinical site—the better their responses to ambiguous situations. In addition, these scenarios may encourage faculty to use ethical scenarios across the curriculum as

well as incorporate domain themes as part of an orientation to the major, internship, field manual, and self-study analysis.

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Appendix A: Do You Agree or Disagree With the Human Service Worker's Action?

Answer all questions. Decide whether you Agree or Disagree with the actions of the human service worker in the following situations which are in **italics & bold**. *Choose only one answer & do not leave any blanks.*

1. A client is selling candy for a fundraiser to help the homeless. ***One of the human service workers at the agency buys a candy bar from the client to help the cause.*** Do you agree or disagree with the human service worker's action?

2. At work a human service counselor, who is also a member of a fundraiser committee for his church, sells a raffle ticket to his coworker. A client overhears the transaction and offers to buy a raffle ticket for the fundraiser. ***The human service worker refuses to sell a raffle ticket to the client.*** Do you agree or disagree with the human service worker's action?

3. Sabrina, a client, is in a group session that is almost finished for the day. Her 83 year old mother frantically phones the agency indicating that there is a family emergency and Sabrina needs to come home immediately. Sabrina's human service worker, Pedro, checks her chart—but there isn't a written consent to release information to her mother. Pedro consults with his supervisor who makes an executive decision to give Pedro permission to speak to the mother. ***Pedro tells the mother that he will give Sabrina the message.*** Do you agree or disagree with the human service worker's action?

4. In a local supermarket, Janel, a human service worker, is walking down one of the aisles. She sees Margarita, a client in the agency, walking down the same aisle with other people. From one angle it seems that Margarita does not see

Janel. ***Janel continues to walk past Margarita without saying: "Hello."*** Do you agree or disagree with the human service worker's action?

5. Katrina is a client with an open case who has been with the agency a number of times. Her typical behavior is to have poor attendance without calling her counselor for days. To date, neither her human service counselor nor Katrina has had contact for over four weeks. The agency requires that non-compliant cases are to be closed four weeks after the last date of contact. ***The human service worker closes Katrina's case today.*** Do you agree or disagree with the human service worker's action?

6. Jamel, a client who is taking medication for his depression, is always resisting change. Since he is isolating and withdraws from others, his human service counselor makes suggestions for him to socialize. Jamel continues to tell his counselor that he does not want to do anything. The agency has a waiting list. ***His counselor informs him that if he does not comply and try to adhere to his treatment plan he will be discharged from the agency.*** Do you agree or disagree with the human service worker's action?

7. A client who appears to dislike the group sessions says he needs to leave the session early because he has a headache. He wants to go home and take some aspirin. The human service group leader has some Tylenol in her desk. ***She gives him two tablets in the hopes that he will remain for the session.*** Do you agree or disagree with the human service worker's action?

8. During an individual session human service worker Ray notices that client Marcella is intoxicated. Ray knows she drove to the agency

by car. Ray asks Marcella for her car keys, which she receptively gives to him. ***Ray gives her a Metrocard from the agency to get home by mass transit.*** Do you agree or disagree with the human service worker's action?

9. A group of clients are members of the agency picnic committee. Joe, a client, is the chairperson. Al, a client who volunteered to prepare the salads, is not present at the last meeting before the event. Carmella, a human service worker who is assigned to oversee the committee, believes that clients need to be self-sufficient. ***She gives Joe Al's home phone and suggests that he call about the salads.*** Do you agree or disagree with the human service worker's action?

10. The agency picnic day has arrived. Someone forgot to purchase ten large bags of ice. The supervisor gives human service worker Matt the keys to her car to purchase the ice. Matt asks the only other male worker in the clinic to accompany him. He can't because one of his clients is in crisis but he suggests that Terrance, a muscular client, could help Matt carry the ice. ***Matt solicits Terrance's help and they leave for the store.*** Do you agree or disagree with the human service worker's action?

11. Rita, client in a survivors group, finally talks about being sexually abused as a child by her father. She begins to uncontrollably sob. The human service counselor, Anne Marie, knows that Rita would need a good hug right now. ***The human service worker decides not to hug Rita.*** Do you agree or disagree with the human service worker's action?

12. A client who is attracted to his human service worker reveals these feelings at each individual session. The worker is getting frustrated and has ignored his comments in the hopes that he will stop. ***She finally tells him gently that if he talks about the subject again she may have to recommend that he be referred to another***

agency. Do you agree or disagree with the human service worker's action?

13. A human service student's internship is over and a former client, who would make a nice friend, finds the student's number in the phone book and calls her. They both are happy to chat. ***The former human service student suggests they meet for coffee next week.*** Do you agree or disagree with the human service worker's action?

14. A client at a mental health outpatient program is suicidal. There is no consent signed by the client to release any information to anyone. The human service worker calls 911 for assistance. ***When the police and EMS arrive the worker tells them about the suicidal tendencies that the client has expressed.*** Do you agree or disagree with the human service worker's action?

15. On his way to the counseling session, Mr. Jones purchased a Powerball lottery ticket for himself and his favorite human service counselor Jerry. He gives the ticket to Jerry and says: "Good luck, you deserve it for all you have done for me." ***Jerry smiles and takes the 50 cent ticket stating: "Good luck to the both of us."*** Do you agree or disagree with the human service worker's action?

16. Ms. Camille, an elderly human service worker, walks out of the agency to find her car has a flat tire. A few young gentlemen that Ms. Camille recognizes as members of Mr. Rodriguez's Men's Group notice her problem and offer to change the tire. ***Despite Ms. Camille not having any other solution, she refuses their offer of help.*** Do you agree or disagree with the human service worker's action?

17. Maria, a wonderful and friendly client, has just lost her wallet on her way to the agency. She does not have any money to get home. ***Her human service worker gives Maria***

enough money from her wallet to get home— only if she promises to pay her back at the next session. Do you agree or disagree with the human service worker's action?

18. Mary, a former victim of domestic violence, now works as a human service worker in a domestic violence shelter. Her newest client is reluctant to talk. Mary hopes that the client will be comfortable enough to begin communicating. *She decides to tell the client about her own past domestic violence experience and how talking about it helped.* Do you agree or disagree with the human service worker's action?

19. Kim, a human service worker, is assigned to a homosexual client who is very open about his sexuality. *Since this is the first gay client she has ever had, she asks her supervisor to reassign the case to a more experienced worker.* Do you agree or disagree with the human service worker's action?

20. Ms. Kelly, a human service worker, has a client, George, who told her that he is so mad at his former boss for firing him he plans on killing him when he least expects it. Ms. Kelly is pleased at George's honesty, since he is often quiet and reserved. George says that he is only telling this to Ms. Kelly because he knows he can trust her to keep his secret. Ms. Kelly does not believe George is capable of murder. *She reassures George she will keep the conversation to herself and makes a note to monitor his anger at each session.* Do you agree or disagree with the human service worker's action?

21. James, a human service worker, has a great relationship with his client Paul. Paul tells his worker how his kids often act up. He says he "lost it" the other day by pushing his eldest son into a door, causing him to require medical attention for a head injury. James tells Paul he is reporting this incident to the NY State

Administrative Services for Children (ACS). Paul gets very upset and says it was an accident. He says that if James contacts the authorities he will quit treatment. *James reports it anyway.* Do you agree or disagree with (James) the human service worker's action?

22. Gina, a human service worker, leads a women's group. *At about the 10th group session Gina asks the members for feedback about how she is doing.* Do you agree or disagree with the human service worker's action?

23. There are two new clients that need to be assigned a human service case manager. One is a client who prefers to not use deodorant. *Marcus, who has been assigned the client who does not use deodorant, tells his supervisor that he cannot be the case manager since he cannot stand the client's body odor.* Do you agree or disagree with the human service worker's action?

24. Tania, a human service worker, notices that the newest client at the intake session is her former brother-in-law, Billy, whom she has not seen in fifteen years. He does not recognize her and he needs help badly. Tania knows about the agency's policy on confidentiality. She tells her co-intake worker Frances that Billy is her former brother-in-law. *Frances decides to meet with the brother-in-law individually to tell him that he will have to be referred to another agency.* Do you agree or disagree with the human service worker's action?

25. John has done well during his six months of mental health treatment. He would like to join a group therapy session but the clinic does not provide this service. His human service worker tells him that he has become very assertive in his treatment. *She advises him to find a group in the community that would be suitable for him.* Do you agree or disagree with the human service worker's action?

Is Too Much Ever Enough? The Economic Crisis, Greed and the Occupy Wall Street Movement

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Abstract

This article examines key elements of the recent economic crisis in the United States, the Occupy Wall Street movement, and the contributing role of values. A description and overview of the economic and political forces is presented. The paper also explores the psychosocial implications for individuals and families and for social workers.

Keywords: economic crisis; values; social reform movements; social justice; Occupy Wall Street

1.   Introduction

The world is currently in the grip of the largest economic disaster in almost a century. The millennium challenge for individuals and institutions worldwide is to find a way to manage this catastrophe based on values that reflect either greed or mutual aid. The global economic crisis is a by-product of choices made individually and collectively. These choices have world-wide implications for everyone. The choices result in consequences and benefits, and require adherence to ethical principles of respect for individual rights, beneficence, avoiding any harm, social justice, and civic responsibility. Immediate, substantial and fundamental change is required to move toward a socially just and decent society. Social work is a profession uniquely qualified and poised to participate in the rapidly spreading social movement for change.

2.   Economic Crisis 101
2.1   Crisis description and role of values

The current economic crisis represents quite possibly the worst economic recession since the Great Depression and is indicative of the effect that individual and collective values can have on financial, governmental, and political circumstances. Max-Neef (2011) contends that "the current crisis is a direct product of greed," which he views as the dominant value (Interview). In 2008 the U.S. economy crashed. The general public first became aware of the calamity when it was reported that Goldman Sachs, Deutsche Bank, and AIG, the largest insurance company in the world, were poised to fail. According to the Federal Deposit and Insurance Corporation (FDIC), additional banks including Lehman Brothers, Wachovia, Merrill Lynch, Bank of America, JP Morgan Chase, Citigroup, and Wells Fargo were all considered "too big to fail" (FDIC, 2008; Hilsenrath, Ng & Paletta, 2008). Following the bankruptcies and defaults of the above financial institutions, questions began about whether the emergency was the result of some combination of corruption, gross negligence, and incompetence. The results included a loss of trust and confidence in government, and a weakening of the public's sense of propriety, particularly related to corporate business practices. Additionally alarming was the resulting expression of anti-capitalist sentiment.

The federal government made a policy

decision to bail out a select number of major financial institutions deemed "too big to fail," but others were allowed to go ahead and fail. The U.S. economic system is a model of capitalism. The general assumption in this type of system is that if a company fails, it ceases to exist and is replaced by bigger, stronger businesses. However, during the early stages of the financial crisis, the U.S. government distributed $700 billion of Troubled Asset Relief Program (TARP) funds, commonly referred to as "bailouts," to the largest multinational corporations, including Citigroup, Bank of America, and American Investment Group (AIG). (Ericson, He & Schoenfeld, 2009). The United States became the insurer of the dysfunctional debt. In true capitalism no one would be bailed out. In stark contrast, individuals were not bailed out.

Consequences for the public immediately included an expensive tax bill in the form of a bailout to the troubled corporations. This action was quickly followed by exceptionally high numbers of foreclosures and evictions, a level not seen since the Great Depression, and general wealth erosion. The worth of businesses, corporations, and individuals also dropped precipitously (Federal Reserve Bank of St. Louis, October 14, 2008; White House, 2008; Financial Crisis Inquiry Commission, 2011). On a global level, the economic crisis adversely affected stock markets nationally and internationally. Consequences for the U.S. government and economy included plummeting public confidence in Wall Street, suspicions about the reasons for the crisis, and questions about the U.S. governments' ability to protect its people. As Wolff (2011) warned "if we don't change the way corporations run, then those corporations can continue to exert undue pressure to continue to suppress the great reforms won in the 1930's" (radio interview).

The stage was set for the above conditions when the Glass-Steagall Act was repealed in 1999. The repeal eliminated protective provisions purposely designed to: 1) keep the practices of commercial banks and investment banks separate;

and 2) prevent conflicts of interest between bankers serving as officers simultaneously on the boards of commercial and investment banks. Banks had free rein to gamble with their depositors' money (Barth & Wilcox, 2000; Stein 2009; United States Department of the Treasury, 1999).

After conducting a two-year investigation of the financial crisis, the United States Senate (2011) concluded "that the crisis was not a natural disaster, but the result of high risk, complex financial products, undisclosed conflicts of interest and failures of regulators, the credit rating agencies and the market itself to rein in the excesses of Wall Street" (p.1). Banks' misleading behavior was central to the economic crisis.

2.2 Economic collapse and vulnerable populations

The inequity between the wealthiest Americans, only a fraction of U.S. citizens, and the majority continues to grow (Hudson, 12/16/11; and, Fox Piven, 12/18/11). People historically believed that if they emulated their parents, worked hard, sacrificed, and remained loyal to their employers, their futures would be guaranteed. Jean Jacques Rousseau, an 18th century philosopher, proposed that in an ideal world a social contract should exist between society and the individual, whereby society would agree to provide for the basic needs of its citizens in exchange for some loss of individual rights, respect for the rights of others, and voluntary payment of taxes to pay for the services (Rousseau, 1762/1782).

In present-day society, social insurance programs had been designed to provide a safety net for its citizens. That net has been broken, thereby creating a new vulnerability for the middle class. American workers are in debt, and it is uncertain how long they will remain that way. In addition, the lower socioeconomic classes that include the poor and the near-poor continue to suffer. The circumstances of the poor include limited resources and limited access to resources. Ehrenreich (2001) bolsters these realities when

she concludes "something is wrong, very wrong, when a single person in good health, a person who in addition possesses a working car, can barely support herself by the sweat of her brow. You don't need a degree in economics to see that wages are too low and rents too high" (p.199). The consequences include hunger, homelessness, and inadequate health care, as well as a high incidence of disease and high morbidity rates. Feelings of disillusionment and disenfranchisement are a by-product of the experience. These factors contribute to their marginalization. The poor were already marginalized prior to the crisis, and since have become even more vulnerable to the vagaries of the economic system (Pew Research Center, 2011; U.S. Census, 2010; EconomicCrisis.us, 2011).

Duffy (2007) identified what he believed to be the consequences for a society that does not adhere to the principles of citizenship in a decent society as they relate to citizens with challenges, and the benefits that result from respecting all citizens. He contends that we underestimate the impact of this marginalization on the whole of society. A society that excludes and isolates people…is built upon rotten foundations; a society that knows how to welcome and include people with…difficulties is a society that can be strong and vibrant" (speech). The poor are often overlooked and lack a strong voice, individually and collectively. As a constituent group, they have little impact on political decisions. This is of particular consequence in a profit-driven, consumerist society.

Fox Piven, a noted social work activist and champion of the poor since the 1960s, continues to champion the rights of the poor, particularly in the United States. Her seminal work co-authored with Cloward (1971) identified societal forces that created and maintained poverty. She supports the latest movement attempting to reduce social inequity and promote social justice. Fox Piven (2011) concludes that "the willful ignorance and cruelty of it all can leave you gasping—and gasp was all we did for decades. This is why we so desperately needed a movement for a new kind of moral economy" (blog comment).

The gap between the excesses of the wealthy and the state of affairs for the middle class is causing Americans to reconsider their chances for realizing the American Dream. Sawhill (2011) claimed a fascination with "the apparent tolerance in the United States for a huge gap between rich and poor. Survey data from a few years ago show that this tolerance has been due to the American public's strong belief that you can be poor today but rich tomorrow, that your children will do better than you, and that anyone who works hard and has a certain amount of talent can make it in America" (Web opinion).

If Sawhill's conclusions are correct, the implications for the middle class are discouraging. During the current economic times, the middle class can easily expect continued outsourcing of jobs, tax increases, infringements on civil rights, and competition for housing, education, and health care.

3.   Crisis of Values
3.1   Role of elite theory in ethical values

Elite theory provides one explanation for how and why the artificially contrived divisions between the social classes exist, and the intersection with power. Mills (1956) proposed that power in the United States is concentrated at the top of a pyramid in the hands of the elite, a small but powerful group who occupy the upper echelons of the business, banking, political, and military hierarchy. The middle of the power structure consists of elected officials, and the masses occupy the bottom rung. His theory further proposes that the primary goal of the elite is the pursuit and retention of power and wealth. The dominant value of this group is based on money and what it can buy. A significant strategy of this group is the protection of their relationship to government.

Members of the elite believe in the principles of capitalism that include a free market economy tied to supply and demand, private ownership of property and resources with no

government interference with the pursuit of maximum profits, unequal wealth allocation, and holding down government spending on welfare and other domestic enterprises. According to Mills (1956) "members of the power elite…have come to look upon 'the government' as an umbrella under whose authority they do their work" (p.287). Mills (1958) further speculates that "The power to make decisions of national and international consequence is now so clearly seated in political, military, and economic institutions that other areas of society seem off to the side and, on occasion, readily subordinated to these" (p. 32).

If Mills is correct, this is further cause for concern about the future. Several hypotheses can be drawn from an examination of this ideology. First, the elite groups' power makes it easy for business to exert influence over government. Second, this group makes decisions that have life and death implications for many. Third, the elite values appear to run contrary to what is considered moral and ethical behavior. Consequently, a series of ethical questions must be considered. For example, who decides what it is that constitutes ethical or moral behavior, particularly as it relates to business? What is the relationship between legal and ethical practices? What does the public have a right to expect from the relationship between government and the business sector?

3.2   Individual and collective values

Towle (1987) provided insight into "common human needs and desires" and methods that social workers could use to help clients realize these necessities. Helping others meet these basic needs has become more challenging since the latest economic crisis. Historically, people pooled their resources and worked collectively for mutual benefit. Their needs were met through sharing, having a sense of community, and caring for one's neighbor. These values need to be revisited.

The values of materialism and consumption drive behavior in the United States based on self-interest and competitiveness. They are contrary to the values of beneficence, avoiding any harm, and

promoting social justice. Ever increasing material desires grow indebtedness. Artificial needs were manufactured by those in the business sector, also referred to as the elite, to motivate people to spend money, which in turn increases wealth for the business owners. As a consequence, overextended spending, borrowing, and the accumulation of credit card debt became acceptable. With little savings, economic fallout was imminent. Fraad (2010) believes "we responded with denial, withdrawal, depression, and dissociation accomplished with the aid of extensive television viewing and preoccupation with scandals and celebrities" (interview). Ultimately, however, where people spend their money is the most accurate reflection of their values. An ethical question for individuals involves the implications of complaining about business, but purchasing its products—for example, smart phones, iPads and the other new technology and gadgets that many rely on. Essentially, this behavior supports the businesses values.

3.3   Overt and covert values

Devotion to country, God, and family are commonly expressed values. The pursuit of power and money may be the covert values. As a method of reconciling these conflicting values, Merton (1938) proposed: "Every social group invariably couples its scale of desired ends with moral or institutional relation of permissible and required procedures for attaining these ends" (p. 673). The United States is possibly the most religiously diverse country on earth. Central tenets of the largest religions include the expectations that individuals should love one another and take care of those less fortunate. These tenets are at the core of Catholicism, Christianity, Protestantism, Judaism, Islam, Hinduism, and Buddhism. Eighty-three percent of Americans identify themselves as members of a religion, and a majority of those surveyed identify religion as having a very significant role in their lives (Pew Forum on Religion and Public Life, 2010; Pew Research Center, 2011).

However, previously identified decisions based on self-interest, exhibiting disregard for the welfare of others, or greed, do not reflect those values. Additionally, they are contrary to outward expressions of religious piety. Rohr (2011), a controversial Catholic priest, reinforced this premise when he indicated "people who call themselves Christian can be utterly racist, utterly sexist, utterly greedy, no questions asked" (interview).

Furthermore, any belief that there are no consequences for one's actions sets the stage for moral hazard to occur. If individuals don't respect and care about one another's needs, a decline in moral and ethical behavior ensues. What lesson(s), for example, might elite individuals and or financial institutions have learned from being bailed out following the economic crisis? The absence to date of criminal prosecutions might create awareness that the behavior could easily be repeated, with little or no risk of consequences. This line of reasoning would be expected to make it easier to allow the pursuit of profits to eclipse any concern with potential consequences of actions. Taken to its logical conclusion, denial of the impact on others would be the next step.

A constructive countermeasure to this scenario, urgently needed for all members of society to survive and potentially thrive, would be the return to caring about the needs of others. Max-Neef (2011) stresses the urgency for society to revise its values to reflect the pursuit of mutual aid instead of greed, suggesting it is the key path to change and growth individually and collectively. In addition to the devastating effects of economic forces, people will need to heed other potential warnings about consequences resulting from self-interested versus cooperatively made decisions that affect the planet. The earth's resources are not limitless and will require a concerted conservation effort. Clean, fresh water is not optional for human survival. Global warming, food shortages, religious and secular tensions, and war are examples of global issues that require people to work cooperatively.

Financial stressors combined with the competitive drive to get ahead at all costs incites some to engage in risky behavior, some of which may be legal but not always ethical. Short term gains appear to be the value that rules the day. Fr. Rohr suggests that individually and collectively "we make choices and they are based on values… [and] the best criticism of the bad is the practice of the better" (interview, 2011). These messages for society are very timely. A likely consequence of not following these paths is moral hazard.

Americans see themselves as rugged individuals who are expected to get ahead at all costs and pull themselves up by their proverbial bootstraps. Unfortunately, the playing field is not level and everyone doesn't have boots. However, 77% of Americans are now living paycheck to paycheck (Factresource.com, November 19, 2011). More children and adults are going to bed hungry or relying on food stamps, church pantries, the good will of family and friends, and facing homelessness. Traditionally, these circumstances were ascribed to the poor and/or homeless. However, these circumstances are now describing those who were formerly middle class. Consequently, individuals are finding it increasingly difficult to hold on to any financial gains made. In particular, members of the middle class are losing their homes, jobs, and opportunities for higher education in record numbers (Joint Center for Housing Studies, 2008). Additionally, increases in job outsourcing and a slow rate of job growth provide insight into the strain. Consequently, the chances of achieving the American Dream are dwindling. Hard work, determination, sacrifice, loyalty to corporations, and education are seemingly expired tickets to obtaining the American Dream.

People thought they had planned well and believed they and their families would be protected. The erosion of workers' hard-won wages, pensions, and benefit protections; attempts to disempower unions that are the first line of protection standing between an individual and an employer; and continued plant and business closings are contributing to the downgraded status of the

middle class. Jobs available are the low skill or no skill ones like "flipping burgers," with minimal benefits, if any, and minimum wage. Ehrenreich (2001) intimates "Employers'…business isn't to make their employees more comfortable and secure but to maximize the bottom line" (p. 204). These circumstances suggest that what is being witnessed is the new normal, and the myriad of consequences are dire.

3.3   U.S. corporate behavior and psychopathology

An assessment of corporate behaviors suggests inquiry into the values that drive them. Is it reasonable or realistic for the public to expect corporate heads to factor social responsibility into the equation of business decisions? Indeed, the results for the public are disastrous when business decisions do not include ethical parameters. Ullman (2004) draws striking parallels between psychopathic behavior of individuals identified in the Diagnostic and Statistical Manual (DSM) and corporations. Several examples include:

> Failure to conform to social norms with regard to lawful behavior, as indicated by repeatedly performing acts that are grounds for arrest; deceitfulness, as indicated by repeated lying,…or conning others for personal profit or pleasure; lack of remorse, as indicated by being indifferent to or rationalizing having hurt, mistreated, or stolen from another (Corporate psychopathy, n.d.).

Ullman believes that "Corporate psychopathy contaminates the government which is responsible for setting certain ethical limits to corporate behavior" (Corporate psychopathy, n.d.). Government attitudes and counteractions toward U.S. corporate behavior suggest policies that are confusing at best, and sometimes contradictory. In response, Ullman further proposes that the most practical and realistic lens through which to observe major corporations is

to view them as psychopathic entities that have evaded government regulatory attempts to control their behavior. Consequently, government becomes an unwitting partner in corporate dysfunction motivated by self-interest.

The social inequity is evidenced by the skewed distribution of wealth. Wealth in and of itself is not automatically the problem. Instead, the wealth possessed by the elite is problematic when it is used in an unethical manner or in a way that advances individual interests over collective interests. It is also problematic when it goes to politicians advancing the fortunes of those who pay their way. Immense wealth is invested in weakening the regulations against enormous political giving at the top. The extent of the relationship between business and government, evidenced by the timing of the recent U.S. Supreme Court ruling that assigned legal personhood status to corporations, further calls the relationship between the two entities into question. (Citizens United *v*. Federal Election Commission, 2010; Achbar, 2003). This ruling blurs the boundaries between government and the role of political influence (Fraad, 2010). By its very nature, the intersection of these concepts suggests that there is an innate risk for greed to occur, and a support mechanism that feeds itself. The logical outcome of this pursuit is that capitalism can be abused by those best positioned to reap the most plentiful rewards.

4.   Ethical Implications of Greed
4.1   DNA of greed

Multiple definitions and types of greed exist, but the focus of this section of this paper will be greed and its relationship to wealth accumulation. Furthermore, greed will be operationally defined as occurring when the pursuit of money takes priority over family, love, and relationships, and results in decisions made solely on self-interest. A review of the literature on greed yielded a plethora of articles that interpreted this concept from a range of perspectives. References to greed as sinful are found in the Bible (Ephesians

4:19) and in historical references, which credit it with a role in the moral decline of the Roman state during the second century B.C. (Harris, 1971). Greed is described as having multiple dimensions. People who are greedy are identified as having a pathological obsession with money for its own sake, [an unwillingness to] share or show mercy, indifference to the needs of others, and [the ability to consume] too much of the social surplus (Posner, 2003). Consequently, only scraps are left for others. Interestingly, in economic literature, the related concept of self-interest is not ascribed with positive or negative connotations. As it relates to the economic crisis, a quest for greed includes the fight for control of assets.

Price gouging, raiding of pension funds, and complex accounting schemes are more recent, glaring examples of greed-driven behavior. Kenneth Lay and Bernard Madoff are two financiers who were investigated by the Securities and Exchange Commission (SEC), the New York State Attorney General's Office, and the U.S. Justice Department for engaging in fraudulent activities. Lay was convicted of six counts of fraud and conspiracy to commit securities and wire fraud. Madoff was convicted of securities fraud, mail fraud, wire fraud, money laundering, and perjury and received a 150-year sentence (Frank & Efratti, 2009; Esposito, Harper & Sauer, 2009). They were found guilty of taking and misusing investor money, deliberately misleading clients, and using company profits for personal gain. Their behavior demonstrated a blatant disregard and indifference for the law and the welfare and rights of others. These are but two examples of how pursuit of money and wealth, in other words "greed" as defined here, contributed to individuals operating in illegal, unethical, and immoral manners. Merton (1938) predicted that "fraud, corruption, vice, crime…becomes increasingly common when the emphasis on the *culturally induced* success-goal becomes divorced from a coordinated institutional emphasis" (pp. 675–676).

The impact of the fraudulent activities included loss of retirement savings, illness, poverty, and for some, even death resulting from suicide. From all accounts, Lay selected the last option. On a corporate level, pension plans and nonprofit organizations were also defrauded of investments.

Greed can also be infectious and bring out the worst in people. It can be fueled by feelings of entitlement and selfishness. This can occur not only in corporate executives and politicians, but also in ordinary individuals. Piff et al. (2012) investigated the relationship between socioeconomic class and behavior and documented what some have suspected about differences in values between the wealthy and the lower classes. The researchers concluded: 1) upper-class individuals behave more unethically than lower-class individuals, and 2) upper-class individuals were more likely to exhibit unethical decision-making tendencies, take valued goods from others, lie in a negotiation, cheat to increase their chances of winning a prize, or endorse unethical behavior at work than were lower-class individuals (Piff et al., 2012). The researcher also believes the behavior can be explained by a more approving attitude toward greed (Medical News Today, 2012). Additional examples of greedy, excessive behavior resulted in charges being filed by the SEC against the following individuals, financial institutions, and corporations: Allen Stanford of Stanford International Bank (charged with having orchestrated a multibillion dollar investment scheme [SEC, 2009]), former Countrywide executives, Bank of America, JP Morgan, and Halliburton.

The greedy behavior contributed to the public's outrage and sense that big business operated according to a different set of rules than did everyone else. While the above study would have to be replicated for reliability and validity before additional conclusions could be drawn, early conclusions appear to reinforce public perception of the presence of unethical, immoral, and greedy behavior in the wealthy.

4.2   Perceptions of greed

At a commencement address U.S. tycoon Ivan Boesky declared "greed is all right, by the way... I think greed is healthy. You can be greedy and still feel good about yourself" (Boesky, 1986). His statement is commonly believed to have served as the basis for the character of Gordon Gecko in Oliver Stone's film, "Wall Street and the Market for Corporate Control" (1987). In the film Gecko states:

> The point is, ladies and gentlemen, that greed, for lack of a better word, is good. Greed is right. Greed works. Greed clarifies, cuts through, and captures the essence of the evolutionary spirit. … Greed, in all of its forms—greed for life, for money, for love, knowledge—has marked the upward surge of mankind, and greed …will not only save Teldar Paper but that other malfunctioning corporation called the U.S.A. (Weiser & Stone, 1987; Gabriel, 2001).

Fromm (1941) arrived at a diametrically opposed conclusion, positing that "greed is a bottomless pit which exhausts the person in an endless effort to satisfy the need without ever reaching satisfaction" (p. 115). Fromm suggests that too much may never be enough for those who highly value greed. Relentless pursuit of wealth can cause people to lose control and lose sight of the importance of other areas of their lives, including relationships that might provide other sources of satisfaction. Wealth might also be viewed as a gift that is accompanied by civic and social responsibilities to care for one's fellow humans (Karras, 2004).

4.3 Greed's benefits?

The U.S. system of capitalism is built in part around the notion of seizing opportunity and achieving prosperity under limited governmental control through laws and regulation. Indeed, this is how our country was created and built over the centuries. Greed can also be a factor that motivates some to reach certain financial and business goals, work hard, and build amounts of wealth limited only by an individual's capacity and willingness to pursue ever greater riches. Greed does provide to citizens some benefits that are the direct result of capitalism, including the development by corporations of "computers, the cell phone, and electronic banking" (Gates, 2008). Gates (2008) seems confident that a balance can be struck between what he describes as the eternal struggle between the "self interest [of] primal desires and the desire and willingness to do good and help others." Ultimately, every individual has a responsibility to behave in ways that promote and sustain balance. Arriving at a balance is necessary/ideal because it enables individuals to behave in ways that agree with their basic natures while being considerate and concerned about the needs of others. Friedman (2007) believed greed served a purpose in society and was a necessary by-product of capitalism. He concluded "the world runs on individuals pursuing their self interest, resulting in the greatest achievements in civilization…none of us are greedy, it's only the other fellow."

4.4 Greed's influence and implications

Alim (2009) summarized a debate at the University of California, Irvine, on May 14, 2009, which addressed the influence of greed in today's economy. Political science professor Petracca argued that "condemning greed can lead to a slippery slope of condemning any individual for earning, or even striving for, more than they need" (Alim, 2009). Additionally, Petracca echoed several of Gates' points by indicating "the fruits of economic greed, [are] embodied in the charitable works of individuals like Bill and Melinda Gates or Rockefeller, and reach public schools like UC Irvine" (Alim, 2009). Two additional aspects of greed were explored during the event, including an attempt by political science professor Schonfeld to differentiate between the amount of resources individuals need to sustain longevity and the point of excess. Petracca believes the latter behavior, which he associates with greed, motivated people to assume mortgages they would not realistically be able to sustain (Alim, 2009).

Ullman (2004) argues that in order to survive, corporations make decisions based on self-interest rather than public welfare; he predicts "The pathological fallout is no longer limited to our own borders." By extension, he further theorizes that due to globalization, which provides a global reach for corporations, the negative impact of their decisions affects all countries and their citizens regardless of size or financial status. Decisions by corporations to control the resources of other countries, such as oil, minerals, and more recently water rights, has repercussions that embroil/entangle us politically, environmentally, and militarily.

Max-Neef (2011) stressed that despite the economic hardships that are occurring as a result of the economic fallout, corporate executives are continuing to take enormous bonuses. Considering the above factor, Max-Neef stressed that this is the most immoral thing they could do. Consequently, the danger of moral hazard certainly exists for corporate decision makers. Schermer (2008) quotes the work of Robert Hare, who applied the DSM to diagnose corporations and concluded "corporations are suffering from clinical psychopathy, implying that corporations are diseased and should be institutionalized for mental illness" (Hare, 1994).

A democratic society such as we have in the United States is expected to serve the needs of all its citizens. However, the profit motive can sometimes outweigh other choices. Examples of threats to the social contract for citizens that would not be in the public's best interest would be decisions to privatize Medicare, Social Security, and pension plans. Any decision to implement these decisions would benefit for-profit health and pharmaceutical companies. Where is Rousseau when you need him?

A central question is attempting to determine at what point pursuit of money becomes greed. This issue needs to be explored, particularly in light of economic events in the United States with important political, economic, and psychosocial implications internationally.

Sachs (2011) proposed that "the crisis we face is caused by failed systems—replacing leaders while keeping the old system intact will not help." Additional questions that merit consideration include: 1) Where is the line between having the resources needed to survive or live comfortably? 2) Is it greed when one strives to have a small financial cushion? 3) Who has the ethical right to make this decision?

Behavior that is illegally engaged in to secure money is easily identified as greed. However, behavior that is legal but of a dubious ethical nature may not always be black and white. Might working overtime or teaching overload classes to obtain additional money constitute greed? Might the following activities constitute greed: 1) continuing to work after one has lost all zeal and interest in professional duties, and burnout may have occurred; 2) working primarily to increase a retirement pension; and 3) pursuing an administrative position strictly for money?

In light of the numbers of financiers under investigation for alleged roles in the economic crisis, it would appear that very strong temptations are associated with greed. The lack of criminal prosecutions is evidence of major stumbling blocks. Lobbying by bankers of government and elected officials combined with substantial campaign contributions translates into a tremendous amount of power and possible influence. These behaviors might provide a partial explanation for the reluctance of government prosecutors to initiate criminal charges. An additional explanation is offered by government officials, who say that proving fraud is very difficult, requires proving criminal knowledge, and is very costly (U.S. Senate, 2011). In response to the relationship between greed and the difficulty in holding anyone accountable for participation in illegal activities, George Carlin (n.d.) once quipped that "the real reason that we can't have the Ten Commandments in a courthouse: "You cannot post 'Thou shalt not steal,'… 'Thou shalt not lie' in a building full of lawyers, judges, and politicians. It creates a hostile work environment."

Despite the complications associated with greed, possible solutions exist to make greed work toward a better society. The elite who possess inordinate amounts of wealth would have to see ways in which they benefit from making decisions that benefit society instead of only themselves. Greed could also be corrected with beneficence and benevolence. More drastic but also of service would be taking away the perception of power often attributed to money. Society has a role in changing this value by terminating the fascination, worship, and assignment of mythical status to wealthy members of society, particularly celebrities and professional athletes. Karras (2004) proposes that greed "can only be conquered at its deepest, spiritual level…by the exercise of control over passions through fasting, prayer, chastity and almsgiving."

5. Psychosocial Implications of the Crisis

5.1 Implications for individuals and families

Fallout from the disaster includes heightened fears about losing financial ground and jobs. For those employed in academic institutions, loss of tenure, the opportunity to obtain it, and the increased reliance on adjuncts adds to the pressure. According to the American Federation of Teachers (2010), adjuncts now make up 70% of faculty at all colleges and universities. Those who are employed and adhere to the values of hard work are discovering that they must work harder and longer hours to fulfill enormous workloads, and also meet increasingly demanding organizational expectations. Fraad (2011) describes the United States as having become a "workaholic nation." To compound matters, there is frequently diminished compensation. Job security is no longer guaranteed.

In light of the current economic disaster, the millennium challenge for academic, professional, and other workers worldwide is to try to achieve and maintain balance between a satisfying home life and financial solvency. Professionals will have to individually decide if they are on the path they want to be on toward the achievement of wealth or family, love, and relationships. If not, are they willing to pay the price to reach their goal? The essential question for individuals is how much is enough? Is there ever too much?

This is difficult in light of the current reality for many of the working population when less compensation for more work results in fewer available resources to meet basic needs. Increases in the costs of housing, food, health care, education, and child and adult care contribute to the strain on households. Shipler (2004) prophetically identifies people stuck in this cycle as the "forgotten Americans…who have been trapped for life in a perilous zone of low-wage work" (p.4). Work conditions are demeaning, pose stress on the quality of family life, and ultimately do not provide enough income for people to sustain themselves (Ehrenreich, 2001). When feelings of frustration spread and people see the gap between their economic status and that of the wealthy minority, individuals have several choices. They can succumb to demoralization and go along with the status quo, choose to opt out of participation in civic responsibilities, engage in illegal activities, or fight for social justice and to change the status quo. Merton (1938) cautions "Rebellion occurs when the reigning standards due to frustration or marginalist perspectives, lead to the attempt to introduce a new social order."

6. The Occupy Wall Street (OWS) Movement: Response to Social Injustice

6.1 History of Wall Street and the movement

Prior to the arrival of the immigrants, the original name of the area now known as Manhattan, where Wall Street is located, was "menahante, 'where one gathers bows.' " The geographic location and history of Wall Street suggest it is the ideal setting for a social movement.

Wall Street was first developed in the 17th century as a boundary of a settlement known as

New Amsterdam. It was actually a wall that was built to protect the area from English Colonial settlers. Within a few short years the planks and picket fences that had formed a wall had been replaced by a wall that was 12 feet tall and designed to keep out the Native American tribes" (HistoryofWallStreet.net, n.d.).

The new arrivals were actually attempting to protect the assets confiscated from the indigenous native population. This area would later become New York's financial center. This was an early instance of wealth accumulation resulting from the seizure of resources and eviction of people from land they had once occupied. The indigenous people found themselves dispossessed and stripped of their freedom to access resources. This is an object lesson of how rights, assets, and resources of many can be plundered by a minority who control greater weaponry and, more importantly, who value self-interest over respect for individual rights, beneficence, and avoiding harm. There appears to have been an utter lack of regard for principles of social justice and civic responsibility. Mills (1958) proposed "that if men do not make history, they tend increasingly to become the utensils of history makers" (p.31). This observation should serve as a warning for any society about the consequences of inaction when the erosion of individual and civil rights is occurring. What follows is a description of a movement that is advocating for a more decent and socially just society.

The Occupy Wall Street (OWS) movement began on September 17, 2011, in lower Manhattan in Zuccotti Park. Fox Piven (2011) describes the importance of the name OWS selected for the movement when she pronounced that "by making Wall Street its symbolic target, and branding itself as a movement of the 99%, OWS has redirected public attention to the issue of extreme inequality, which it has recast as, essentially, a moral problem." The overwhelming majority of wealth in the United States is controlled by a limited number of individuals and corporations. Those entities are perceived as having obtained their wealth,

and are believed to be increasing it, by creating policies that increase their wealth at the expense of the lower classes. Wolff (2011) highlights the importance of timing and urgency now, for citizens take action to redress the increasing social inequity. Ehrenreich (2001) predicted: "They are bound to tire of getting so little in return and to demand to be paid what they're worth. There'll be a lot of anger when that day comes, and strikes and disruption." As such OWS is the natural consequence of ordinary citizens being fed up with and alarmed at: 1) increasing social and economic disparities between the wealthiest individuals and the public; 2) greed, unethical and corrupt business practices that have led to economic instability; 3) abuse of power; 4) an inordinate amount of influence on the government by the wealthiest; and, 5) the unwillingness and/or inability of the U.S. government to enforce laws and develop policies to control the excessive behavior.

6.2 What is it? What do protesters want?

The French Revolution, American Revolution, abolition, civil rights, and the Arab Spring are examples of movements that began with citizens protesting social inequity, social injustice, and in some cases, government corruption (Shenker & Gabbatt, 2011). These protests evolved into social movements. In each case, citizens were discontented with their government's handling of social and economic disparities. Similar to previous movements, citizens in the United States are currently exercising legal and constitutional rights in an attempt to bring about social change that will result in a more socially just society. The movement has also been dubbed the American Spring. People are upset about a lot of issues and they are organizing. They are challenging the status quo with the goal of redistributing power more fairly.

The Occupy movement anticipates that power will shift from the minority of individuals and corporations that possess the overwhelming majority of economic wealth to the majority of the citizenry through organized pressure to achieve

social reform. Toward this end, activities of the movement include civil disobedience, occupation, demonstrations, direct action, and Internet activism.

Not everyone is in support of the movement, especially those with much to lose if the movement is successful. An alternative perspective of the OWS movement was offered by Republican Congressman and House Majority Leader Eric Cantor, who described the demonstrators as "a growing mob" (2011). Then Republican presidential candidate Mitt Romney took this line of thinking further when he stated "I think it's dangerous, this class warfare" (Romney, 2011). An argument might be made that he might not have realized that the movement is the result of and response to what is perceived as class warfare by those in the lower socioeconomic classes.

Robert Schachter, executive director of the New York chapter of the National Association of Social Workers (NASW), posits that "there come times when protest and demonstrations play a critical role when other institutions are not up to the task, as evidenced by what has been unfolding across the Middle East…if Occupy Wall Street continues, it can prove to be a valuable moment for our future" (2011). Occupy Wall Street is the first worldwide movement that is providing an opportunity for significant and broad based social change to occur from the bottom up.

6.3 Who participates and organization

While most information on the protesters is scant, by all accounts they appear to represent very diverse participants from all walks of life and are predominantly from middle, formerly middle, and lower socioeconomic classes. Participants include college students, college professors, parents, housewives, grandparents, nurses, and physicians. These individuals and organizations are coming together to form an alliance, looking for common ground to address social injustice and societal inequities. It is not identity politics, but is instead a movement that cuts across socially contrived divisions and looks for mutual interests. They are

joining together to consider ways to bring about changes in a capitalist system. According to OWS:

> Occupy Wall Street is an otherwise unaffiliated group of concerned citizens like you and me, who come together around one organizing principle: We will not remain passive as formerly democratic institutions become the means of enforcing the will of only 1–2 % of the population who control the magnitude of American wealth (OccupyWallStreet. org, n.d.).

OWS is self-described as leaderless, but with a consortium of "working groups." A partial list includes: Political Action and Impact, Trade Justice, Occupy University, Empowerment and Education, OWS en Espanol, People of Color, Accountability and Transparency, and Think Tank and Organization. Additional groups include Women Occupy, Occupy Colleges, Occupy the Food Supply, and Occupy Houston Foreclosures. There is also an Occupy Radio and an Occupy TV channel on YouTube. Several examples of additional external groups that identify as Occupy groups include: Occupy the Hood and Occupy Education (Occupytogether. org, n.d.). Preliminary demographic information has been compiled by two Occupy volunteers, business analyst Harrison Schultz and Hector Cordero-Guzman, and can be located at http://thesocietypages.org/graphicsociology/2011/11/17/occupy-wall-street-demographics/

At the time of this writing, OWS identified two demands: "1) we must be accountable to ourselves, and 2) our government must be accountable to us, and corporations must be accountable to the government." (OccupyWallStreet.org, n.d.). Movement supporters are advocating for public, not private interests. A significant characteristic of this movement is the avowed commitment to nonviolence, reminiscent of the civil rights movements of the 1960s. Protesters are talking

to one another, strategizing, sharing information and resources, singing about their discontent, and rediscovering songs from the 1960s. One of the chants heard by participants is "We're fired up and we're tired" (Author unknown, n.d.). In contrast to the peaceful approach of OWS, the number of reports of protesters facing physical force from law enforcement increased (Sonmez, 2011; Democracy Now, 2011).

Fox Piven, a participant in the Occupy Wall Street movement in New York City, answered when queried about the reason for her presence, "I am here because I am so enthusiastic about the possibilities of this sit-in, over the marches that are occurring over postal worker issues, the sister demonstrations that are starting in Chicago and Los Angeles, and maybe in Boston. I think we desperately need a popular uprising in the United States" (2011).

6.3.1 Locations

To date, the Occupy movement has a presence in 69 countries, and according to the OWS website, the movement has "spread to over 100 cities in the United States and actions in over 1,500 cities globally" (OccupyWallStreet.org).

What can only be described as a spoof on the OWS movement occurred on November 17, 2011, in New York City. An unidentified woman with a satirical sense of humor stated she had just arrived by bus with other megamillionaires and they represented "Megamillionaires for Plutocracy." She stated on a nationally syndicated radio show that she was in favor of "austerity for the poor and prosperity for me…if the poor don't have money, they should get some and buy their own government. That's what I did. I have no problem with this." She further indicated that "we're taking the *r* out of free and have 'fee' speech."

6.3.2 Mentionable responses and organizational participation

While the movement started out slow, with underwhelming numbers of participants, it is picking up momentum. It is achieving exponential growth in numbers supporting its goals, media attention, and influence in changing the national conversation to include social inequity, greed, questionable business practices, and corruption. Notable individuals and special interest groups are publicly providing support for the movement and its goals. President Obama stated that OWS highlighted the increasing frustration Americans are feeling at the business practices of the financial sector (Memoli, 2011). Several major New York City labor unions, including the Transit Workers Union of America, Local 100, representing 38,000 active and retired members, the New York Metro 32BJ Employees International Union, and 1,000 unionized registered nurses have given support and have had representatives demonstrate with OWS (UPI, 2011). In addition, OWS has received and continues to receive support from well-known academics and activists including Cornel West, Noam Chomsky, and Michael Moore (Estes, 2011; UPI, 2011). The list is growing. To date, a partial list of state and national chapters of NASW that have self-identified as being in support of OWS includes New York City, Rhode Island, Massachusetts, California, Delaware, Connecticut, Ohio, and Oregon.

With the growth and recognition, potential danger exists in the form of suppression, obstruction, minimizing of its developing power, misuse and abuse of law, and use of physical violence. One possible challenge to the protesters' first amendment rights recently occurred. Bill HR347, titled the "Federal Restricted Buildings and Grounds Improvement Act of 2011," was amended by the U.S. Congress on January 3, 2012, "to restrict and simplify the drafting section 1752 of Title 18, United States Code" (U.S. Congress, 2012). This change provides an increase in power granted to the president for the Secret Service and the Department of Homeland Security to restrict any areas it so chooses to individuals and or groups it determines should not be in the areas, and makes it easier to arrest lawful protesters (Rottman, 2012). Questions

about possible motives for the timing and change in the current law must be considered. In addition to wanting the power to increase the safety of elected officials, and collateral contacts, it is also conceivable that an attempt is being made to shield individuals and corporate representatives from the discomfort, unpleasantness, and uneasiness of being confronted by the public.

7. Social Work Implications
7.1 Social work values and the Occupy movement

The values and commitment of social work to promoting social justice place the profession in a unique position to occupy a central role in a movement to redress social inequity. The profession has a long history of participating in, if not leading, efforts that address social inequities. Social workers who would follow in the footsteps of some of the grandmothers of social work, including Jane Addams, LillianWald, Julia Lathrop, and Mary Richmond, can take the opportunities that exist on many levels to carry on their work by facilitating the goals of the Occupy movement, by continuing to function as change agents.

Schachter, NASW NYC executive director, stressed the urgency of social work becoming involved in the movement (Schachter, 2011). Nayowith, president of the NASW New York City chapter, echoed support for the OWS movement when she stated: "The social work profession itself is at risk as services and social work jobs are cutback for communities that are suffering from the current economic conditions. Given the current state of politics today, with a focus on cutbacks with no new revenue, the social work profession will be significantly challenged while the need for services increases" (Nayowith, 2011). It is also important to not lose sight of the fact that social workers are not immune to the deleterious effects of the economic downturn. They may also find themselves in precarious financial situations as a consequence of the economic climate. Echoing the call for social workers to become participants in the movement, Pavetti, a social worker who is vice president of the Family Income Support Policy Center for Budget and Policy Priorities, stresses that "global action networks shouldn't be a spectator sport" (2011). Fox Piven supports this directive and believes people's energy and determination can bring about change (12/18/2011).

8. Recommendations
8.1 Recommendations for social workers

Individually, social work educators and other practitioners will need to make decisions about their feelings about the movement and whether or not they support the movement's goals. Social workers could then:

- Educate themselves about the Occupy movement.
- Identify ways to infuse content into syllabi.
- Provide opportunities for classroom discussion by relating current social change efforts with those that last occurred in an organized manner in the 1960s.
- Draw upon any past experiences with direct participation in community organizing efforts.
- If comfortable, identify ways to become directly involved. Some suggestions might be to volunteer time and or donate goods and services needed by occupiers.
- If applicable, and realistic, organize students on their campuses, if no presence already exists.
- Remember the importance of self-care, which is a requirement that serves as a springboard to help others.
- Take steps necessary to maintain a lifestyle that minimizes/reduces stress.
- Avail themselves of resources to help to constructively cope with stress.
- Ensure that primary relationships receive the nurturance they need to remain stable and grow.

Ultimately, how we conduct ourselves as humans must be based on the golden rule. A next possible step is for society to grapple with the question: "How do we continue to move toward a more decent society"? A call to arms, of sorts, issued by Jerry Garcia, is still currently relevant. He proclaimed, "Somebody has to do something and it's just incredibly pathetic that it has to be us." (Garcia, n.d.).

9.   Resources
- www.occupywallst.org
- www.democracynow.org/
- Occupy Wall Street Radio. 99.5 FM/ Pacifica Radio (in New York City) www.wbai.org
- http://www.alternativeradio.org/
- www.moveon.org
- National Center for Human Rights Education. www.nchre.org
- People's Movement for Human Rights Education. www.pdhre.org

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Values 'Talk' at the Front Lines of Child Welfare Work in Ontario

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Abstract

Values shape the relationship between child welfare workers, families, and children. In this study, focus groups were conducted with approximately 150 direct-service workers and their supervisors in neighborhood and central child welfare settings in Ontario. This study raises questions about how values are understood and enacted at the front line of child welfare.

Keywords: child welfare; values; families; child safety; neighborhood settings

1.   Introduction

Systems of child welfare reflect values held by the broader society about the care that children are entitled to receive (Freymond & Cameron, 2006), and are influenced by shifting political priorities and changing social conditions (Tilbury, 2002). Societal values and their embodiment and expression in child welfare systems shape the relationships that practitioners can have with families and children. While it is a common belief that values are important, the values held by frontline child welfare workers, and the ways these may operate to construct interactions with families and children, are not well understood. This research reports on values expressed by frontline workers in both neighborhood and central models of child welfare service delivery in Ontario, Canada. The principal goal of this paper is to draw attention to the values preferences expressed by frontline child welfare workers, an area of scholarship that has received limited attention to date. For the purposes of this discussion, frontline workers are defined as direct providers of services to families and children, regardless of professional registration status, and their immediate supervisors, who are involved in day-to-day case management decisions.

2. Values of Child Welfare Professionals

Rokeach (1973) defines values as beliefs about a desirable end state; they are generally contrasted with facts (Stempsey, 2000). Further, values are understood to motivate and explain behaviors (Bond, Leung, & Schwartz, 1992; Fishbein & Ajzen, 1975), and to direct our attention and perception (Schwartz, 2003). Within social work organizations, values may be defined as "systems of principles and beliefs which are intended to govern an approach to practice" (Smith, 2005, p.3).

Values can be classed as either ultimate or instrumental (Rokeach, 1973). Typically, ultimate values are expressed as moral imperatives, such as the protection of children. Instrumental values reflect how ultimate values are translated into practice (Mosek, 2004). In a child protection context, instrumental values are reflected in the service delivery model of a child welfare agency and in worker talk about how their mission is fulfilled in day-to-day interactions with families. Instrumental values include beliefs held by practitioners about how child protection work ought to be conducted (for example, in assumptions about the use of legal authority, community development strategies, or professional partnerships), and may be expressed as intentions, preferences, or dislikes. These values can be captured in the way workers describe models of practice, and in what they consider to be fair, just, or right.

An uncontested set of instrumental values cannot be assumed for child protection practice. Service providers need to negotiate a minefield of competing values, a common source of tension in the profession (Pine, 1987). Frontline workers must mediate between values associated with child protection and those pertaining to parental autonomy. Strict legal mandates add further complexity (Gambrill, 2005; Kelly & Sundet, 2006). It has been suggested that in consequence, workers may sacrifice a value position in favor of "concrete" solutions (Pine, 1987, p. 317). They may feel obliged to act on values that conflict with those articulated in training curricula and practice texts (Smith & Donovan, 2003; Siegel, 1994).

Questions have been raised as well about the extent to which workers are aware of their personal values and beliefs (Abramson, 1996) and how conscious they may be of the degree to which the value dimension in models of child welfare practice affects their thinking about their work with families and the choices they make. Benbenishty, Osmo, & Gold (2003) found an overall lack of articulation of the value dimension in workers' choices, and expressed concern that workers may be unaware of their value preferences and how these are operating in decision-making.

3. Values in Ontario's Child Welfare System

In the 1990's many child welfare systems, both nationally and internationally, were criticized for failing to protect children, a censure fueled by the provocative issue of child deaths. The response was to institute processes intended to minimize risk. The Ontario Risk Assessment Model (ORAM), introduced in 2000, focused child protection practices on the identification of risks to child safety (ORAM, 2000). *The child is my client* became the mantra of frontline workers, a shift away from values that favored family preservation. Objective evidence purportedly generated through the use of risk assessment tools and consistent decision-making from social workers was associated with better results and was therefore highly valued (Swift & Callahan, 2009).

As early as 2003, a report by the Ministry of Children's Services concluded that the ORAM in its current form was not sustainable from either a financial or a service perspective (Roch, 2003). In 2007 the Government of Ontario instituted the Transformation Agenda (TA), which espouses values such as the healthy development of children within families, and processes that rely on differential response, alternatives to court, and permanency placements (Child Welfare Secretariat, 2005). Although the application of risk assessment

technologies in the child welfare context has been criticized on a number of counts (Callahan, 2001; Krane & Davies, 2000; Lindsey, 2004; Parton, 1998; Parton, Thorpe & Wattam, 1997; Rittner, 2002), an actuarial risk assessment model with shorter rating scales than the model used under ORAM remains a central feature of TA. The values implicit in risk assessment and the additional values articulated under the Transformation Agenda currently influence frontline child welfare practice.

The infusion of risk assessment technologies into models of service delivery and practice guidelines has caused concern about the limitations placed on child welfare workers' professional discretion, particularly their ability to manifest preferred values in their relationships with families and children (Parton, 1997). Workers fear disciplinary action if protocols are not followed. Questions have been raised about the extent to which child welfare work and indeed the profession of social work have become defined by the state's interest in the regulation and minimization of risk, instead of the profession's values base (McLaughlin, 2010).

At the level of service delivery, both central and neighborhood child welfare models operate in the Province of Ontario, distinguished on the basis of setting (Cameron, Hazineh & Frensch, 2005). The central model is most common. Child protection workers in central service settings tend to be located in larger urban centers and provide service to surrounding, sometimes rural, areas as well. Workers drive to family homes for meetings, or families may visit the office. Close-knit teams share office space and work under the same supervisor. Workers tend to engage primarily in direct child-focused practice and offer case management services to families, with a view to ameliorating risk to children. In neighborhood service delivery settings, workers are located within a community, for example, in townhomes in low-income housing complexes, public schools, or local meeting places. Workers focus on accessibility to families and children, professional partnerships, informal relationships with extended family

and community members, and community development and prevention, rather than on a specific program of service (Cameron, Freymond, & Roy, 2003; Cameron, Freymond, Cornfield, & Palmer, 2007). Regardless of the setting, child protection workers across Ontario are required to follow standardized risk protocols established at the Ministry level.

4. Examining Practitioner Values in Ontario

4.1 Purpose

In response to questions about child protection workers' awareness of values (Benbenishty, Osmo, & Gold, 2003), this paper reports on workers' perceptions of the value dimensions that underpin their work. It focuses on the value expression of frontline child welfare workers at both neighborhood and central sites, as expressed in their talk. In child welfare practice, worker "talk" matters. Families and children are constructed by the verbal accounts of workers. Values condition the views of workers and the interventions they perceive and prescribe.

4.2. Methodology

The values exploration described in this report occurred in the context of Transforming Front Line Child Welfare Practice, a multiyear research project funded by the Ministry of Children and Youth Services and dedicated to exploring the impact of institutional settings on child welfare services, employment environments, and children and families.

The analysis relies on data generated from focus groups and individual interviews. Focus groups were used because they allowed a number of child welfare workers' views to be gathered at once. Researchers could interact with participants and facilitate elaboration of responses. Further, because values are rooted in both personal beliefs and collective narratives (Warr, 2005), the focus group interactions provided opportunity for participants' individual and collective views to emerge. Individual interviews were used with

supervisors. Although supervisors have a direct influence on interactions with families at the front lines of child protection work, they were excluded from the focus groups so their views might not eclipse those of the workers they supervise.

This study used a purposive sampling strategy (Silverman, 2000). Teams of workers were identified at partnering child welfare agencies, both central and neighborhood locations, and invited to participate in a focus group while the team supervisor was invited to an individual interview.

Sixteen focus groups and eight individual interviews were conducted, involving approximately 150 workers. One joint interview was held with two supervisors to accommodate their work schedules. Approximately 55% of focus group participants were from neighborhood sites and 45% were from central sites. Participants were primarily female, and most held a degree in social work. This profile was consistent in neighborhood and central sites.

In both the focus groups and individual interviews, participants were asked, "What beliefs and values underpin the work that you do?" They were also asked to describe their understanding of service delivery in their setting, their satisfaction with their jobs, and their perceptions of the Transformation Agenda. All focus group and interview data were audiotaped and transcribed. We confine this report to the discussion of values and beliefs.

The findings of an earlier exploratory investigation of neighborhood and central sites (Cameron et al., 2005) pointed to salient practice differences in accessibility to families and children, professional partnerships, and informal helping relationships. Initially, passages relating to these themes from the focus groups and individual interviews were identified using the document handling computer program *QSR NUD*IST VIVO* (NVivo).

At a second level of coding, themes were extracted from each of the coded text segments (Silverman, 2000). The text segments were reread and further refined into 26 organizing themes

(Attride-Stirling, 2001) focused on values and beliefs. The transcripts were reread to identify underlying patterns and comparisons between accessible and central models. Each of these themes and specific codes were organized in NVivo's node system.

5. Findings
5.1 Ultimate values

In this study, frontline workers from central service delivery models identified child safety as the paramount (ultimate) value in their work:

> I very much see the role of family service workers as people who will engage with these families in ensuring that the protection issues are something which are addressed up front with the family, and they develop a plan to keep those children safe within the family. That's the primary goal. . . . [Central site 4: Supervisor] . . . the main thing is the safety of the child or children in that home and that's one of the main . . . values that they know . . . and then everything falls out from that. [Central site 2: Supervisor]

We noted that at all central sites, workers oriented their talk around the concept of child safety in response to the question about values and beliefs that underpin their work. They were fairly consistent in identifying safety planning as their primary action.

Even though workers rely on assessment tools, they were often challenged to describe the specific conditions that constitute adequate safety for children; to some extent this appeared to be intuitive:

> You have your tools to help you look at the different variables . . . but you're still down to that question, how safe is safe enough? And it's hard to describe, it's hard to articulate. [In] some situations it's pretty obvious to you,

your stomach tells you this far and no further and . . . [in] other situations it's not so clear. . . . [Central site 2: Supervisor]

Sometimes central workers offered broad descriptions rather than specific determinants of child safety:

> . . . if a child is feeling vulnerable physically, emotionally, intellectually, there's a deficit there, something is happening to stop the child's growth in all those areas . . . a sense of that child being unsafe. [Central site 4: Supervisor]

In neighborhood sites, there appeared to be general understanding that child safety is an ultimate value, but use of the term "child safety" is rare. Frontline workers from neighborhood sites were more likely to speak about child safety as an outcome of relationship building with families and children:

> . . . to think that the children are more protected because we're here would be arrogant. I think to be able to work, to be able to connect with the families on an ongoing basis and be able to do ongoing check-ins, give them hints here and there, that would maybe provide more of a safety net. [Neighborhood site 1: Frontline worker]
> We know that we can't do what's best for kids without . . . having their families be an integral part of that, so the best way that we can ensure that children get what they need and that their well-being is enhanced and that their safety comes first is by engaging with their parents. [Neighborhood site 2: Supervisor]

For neighborhood site workers, safety talk is embedded in discussions of relationship building with families. These workers consistently identified building supportive consensual relationships

as their primary action, with child safety as the desired ultimate value. Neighborhood workers provided clear and consistent descriptions of this primary action.

5.2   Instrumental values

Workers in central settings offered two general ideas about how best to ensure child safety within families: Belief in interventions that use legal authority, and beliefs about the importance of building supportive relationships. Participants from two agencies in particular noted that coercion is useful for inducing change:

> . . . sometimes I think we look at court as a motivator to start making changes and start moving forward for families who are maybe taking their time or not moving forward as quickly as we would hope. I think sometimes that does happen, it can be a very big motivator . . . . [Central site 4: Frontline worker]

Most often, workers who described the value of coercion with families also viewed themselves as providing short-term protection services until other supports could be put in place and the file could be closed:

> [I]t depends on when you come into it – maybe they've already gotten through the angry stage of being in court and you're there . . . to help them finish it up, make it voluntary and then get out of their lives . . . most people really aren't too thrilled to work with the CAS whether it's voluntary or involuntary – [I] always just try to frame it like, "how am I going to help you to get us out of your life? If that's your goal I'm fine with that – I just want to make sure that everybody's safe." [Central site 2: Frontline worker]

However, participants at three of the central sites spoke in favor of quite different instrumental

values. They addressed diminished reliance on formal authority, and the importance of building supportive relationships:

> We see it very much as a working relationship with families and community as opposed to an intrusion on the basis only of safety. We see ourselves as . . . dealing with safety, but in a supportive manner . . . apprehension is the last resort in this agency . . . compared to some of our sister agencies. [Central site 3: Supervisor]

> It should be that we are not going in there to be the authority figure towards everybody; that we are going to do our best to be respectful of their family and their traditions, all the while focusing on the safety of the children. [Central site 5: Frontline worker]

Central workers who talked about their desire for supportive relationships with families also consistently expressed reservations. Some suggested that strength-based philosophies in engaging families might diminish the availability of evidence against families when in court. Others worried that the demands of their workload do not permit the necessary time for relationship building.

Workers in neighborhood settings favored relational values that included diminished reliance on formal authority, accessible locations, belief in families' ability to protect children in their own homes, and collaborations with families and professionals. They described how these values led to an expanded range of service possibilities to address child safety issues.

Neighborhood workers' talk about reliance on formal authority such as court orders tended to differ from the talk of most workers at central sites. Neighborhood workers were more likely than central workers to emphasize the importance of actively tempering

the use of power in their interactions with families and children:

> . . . we need to work towards changing that perception to be . . . user friendly or just more supportive . . . compared to what traditional child welfare was— it is more working with the families . . . not as being prescriptive and telling the families, "this is what you have to do." [Neighborhood site 3: Frontline worker]

Neighborhood workers described moving away from the use of legal authority to leverage change within a family system, one describing this as "coming alongside with families, rather than coming at them" [Neighborhood site 3: Frontline worker].

The importance of the physical proximity of workers to families was underscored by a number of workers:

> . . . all of the key principles of working with families can be really achieved effectively when we're seeing our families more often and working with them more thoroughly and actually a part of their environment. . . . So I think that you can have these principles about how to work with families, but it really helps if the model is there too so if you're actually out in the community and working with those people, as opposed to in a more centralized location where you're not so accessible to them. [Neighborhood site 4: Supervisor]

Neighborhood site workers reported that the accessibility of workers to families encouraged informal and unplanned contact. Themes emerged about the importance for workers in presenting a careful public image. Because of their proximity to families, neighborhood workers stated that they routinely and informally come face to face with people whose lives are influenced by child

welfare interventions, and that it is important to be approachable, helpful, and careful in using power; parents and children should feel they can be open about their challenges without fear of unduly coercive interventions.

Neighborhood workers consistently spoke of being the "right" person for the job, described by one supervisor as embracing a philosophy that "comes from your heart," and includes holding "strong" beliefs in the capacity and desire of families to keep children safe:

> . . . really having a strong belief in families and their ability to keep their children safe—and believing that families can identify what their own solutions are, and they can identify how they need to keep their children safe. [Neighborhood site 1: Supervisor]

But they were also aware of the need to address abusive or potentially abusive situations. Relationships were described as important when it became necessary to confront families and negotiate change:

> If you've got the partnership—if you've broken down that authority piece, the stigma . . . it's easier, then, to address those other issues [safety concerns] that come up. [Neighborhood site 2: Supervisor]

In all interviews with neighborhood workers, partnering with families and community members was stressed. A worker spoke about the values of normalizing family struggles, having a supportive role and offering concrete assistance:

> When we become involved in the lives of families, we try and do that in as respectful a way as possible, but we always want to try and make sure that we go in, in a way where we can provide some support and some concrete assistance to families that are struggling in some way. One of

the values that all of the workers have here is that everybody struggles from time to time and that's okay. And that if there's a way for us to provide a supportive role with families to help them get over a difficult patch or do some advocacy where they're able to access resources and supports that will help them in their job of parenting, that's what we want to do. [Neighborhood site 5: Frontline worker]

At neighborhood sites, the importance of professional partnerships was emphasized; safety was described as a community responsibility to be shared with other professionals:

> . . . it's not just our obligation to make sure kids are safe. Schools want their kids to be safe, the police want kids to be safe, doctors and hospitals want the kids to be safe . . . there's no one person or one agency owning that. . . . [Neighborhood site 3: Supervisor]

Conceptualizing safety as a responsibility shared beyond the local child welfare agency was considered foundational to valuing strong working partnerships with professionals and non-professionals in the broader community.

6. Discussion

By analyzing worker talk, this study explores the values expressed by frontline child welfare workers about their work. Not surprisingly, the identification of child safety as an ultimate value appeared to be uncontested across the two site models; the primacy of child safety in child welfare practice is well established (Lonne, Patron, Thompson, & Harries, 2009; Pecora et al., 2009). There appeared to be differing beliefs between workers in central and neighborhood models about how safety should be accomplished, with a range of instrumental values expressed as workers detailed their interventions with families and children. There were differences among central workers

between sites, with workers from two central sites talking about the value of coercion while workers from the other three sites expressed their desire for interventions grounded instead in supportive relations. Overall there were fewer value statements supplied by workers from central sites. The values expressed by neighborhood workers were fairly consistent across sites. Their values aligned with ideas about accomplishing child safety within families by building supportive relations with family members, in close proximity to families, and in collaboration with community partners.

One must be cautious, however, in interpreting the distinction in the values held by practitioners in these settings. Some workers at certain central sites noted the importance of trying to work in a respectful and collaborative fashion with their clientele, and some practitioners in neighborhood settings indicated that they might resort to coercion if other interventions were perceived as ineffective. The differences we present here are based on our analysis of the frequency and intensity with which participants described the values that inform their work. It is our contention that the values emphases in the talk of those at the front lines is an important tool in understanding how workers think about the needs of families and children, and how they are likely to behave in their day-to-day interactions with their clients.

One of the goals of this study was to investigate frontline child welfare practitioners' expression of the values that influence their practice, in light of concern expressed in a previous study that workers' personal value dimensions and those underpinning service delivery models are either unclear or unknown (Benbenishty et al., 2003). Our study suggests a mixed picture. In all our focus groups, participants could identify some values that inform their work. Across all settings, however, supervisors spoke more frequently and clearly about values and their implications in service delivery models than did direct service workers. In this study, we included immediate supervisors in the definition of those on the front lines of child welfare work. The preponderance of

values talk from supervisors does raise questions about whether a comparable level of awareness exists in direct service providers. From this perspective, our work supports the findings of Benbenishty et al. (2003), who questioned the degree to which child welfare workers appreciated the value dimensions of their decisions. We speculate that supervisors, who have a role in socializing direct service workers, may be more attuned to how values are operating in practice, and may be better able to speak to these issues when asked.

We know from the findings of the larger study that workers in these models report spending from 60% to 70% of their overall time completing accountability paperwork (Cameron, Freymond, & Cheyne-Hazineh, 2011). Because of the very serious nature of the work involved in intervening in the lives of children and families, the highest level of values awareness among direct service workers is required. The disinclination of direct service workers to engage readily in values talk may reflect the need for time and energy to engage in critical reflection, where practice decisions might be evaluated and values awareness enhanced.

This study raises questions about the relationship between values held by individual workers and the values and practice principles expressed in child welfare service models. With respect to the relationship between values held by individual workers and those espoused in models of child welfare service delivery, we note that workers in neighborhood models emphasized the importance of being the right person for the job (a proxy for holding values congruent with building relational values), and offered clear descriptions of how this work is accomplished, and the results that they believe it invokes. While workers in central sites could articulate values, their talk typically contained few statements about the realization of these values in their day-to-day work with families, children, and communities. Sometimes these workers spoke of values in aspirational terms. Supervisors

who spoke about inducing child safety through relationship building seemed to be articulating the intention of an organization still grappling with the effects of ORAM, rather than describing a reality in the interactions of frontline workers and families.

We know that workers experience value-consistent actions as desirable and rewarding (Feather, 1995). We would suggest the importance of future research examining the relationship between individual worker values and the values and practice principles of child welfare service models. Here there may be much to learn about worker job satisfaction and retention, which are challenges in the field of child welfare. Additionally, frontline child welfare work is one area of social work practice where the nature of state involvement in the family can be seen directly. If, as McLaughlin (2010) asserts, social work values are being eroded by the state's interest in regulation and risk minimization, the dissonance between values held by individual child welfare social workers and their regulatory actions may be one indicator of the extent to which state interests are shaping and eroding social work practice. This relationship and its broad implications require deep understanding and critical evaluation.

A limitation of this study exists in our assumption that the values embedded in workers' talk are enacted in their day-to-day practice. From the larger study, although sample numbers were small, we noted that at follow-up a greater proportion of families receiving services from neighborhood sites was likely to report that they believed child welfare involvement was necessary in the first place, compared to those receiving services at central sites (60% and 46%, respectively), that they would be more likely to recontact the agency in the future for services should they experience difficulties (61% and 41%, respectively), and that they would refer a friend for services (65% and 39%, respectively) (Cameron et al., 2011; Freymond & Quosai, 2011). One plausible explanation for these differences is that they reflect the enactment of relational

values espoused by neighborhood workers in their interventions with families. There is a paucity of research in the child welfare literature that attends to questions of child welfare practice processes. Future studies are required to examine practice processes, including how values are understood and taken up in child welfare worker interactions with families and children.

Values provide a framework for the interactions between child protection practitioners and families and children. The findings of this study and the questions that it raises highlight the need to examine more closely the complex array of values that inform child protection work. These values may be found in government policies, organizational service delivery models, and frontline child welfare interactions with families, among others. If transformed child welfare work leading to consistent positive outcomes for families and children is to become a reality, the values that underpin and inform this work at all levels require analysis. The conversation about preferred values must include those workers at the front lines, where the enactment of values in day-to-day interactions with families will matter most.

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HIV and Addictions: From Separated Treatments to Ideal Single Provider

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Abstract

Although the relationship between HIV/AIDS risk and alcohol and other drug (AOD) use is well documented, individuals living with both HIV/AIDS and AOD addictions present health and social service providers and funders with unique challenges. Historically, clients diagnosed with HIV and AOD addictions have been treated at either a medical facility that had few addiction professionals or an addiction treatment facility that had few medical professionals sensitive to the needs of the HIV-positive individual. This paper examines the histories of HIV/AIDS and AOD treatment as separate services, followed by recent approaches to blend treatments. Finally, considerations regarding funding policies for agencies interested in rendering services to people living with both HIV and AOD diagnoses will be discussed, in the context of professional social work ethics.

Keywords: HIV/AIDS; alcohol and other drugs; addictions; social work ethics

1.   Introduction

Recent estimates indicate that 33.4 million people are living with HIV infection worldwide (Joint United Nations Programme on HIV/AIDS, 2009). The pandemic continues to infect approximately 2.7 million people each year (2009). The burden of disease in this pandemic is disproportionately high among women and people living in poverty. The proportion of infected women to men has increased steadily so that females make up more than 50% of the people living with HIV. Individuals aged 15–24 account for half of all new infections worldwide, and girls and young women are particularly vulnerable (2009).

Approximately 1.2 million Americans are living with HIV/AIDS (UNAIDS, 2008). Although HIV has historically been most prevalent among men who have sex with men (MSM) (Bacon et al., 2006; Celentano et al., 2006) and intravenous drug users, the proportion of HIV cases acquired through heterosexual contact has also increased and is equal to the proportion of cases attributed to injection drug users (CDC, 2002; Karon, Fleming, Steketee, & De Cock, 2001). In the United States, a large proportion of HIV-infected adults are women, who according to data collected in 2004 (the most recent year for which data are available), now account for 25% of all HIV infections (CDC, 2004a; CDC, 2004b; Kaiser Family Foundation, 2004). This amount is three times the rate established in the mid-1980s,

and resulted primarily from heterosexual exposure and secondarily from injection drug use (CDC, 2002). Other minority groups in the United States are also disproportionately affected, particularly African Americans and Hispanics, who make up 12.3% and 13% of the population respectively but account for approximately 50% of new cases (Kentucky HIV/AIDS Surveillance Report, 2004; Zaidi et al., 2005).

The National Institute of Alcohol Abuse and Alcoholism (NIAAA) classifies alcohol abuse as an ongoing pattern of drinking that causes harm for the drinker, others, or society. NIAAA characterizes alcohol dependence as a complex disease noted for continuous and intense alcohol-seeking behaviors that lead to loss of control over drinking and the eventual development of dependence (NIAAA, 2008). According to the Centers for Disease Control and Prevention (2010), 79,000 Americans die because of excessive alcohol use each year. Kohnke (2008), who conducted an exhaustive review of family, twin, and adoption studies, concluded that between 50% and 60% of the individuals who participated in those studies had family histories of alcoholism. Others concluded that as many as 7 million children live with an alcoholic parent and are at risk for developing AOD problems in the future (NIAAA, 2001; The Teacher's Spot, 2009).

The National Survey on Drug Use and Health (Substance Abuse and Mental Health Services Administration [SAMHSA], 2009a) reported that 51.6% of Americans aged 12 or older (129 million Americans) reported that they consume alcohol. In fact, the rates of alcohol use continue to rise among all age groups from 12 to 25. The rates decline beginning at age 26. It should be noted, however, that more than one fifth (23.3%) of individuals 12 years of age and older (58.1 million people) reported that they participated in binge drinking within the past month.

Many people who have addictions use several additional substances, such as marijuana, cocaine, and heroin. Marijuana was reported to be the most commonly used illicit drug

(6.7%), followed by nonmedical prescription-type psychotherapeutic drugs (2.9%), inhalants (1.1%), hallucinogens (1.0%), and cocaine (0.4%) (SAMHSA, 2009a).

Research has also shown that people who use alcohol are likely to abuse intravenous drugs (Conner, Pinquart, & Holbrook, 2008; Metzger, Navaline, & Woody, 1998; Walley et al. 2008) and to engage in behaviors that place them at higher risk for contracting HIV/AIDS (Metzger et al., 1998; Stein et al., 2000; Walley et al. 2008). Moreover, drug-related risk behaviors including needle sharing and unprotected sex correspondingly increase with alcohol use (Stein et al., 2000; Surratt, Inciardi, Kurtz, & Kiley, 2004; Walley et al. 2008).

Although these studies demonstrate the overlap between HIV and AOD addiction, the funding for services to treat these problems and the research on the effectiveness of those services remain separate. We argue that funding sources have an ethical obligation to fund treatment that is integrated and service providers have an ethical obligation to become competent in rendering services to individuals living with HIV and AOD addictions.

2.   Alcohol and Drugs

The National Institute on Drug Abuse (NIDA) and SAMHSA have sponsored several national surveys to track drug use trends since the 1970s. One of the most widely known is the National Household Survey on Drug Abuse (2004), which surveyed persons age 12 and older. Between 1999 and 2001 the survey respondents who reported using illicit drugs in the past month increased from 6.3% to 7.1%.

The National Survey on Drug Use and Health reported in 2007 that 21.1% of young adults (an estimated 6.9 million persons) needed treatment for alcohol or illicit drug use in the past year. Nearly one fifth (17.2%) needed treatment for alcohol abuse and dependence, 8.4% needed treatment for illicit drug use, and 4.4% needed treatment for both alcohol and illicit drug use (SAMHSA, 2009b).

3. The History of HIV/AIDS Treatments

Although the virus that causes AIDS was initially identified in the early 1980s, it likely infected humans as early as the 1950s, and became an epidemic in the 1970s (Worobey et al., 2008; Zhu et al., 1998). There are many theories concerning the exact origin of HIV. Gao et al. (1999) discovered a subspecies of chimpanzees in Africa carrying the Simian Immunodeficiency Virus (SIV-1) virus, which was introduced to humans and became known as Human Immunodeficiency Virus (HIV-1) and is responsible for the current pandemic. The first cases of AIDS reported during the 1980s puzzled physicians because healthy young gay men were showing up in hospitals with rare infections (including *Pneumocystis carinii*, an ordinary organism rarely causing infection, and Kaposi sarcoma, a strange cancer that was usually localized), which historically had been found only in severely immunocompromised people (Treisman & Angelino, 2004).

In the early years of HIV, the treatment focused mainly on palliative care. In the early 1990s, antiretroviral drugs were developed and later prescribed. One of the first drugs, Azidothymidine (AZT), was thought to add about 18 months to the lives of HIV-infected individuals (Treisman & Angelino, 2004). As research progressed, new combinations of drugs referred to as the "HIV/AIDS cocktail" were developed. To be effective, this highly active antiretroviral therapy (HAART) had to have 90% compliance (Treisman & Angelino, 2004). Since then, new questions have emerged, such as when to begin treatment (Hammer et al., 2010) and whether the benefits of intermittent treatment surpass those of ongoing or continuous treatment (Leibowitch, Mathez, de Truchis, Perronne, & Melchior, 2010).

4. The History of Addiction Treatments

Practitioners and researchers in the addiction treatment field have long disagreed about the best model for treating the addicted individual. Early research has concluded that the causes of alcoholism have been rooted in personal choice (Fingarette, 1988), sociocultural influences (Cahalan, 1987), family-of-origin pathologies (Steiner, 1971), social learning (Peele, 1985), and biochemical dysfunctions (Milam & Ketcham, 1981).

Just as the problems connected to drinking alcohol have a long history, so do the proposed solutions. One of the oldest solutions has been to modify individuals' behavior and moral codes. The "moral perspective" sees drinking as a willful act that violates socially acceptable norms that can be controlled by individual choice (Connors & Rychtarik, 1989).

Following the moral perspective of addiction was the "temperance movement," which emphasized controlled use of alcohol. As the use of alcohol began to spread, however, and people in the late 18th century and into the early 19th century died from alcoholism, the temperance movement changed from moderation of consumption to "total abstinence" (Maxwell, 1950). The natural progression from this perspective was to ban the manufacture, sale, transportation, and importation of alcohol, under the 18th Amendment to the U.S. Constitution, better known as "Prohibition." While alcohol consumption decreased under Prohibition, the law was difficult to enforce, widely unpopular, and frequently ignored.

Alcoholics Anonymous (AA) was founded a few years after the repeal of Prohibition, in 1935, by two alcoholics who were attempting to use spiritual principles to recover. One of the founders, Bill Wilson, experienced a spiritual awakening resulting from his encounter with the Oxford Group fellowship, a religious movement that thrived briefly in the 1930s. The Oxford Group meetings consisted of small-group discussions where people confessed to one another their alcohol use, talked out their emotional problems, and prayed to God (Trice, 1958). While the Oxford movement focused on religious conversion, the AA movement focused on illness (www.aa.org, n.d.).

The medical community quickly became interested in the topic of alcoholism. In its attempt to study alcohol problems through scientific inquiry, the Research Council on Problems of Alcohol was established in New York in 1936 (Keller, 1976; Keller, 1990). Although the research council did not receive any funds to study the problems associated with alcohol, the council did result in focusing less attention on the moral aspects of the problem and setting the stage for the federal government to create a bureaucracy around the problem of alcoholism. The first federal fund established to deal with alcohol problems was the NIAAA, which after a short period of time led to federal funding directed toward combating alcoholism.

5. Levels of Treatment for AOD Disorders

According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) (American Psychiatric Association, 2000), the criteria for diagnosing alcoholism requires the presence of three or more of the following: increased tolerance, consumption, and time invested in obtaining or using alcohol; greater withdrawal and desire to cut down the amount of alcohol used; reduced social activities that include drinking alcohol; and continued use despite physical or psychological problems.

Addiction treatment is currently designed to begin with medically supervised detoxification, followed by rehabilitation services lasting from a few weeks to more than one year. The three levels of care for the treatment of addiction are inpatient services, which is the highest level of care and includes residential services lasting approximately one month; intensive outpatient services (IOP), which may include daily and possibly weekend services lasting several hours per day over a period of many months; and standard outpatient treatment, which is the lowest level of care and is designed for those who are well into recovery and who work and have stable employment and social supports. All three levels include activities

such as group and individual counseling, addiction education sessions, basic life skills education, and participation in ongoing 12-step meetings.

6. The Importance of Studying Addiction & HIV/AIDS Together

The relationship between alcohol use and HIV/AIDS risk has been documented among various groups including men who have sex with men (Bacon et al., 2006; Celentano et al., 2006; Mansergh et al., 2008), urban minority groups (Operario, Smith, Arnold, & Kegeles, 2010), adolescents (Kerr & Matlak, 1998; O'Donnell, Myint-U, Duran, & Stueve, 2010; Subramaniam, Stitzer, Woody, Fishman, & Kolodner, 2009), HIV-seropositive individuals (Carey et al., 2009; Marks, Crepaz, Senterfitt, & Janssen, 2005; Van Kesteren, Hospers, & Kok, 2007), and people living with serious and persistent mental illness (Collins, von Unger, & Armbrister, 2008; Senn & Carey, 2009; Tucker, Burnam, Sherbourne, Kung, & Gifford, 2003).

The incidence of AOD addiction among HIV-infected individuals has been reported to be significantly higher than that of the U.S. population that does not have HIV (Bernard et al., 2007). The Center for Substance Abuse Treatment (2002) has identified five important issues related to AOD and HIV/AIDS: (a) substance abuse increases the risk of contracting HIV due to the association between the use of dirty needles and engaging in risky sexual behaviors in exchange for drugs and/or money, (b) substance abuse increases risks for obtaining substances while under the influence or while under coercion, (c) substance abuse and HIV/AIDS both serve as potential catalysts or obstacles in the treatment of the other, (d) substance users who inject drugs represent the largest HIV-infected population in the United States, and (e) substance abuse treatment, along with a continuum of care, minimizes the risk of substance abuse and HIV infection. In order to stop the spread of HIV/AIDS without a vaccine, people who are infected with the disease must stop engaging in high-risk sexual behaviors. One of the best ways to stop the spread

of the disease is for patients to enter and engage in treatment that lowers the risks for exposing others.

7.   Current Addiction and HIV/AIDS Treatment

In 2006, SAMHSA announced that it awarded 16 grants totaling $42 million over five years to enhance and expand the provision of effective and culturally competent HIV/AIDS-related mental health services in minority communities (SAMHSA News, 2006). In 2006, SAMHSA's Center for Substance Abuse Treatment (CSAT) awarded 65 grants for a total of $32.1 million to improve and increase all forms of treatment services in combination with HIV/AIDS services in racially or ethnically diverse communities affected by AOD abuse and HIV/AIDS. These funds are geared toward addiction treatment programs and HIV/AIDS service organizations with a history of serving chronic drug users and their sex or needle-sharing partners.

Many, if not most, of these agencies do not appear to provide services to individuals with HIV/AIDS and addictions. The federal funds seem to favor existing treatment infrastructure rather than specialized, recommended approaches to treating the dual problem. Unfortunately, current funders must rely on these existing programs to carry out services without any cross-training. Although the programs are carried out with good intentions, until programs are designed and developed offering integrated services, people living with HIV/AIDS and addictions will have to be treated by a single-trained provider.

8.   Combining Addiction and HIV/AIDS Treatment

Because both of these conditions are complex and chronic, it is important to have experienced AOD practitioners on staff to treat AOD-addicted HIV-infected individuals. Connections must be made among the providers who often disagree on which chronic disease has priority (Patterson et al., 2004) so as to enhance access to care and expand integrated services to

provide quality integrated care (Kalichman, 2008).

Alcohol and drug treatment providers should be able to conduct HIV risk assessments, provide basic HIV education and counseling, and provide HIV testing with pre- and post-test counseling (CDC, 2004b). The staff within the primary medical care facility should ask questions regarding alcohol and drug use, have cultural competence training, and reinforce the message to patients that any AOD use damages overall health and is a cause for referral for AOD treatment (Patterson, 2004). One of the services that both AOD and HIV/AIDS providers have in common is case management services. Due to the long histories of providing case management within these services, combining this aspect of treatment would be fairly simple and straightforward—requiring case managers to become cross-trained in each area.

9.   Conclusion, Recommendations, & Value/Ethics

Once HIV/AIDS and AOD treatment programs have been successfully integrated, SAMHSA should dedicate funds directed at agencies to reach specific benchmarks, including training and skill-building needs. The Center for Substance Abuse Treatment Improvement Protocols manuals provide an excellent design for training practitioners and programs interested in treating HIV/AIDS and addiction. These guidelines are extensively researched, enabling health-care providers as well as federal funders with specific training standards to achieve them before being awarded treatment grants.

Specific, planned, and documented linkages with services would need to be established before federal funds would be offered. For instance, addiction treatment providers would need to plan how they would provide and ensure explicit client assistance such as medical care, mental health services, case management, ongoing risk-reduction education, legal services, and addiction and HIV/AIDS self-help groups. Agency administrators must clarify how their training and limited staff skills will be addressed.

Addiction treatment providers who work with the HIV-positive client would need to address issues concerning staff who may have disapproving attitudes and beliefs that emerge when accommodating the first HIV-infected addict who may be gay or transsexual. Many residential treatment agencies will have to edit their policies and procedures around client chores and other client activities that place HIV-infected and non HIV-infected clients at risk of exposure to harmful diseases if these activities could result in possible exchanges of bodily fluids. There are also many faith-based agencies that could run into moral or other program-mission issues that result in clients rejecting their services. A community task force should be created to look at agency policy and staff needs with detailed plans on how to accommodate and treat HIV-positive clients as part of the application process.

While both standalone agencies (e.g., medical and addiction treatments) have limitations that the above recommendations could address, there are also strengths. Because these two services have existing infrastructures and established resources, collaborations will likely help to develop best practice treatment models. Both services have specialized technologies that when united could prove to be vital in treating the AOD-addicted HIV/AIDS-infected person. For instance, monitoring a client's viral load during addiction treatment is impossible without access to medical care facilities. The side effects of some HIV/AIDS medications could prove to be a barrier to regular addiction-focused therapeutic group sessions that last one hour or longer. Integrating both medical and addiction treatment services to treat the HIV/AIDS AOD-addicted person, while currently separated, will greatly enhance the quality of health care for this population.

While a number of social work values and ethics could come into play related to this topic, the one that seems most applicable is the value of social justice. The ethical principle stating that "social workers pursue social change, particularly with and on behalf of vulnerable and oppressed individuals and groups of people" (NASW, 2008) calls for specific attention given to those individuals suffering from and seeking treatment for the combined impact of HIV/AIDS and addiction. This population of sufferers can be considered extremely vulnerable as well as easily labeled as nondeserving of health care services (Patterson & Keefe, 2008). Promoting sensitivities toward this population and their special treatment needs ensures the essential information, services, and equity of resources (NASW, 2008).

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Preserving Commitment to Social Work Service Through the Prevention of Vicarious Trauma

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Abstract

The importance of self-care in social workers is now widely recognized. Yet, little is known about the specific ways in which helping professionals can and do manage stress when faced with client suffering or trauma. This article explores cognitive coping strategies used by practitioners—tools that may serve to buffer them from vicarious trauma, thus preserving their dedication to the social work value of service.

Keywords: service; self-care; cognitive coping; vicarious trauma

1.   Introduction

The National Association of Social Work (NASW) Code of Ethics makes clear that social workers must maintain a solid commitment to their clients and employers. More specifically, it highlights their responsibility to ensure that client interests are primary and that services are not interrupted unnecessarily. The code also underscores the obligation of social workers to follow through with duties that they have agreed to perform for their employing organizations. What is not overtly stated but commonly understood is that adherence to these commitments requires that workers practice effective forms of self-care.

While the term *self-care* has recently been popularized in the field, its meaning has not been fully explored in social work research. Some authors have recognized it as an ethical imperative for professional helpers (Norcross & Guy, 2007), while recommending particular self-care activities that fall into the general categories of lifestyle or workplace adjustments. For example, distressed workers are encouraged to eat well, exercise, and engage in recreational, creative, or other spiritually oriented activities (Hays, 2008; Gentry, 2008; Walsh, 2011). While on the job, they have been urged to plan breaks in their workday, balance their caseload, and access support from coworkers (Saakvitne & Pearlman, 1996; Pryce, Shackelford, & Pryce, 2007; Barnes, 2006). Such suggestions are not without merit, but fall short of illuminating the cognitive strategies needed to help workers cope with their ongoing exposure to client trauma, suffering, and hardship.

This orientation toward helping the helper is needed to counteract the potential for vicarious traumatization (VT) in social work. According to Pearlman and Saavitne (1995), VT involves an alteration of the worker's worldview that can result from "empathic engagement with clients' trauma material" (p. 31). It is theorized to result in pessimistic and cynical attitudes, as

well as disrupted beliefs about self, others, and the world. When adopted, such negatively altered beliefs are likely to interfere with the social work practitioner's ability to sustain hope and dedication to clients, communities, and oppressed populations. However, the prevalence of vicarious traumatic stress in the social work field has yet to be established. Moreover, strategies used to prevent or overcome VT have rarely if ever been the focus of study.

Toward filling this gap, the authors conducted exploratory research designed to assess levels of vicarious traumatization in human service workers. In addition, they conducted focus groups aimed at identifying the thinking patterns adopted by these practitioners in response to distressing circumstances encountered on the job. Results are intended to provide insight into the ways in which the most resilient workers cognitively reappraise stressful situations in order to preserve positive orientations toward clients, self, and social work. Consistent with the strengths perspective that is prized in the profession, this study seeks to uncover the inherent strengths of social workers that enable them to cope with a demanding and difficult occupation.

2.   Literature Review
2.1.   Vicarious traumatic stress
Conceptual literature pertaining to constructivist self-development theory (CSDT) provides a framework for understanding vicarious trauma. It asserts that every individual has a frame of reference through which life events are experienced and interpreted. This frame embodies *cognitive schemas*, or beliefs and assumptions about oneself in relation to the world. These schemas are thought to develop in a social environment and evolve over the life span. According to McCann and Pearlman (1990), they reflect fundamental psychological needs for safety, dependency/trust, power, esteem, intimacy, and independence. When developing schemas are adversely impacted by traumatic stress, the person's worldview is transformed.

Such alterations may occur for professional helpers when they bear witness to or hear stories of horrific events, human cruelty, and abuse, as experienced by their clients. This manifestation of vicarious traumatization is thought to be cumulative across time and helping relationships (Pearlman & Mac Ian, 1995).

Research reveals that while some helping professionals succumb to vicarious trauma stress, many others manage to avoid the development of a negatively transformed worldview (Devilly, Wright, & Varker, 2009). It is not entirely clear, however, why some fall prey to VT and others do not. A few studies have identified workers who appear to be at greater risk for high levels of vicarious traumatic stress. For example, human service providers who have personal experience with trauma have been shown to be more likely to experience VT (Pearlman & Mac Ian, 1995; Lerias & Byrne, 2003; Baird & Kracen, 2006). In a study of social work clinicians (N= 182), Cunningham (2003) found that those who had limited experience with trauma-related practice evidenced a more negative worldview than others. She also discovered that clinicians who worked with clients who had experienced human-induced trauma (sexual abuse) displayed higher levels of VT than those who worked with clients who had experienced naturally induced trauma (cancer diagnosis). Similarly, Schauben and Frazier (1995) found that female counselors who had a higher percentage of sexual violence survivors on their caseload reported more disrupted beliefs about the goodness of others than other counselors. Other research has contradicted this finding by revealing that there was no difference between trauma and non-trauma practitioners on VT (van Minnen & Keijers, 2000). In a recent study, Knight (2010) revealed that BSW students had significantly higher levels of VT than their agency field instructors. In this study, 40% of the students and 64% of field instructors reported that they were "not at all" or only "somewhat" prepared by their social work education for negative personal reactions. Yet, students who learned

about negative reactions evidenced a decreased likelihood of VT. Little or no research to date has, however, identified competencies that develop in some social workers over time that allow them to maintain healthy beliefs regarding self, others, and the world. Nor is there knowledge of the ways in which education or training programs might successfully support this form of resiliency in social workers.

2.2.   Stress and coping frameworks

The literature pertaining to the stress and coping process provides some insight into the ways in which social workers may respond to trauma material conveyed by their clients. The cognitive theory of stress and coping, as originally proposed by Lazarus and Folkman (1984), introduces the concept of *cognitive appraisal*, defined as "the process of categorizing an encounter, and its various facets, with respect to its significance for well-being" (p.31). These authors distinguished between two main types of appraisals: primary and secondary. *Primary appraisal* concerns the personal significance posed by a stressful event; *secondary appraisal* accounts for the coping options available. Lazarus and Folkman also differentiated among *harm*, *threat*, and *challenge appraisals*, with the first focused on damages already sustained. Threat appraisals concern harm or losses that have not occurred but are anticipated. In contrast, challenge appraisals look to potential gain or growth inherent in a stressful experience.

More recently, Park and Folkman (1997) proposed a transactional model for understanding the role of meaning-making in the stress and coping process. They distinguished between two levels of meaning: *global meaning* and *situational meaning*. Global meaning refers to the most abstract level of meaning and encompasses a person's fundamental assumptions and beliefs about order, purpose, self, the world, and self within the world. It is assumed to be formulated early in life and to be relatively enduring, yet modifiable on the basis of later experience.

Situational meaning, on the other hand, is constructed about a specific person-environment encounter. According to the Park and Folkman model, it is acquired through a process that begins with an initial appraisal of an event's significance. If the initial appraised meaning of the event is discrepant with the individual's global meaning, a reappraisal process is set in motion. The cognitive reappraisal process is typically aimed at decreasing the threatening aspects of the meaning made of a stressful encounter and may include efforts to find some reason for why the aversive event occurred (reattribution) and/or recognize the positive benefits of the situation. Also common in this process is a shift in one's focus from things that cannot be controlled to things that can be impacted. In a recent article, Folkman (2008) further elaborated on meaning-focused coping and presented some variations that are said to result in positive emotions: *benefit finding*, *benefit reminding*, *adaptive goal processes*, *reordering of priorities* and *infusing ordinary events with positive meaning*. Benefit finding involves an appraisal of the benefits that have resulted from a stressful event; benefit reminding occurs during the stressful experience when the individual reminds him- or herself of possible gains to be attained. One is said to be adapting goal processes when the individual relinquishes unrealistic goals and adopts more meaningful ones. Similarly, the reordering of priorities involves a perspective change about what matters most in life. Finally, a person is infusing an ordinary event with positive meaning when he or she savors it or amplifies its positive and pleasant dimensions. These theoretical models guided the analysis conducted in this research.

3.   Method

Participatory research was selected as the primary methodology for this study as it aims to empower "participants," as opposed to merely gathering information from the "subjects" of investigation (Hall, 1981). This approach to research has been acknowledged for its consistency with social work values (Gold,

1998). Study participants were recruited from six different public and private nonprofit social service organizations in a semirural region of northern California. Two of the participating agencies are in the public child welfare system, three serve adults or children with serious mental health disorders, and one provides counseling and shelter to victims of domestic violence. All workers who took part in the study were, at the time, providing direct service to clients with traumatic backgrounds (*N* = 48). Job titles varied but were inclusive of the following: social worker, case manager, domestic violence worker, clinician, and student intern. Participants' length of experience working with trauma survivors ranged from under 1 year to 40 years (*M* = 9.2; *SD* = 9.3). Two or more years of experience in the field was reported by 83%, and 60% reported having five or more years.

3.1.   Procedures

Institutional Review Board (IRB) approval was obtained prior to conducting this research. Subsequently, workshops were held on-site at each of the six participating agencies, with the purpose of introducing material related to vicarious traumatic stress. Social workers who consented to participate in the current study were asked to complete the Trauma and Attachment Belief Scale (TABS; Pearlman, 2003). This tool was used to assess global meaning, as reflected in workers' enduring beliefs, assumptions, and expectations. Participants were also included in an agency-based focus group (ranging in size from 6 to 11), intended to perform in-depth exploration of the situation-specific meaning they attach to particular experiences with client trauma. First, they were provided information concerning various forms of workplace stress, including VT, and given an opportunity to discuss its relevance to their work. Next, they were asked to describe distressing encounters they have had with client trauma or suffering and both their immediate and subsequent thoughts and reactions. They were also prompted to share the tools they have found useful in coping with client-related suffering and trauma. All group

sessions were taped with an audio recorder and transcribed. Content analysis of the transcripts was conducted to identify salient themes and common constructs as they pertain to the theoretical frameworks discussed earlier. Cross-validation of the results was conducted by a second researcher who examined the analysis of transcripts and made recommended adjustments in the thematic coding of focus group material.

3.2.   Instrumentation

The Trauma and Attachment Belief Scale (TABS) is a self-report instrument developed by Laurie Anne Pearlman (2003) to assess an individual's beliefs about self and others. It includes 84 items that ask the respondent to rate, on a 6-point Likert scale, the extent to which a statement corresponds to his or her own beliefs (1 = Disagree strongly, 6 = Agree strongly). Ten subscales of the measure assess cognitive schemas related to five psychological need areas that are thought to be sensitive to the effects of trauma and vicarious traumatization: safety, trust, esteem, intimacy, control. Those subscales are as follows:

- self-safety (the need to feel secure and invulnerable to harm)
- other-safety (the need to feel that cherished others are protected from harm)
- self-trust (the need to have self-confidence)
- other-trust (the need to rely on others)
- self-esteem (the need to feel worthy of respect)
- other-esteem (the need to value and respect others)
- self-intimacy (the need to feel connected to one's own experience)
- other-intimacy (the need to feel connected to others)
- self-control (the need to manage one's feelings and behaviors)
- other-control (the need to manage interpersonal relationships)

The TABS has been normed using a

heterogeneous sample of 1,743 individuals from nonclinical research groups. Based on this research, standard scores, referred to as *T*-scores, have been established for the total scale and subscales. *T* scores are interpreted as follows:

- ≤ 29 = extremely low (very little disruption)
- 30–39 = very low
- 40–44 = low average
- 45–55 = average
- 56–59 = high average
- 60–69 = very high
- ≥ 70 = extremely high

The tool has demonstrated good internal consistency (.96) and test-retest reliability (.75) (Pearlman, 2003). Support for the instrument's validity is seen in studies that utilize the TABS to assess the impact of primary and secondary traumatic stress. For instance, scores on this measure for outpatients with a history of child abuse have been found to be significantly higher (indicating greater schema disruption) than scores for outpatients in general (Mas, 1992). Moreover, therapists who had a personal trauma history displayed more disrupted beliefs, as measured by TABS ratings, than other clinicians (Pearlman and Mac Ian (1995). In addition, higher TABS scores in female psychotherapists were related to a sense of reduced spiritual well-being (Laidig, as cited in Pearlman, 2003, p. 40). Finally, Walton (1997) found a strong association between the emergence of PTSD symptoms in trauma therapists and elevated TABS scores.

4.   Results

Analysis of the TABS data revealed that the mean *T*-score for respondents on the total scale was 48.9 (*SD* = 8.4), falling into the average range established with a nonclinical standardization group. This indicates that, overall, participants reported relative freedom from schema disruption. There was not a significant difference in total *T*-scores based on level of experience in the field, but a greater percentage of inexperienced workers

(two years or less in field) than more experienced workers (3 or more years in field) scored very high or extremely high on this scale (14% versus 5.9% , respectively). Average *T*-scores were also obtained on data produced by all ten of the instrument's subscales, as shown in Table 1. It can be seen that none of the subscale mean scores fell above the average interpretive range. These finding are consistent with research reported by the TABS developer, indicating that trauma therapists (*n* = 266) scored in the low average to average range on all subscales in this measure, while psychiatric inpatients (*n* = 207) displayed elevated scores (Pearlman, 2003). In the current study, an examination of the frequencies of higher scores on the TABS subscales reveal that disruptions (scores in the very high or extremely high range), were most prevalent in the domains of other-safety, self-intimacy, and self-control (16.7% of participants each).

Table 1: Average TABS *T*-Scores for Study Participants (N= 48)

TABS Scale	Mean	SD
Total	48.9	8.4
Self-Safety	46.1	12.3
Other-Safety	48.7	12.4
Self-Trust	49.1	11.8
Other-Trust	43.0	10.2
Self-Esteem	47.0	8.3
Other-Esteem	45.9	12.1
Self-Intimacy	47.8	13.1
Other-Intimacy	50.9	10.5
Self-Control	52.2	9.8
Other-Control	47.7	11.3

Results of the qualitative analysis of focus group discussions reveal that the participants in this study have been exposed to an assortment of traumatizing situations. Child welfare workers described incidents in which they encountered direct evidence or photographs of physically injured children (bruising, cuts, welts) or gathered

information about serious abuse (e.g., parent disciplining his child by punching him and holding his head under water). Mental health workers reported episodes in which they observed patients in a psychiatric hospital screaming and moaning while being restrained. One relayed his very difficult experience performing critical incident debriefing with firemen who were forced to do CPR on dead bodies. Another described seeing a homeless client just after the client had been severely attacked on the street. Domestic violence workers reported their encounters with family members who were suffering due to not only physical and emotional abuse, but homelessness, lack of hope, and drug addiction.

Focus group findings illuminate a variety of thinking patterns that these individuals adopt in response to client-based traumatic events. Immediate responses to these incidents are often notably negative, as reflected in comments concerning harm done and threats posed. For instance, a number of participants described their strong emotional reactions to the suffering of an abused child, neglected older adult, terminally ill parent, homeless individual, or victim of domestic violence. They also relayed concerns that the person they were striving to help was permanently damaged, helpless, or understandably "angry toward the universe." Some also shared doubts that they themselves had what it takes to make a difference for the client; others voiced "outrage at an unjust system" that offers limited assistance to oppressed and ailing individuals. Yet many of these workers readily acknowledged that they go through a reappraisal process that aids them in coping and carrying on to the best of their ability. This can be seen in statements such as "It's about constant reframing" and "I have to back up and use thought stopping." Another participant described an episode in which family members threatened her and her coworker inside a client's home. She further shared how she later found amusement in this stress-inducing situation. "If you can't take something truly dysfunctional and find something, some kind of humor in it, it'll make you nuts."

Various types of cognitive reappraisals seem intended to preserve the professional helpers' schemas related to safety, trust, esteem, intimacy, and control. For example, benefit finding was commonly used, with the client or the worker himself or herself presented as the primary beneficiary. An example of benefit finding on behalf of the client is found in comments concerning an interview that one participant held with an unhappy 3-year-old boy who had been sexually abused by his grandfather. The social worker stated, "It was very intense for me to know what happened to this innocent kid . . . then I thought about how he is now going to get the help he needs." Another example is seen in the comments made by a domestic violence worker about her client's severe injury at the hands of her husband. "It was a really scary situation but turned out to be a good thing because he went on to jail, and she was able to get a job at the college." Benefits anticipated for the worker are reflected in statements such as "I am growing from this experience as a professional and a person" and "what an honor it is that this [client] is willing to share with me something so personal and so troubling." Such reappraisals seem to allow the worker to regain a sense of safety and esteem for self and others, and trust in their own ability to make a difference.

Compassion and esteem for others seem to also be enhanced through attempts at finding an acceptable reason for why a horrific event occurred. For example, the worker who interviewed the sexually abused boy stated that his first thought concerning the child's abuser was that "he is a disgusting pervert." However, his reattribution focused on asking the question "What happened to this grandpa in his life that made him think that it was ok to do this to somebody?" Similarly, a child welfare worker empathized with a parent who had failed to protect her child from physical abuse by her husband. She stated, "I imagined having my child removed from me and what that would be like. I recalled that this mother was already pretty vulnerable in life and a victim

herself." Some workers also indicated that they continually remind themselves that it's not their "job to judge others" and that they need to "focus on what's positive in the individual" and "be objective and see things from all points of view."

Efforts to maintain a sense of control concerned both self and others. First, workers reported attempts to shift their focus from things over which they had no control to things they had some power to change or influence. This is seen in statements such as "All I can do is take this person to a place that is probably better than where he is right now," "You encourage people as much as you can," and "It's my responsibility to give [my clients] resources, not to make them use them." Participants acknowledged their role as "planting seeds" even when client progress is minimal. They reported a view of themselves as a "helping tool" versus a magic bullet for clients in distress. These comments suggest a process of adapting service delivery goals so that they are realistic and attainable. Self-control was also an important focus of study participants. Several commented on their struggle to manage their emotions in response to client trauma while staying connected to their own experience. This personal challenge appears to be aimed at balancing needs for self-control and self-intimacy. Efforts here were often focused on identifying where and how the worker could gain the support needed to process difficult cases or release tension and emotions. Some described intimate personal relationships with people or pets that provided comfort. Others stressed the value of prayer, meditation, or other spiritual connections in managing workplace stress and trauma. Many workers emphasized the importance of supervisory and collegial support in facilitating the coping process.

5.   Discussion

Findings from this study reveal the strengths and abilities of social workers in coping with client pain, suffering, and trauma. Much has previously been written about the contagion or spread of emotional stress in the workplace

(Siebert, Siebert, & McLaughlin, 2007). While it may well be true that some social workers are, at times, negatively affected by the traumatic experiences of their clients and colleagues, clearly there is a counterforce that may prevail. This is evident in the fact that most of the workers in this study did not report high levels of vicarious traumatic stress, as measured by the TABS. Thus it appears that their global perspectives concerning safety, trust, esteem, intimacy, and control have not been substantially impaired. In fact, focus group results reveal that some social workers may share a process for reappraising traumatic events that allows them to maintain positive views of self, others, and their profession. This is a very optimistic sign, indeed.

Another important implication concerns the application of study results to training and education programs for social workers. Students and employees new to the field may not have developed the coping skills reported by participants in this study, most of which have spent many years on the job. These newer workers can be taught to embrace perspectives that promote resilience in the face of client trauma. They can be helped to reappraise traumatic events in a way that preserves a positive outlook and prevents vicarious traumatic stress. In addition, workers who have traumatic backgrounds or who already evidence vicarious traumatic stress can be encouraged to seek out additional help in sorting out their beliefs and assumptions about self in relation to the world. This process should begin in baccalaureate and graduate social work programs. Here, educators can help students who have experienced personal trauma understand their increased risk and develop necessary skills to shift their focus and reappraise the trauma they witness.

This study also reinforces the importance of supervisory support for social workers, as well as the creation of organizational cultures that give permission for workers to process their feelings and perceptions in response to client trauma. This finding is consistent with the recommendations of Bell, Kulkarni & Dalton (2003) who stress the

value of effective supervision in preventing and healing VT. Many supervisors have now been trained to recognize the signs of secondary or vicarious trauma in their workers. Further training is needed, however, to guide them in the use of strategies that enhance the cognitive coping skills of their distressed workers.

It should be noted that the limitations of this research include a relatively small sample that was exclusive of social workers in urban areas and some areas of practice, e.g., medical and geriatric social work. Further research might replicate this study across a wider range of social service settings and geographical regions. In the interest of anonymity, this study was also limited by a design that did not link participants' scores on the TABS to their particular comments made in processing client trauma. Investigations that further specify this link between global and situational meaning would offer added insight to the findings presented here. Additional research is also needed that advances understanding of the process through which workers acquire cognitive coping skills. This knowledge might inform education and training modules on cognitive coping that, once implemented, should be evaluated for their effectiveness.

6.   Conclusion

The field of social work undoubtedly includes hazards and risks for professional helpers. In fact, some workers do become overwhelmed and overburdened, mentally and emotionally, when exposed to the realities of human hardship, cruelty, and injustice. However, many others seem to rebound from traumatic events through the use of a cognitive reappraisal process that preserves a positive and hopeful view of self in relation to others, the profession, and the world. These helpers redirect their attention away from client deficits to their strengths and potential. Furthermore, they refocus their energy on what can be done versus ruminating about their own lacks and limitations. Even in the face of barriers and setbacks, these resilient workers appear to do as was suggested

by one participant in this study, "hang on to those little victories!" In this way, they seek and find the rewards in a highly challenging profession.

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Thinking Through Recovery: Resolving Ethical Challenges and Promoting Social Work Values in Mental Health Services

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Abstract

The President's New Freedom Commission has endorsed recovery as a model for mental health system transformation. With its emphasis on promoting autonomy, client choice, and self-directed care, recovery is consistent with social work values. This article argues that recovery represents a significant step forward in our understanding of mental health services, but also raises important ethical issues regarding competence and safety. The authors discuss how, by utilizing interventions such as psychiatric advance directives, shared decision-making, wellness recovery action plans, and person-centered planning, social workers can promote client autonomy and both recovery and social work values.

Keywords: recovery movement; shared decision-making; psychiatric advance directives; autonomy; ethics

1. Introduction

Since the inclusion of recovery as the cornerstone of mental health services transformation in the New Freedom Commission report, the goal of increasing the implementation of recovery-based services has drawn both boosters and critics. Satel and Zdanowicz (2003) have criticized the New Freedom Commission report as failing to address the needs of the most severely ill, because of its emphasis on recovery-oriented services; they argue that for persons with severe mental illness, the ability to recover is out of reach. This concern is mirrored by mental health professionals who believe that handing over greater decision-making to patients invites poorer treatment compliance and increased rates of hospitalization or incarceration, as well as potential liability (Anthony, 1993; Davidson, O'Connell, Tondora, Styron, & Kangas, 2006). On the other hand, recovery proponents argue that this treatment philosophy helps build client capacity,

and corrects the abuses inherent in traditional paternalistic treatment models (Jacobson & Greeley, 2001). Advocates further suggest that recovery promotes greater client ownership, and thus results in better treatment outcomes (Carpenter, 2002; Bullock, Ensing, Alloy, & Weddle, 2000).

Recovery is consonant with social work values, and therefore social workers should be particularly interested in understanding this orientation toward treatment. The National Association of Social Workers (NASW) (2008) Code of Ethics states that "social workers promote clients' socially responsible self-determination," and that "social workers seek to enhance clients' capacity and opportunity to change and to address their own needs" (Ethical principles, para. 4). There are many challenges to mental health systems' transformation to a recovery orientation, not the least of which is the ever-present problem of inadequate resources for programming and services. Even with limitless resources, promoting recovery would still require social workers to engage with essential questions regarding client competency, safety, civil liability, and the needs of family caregivers.

This article discusses the features of recovery-oriented services, the origins of recovery ideas, and most importantly, why recovery is ethically significant. Most clients—even those with severe mental illness—can engage in recovery at some level, and contribute to treatment planning. With that in mind, this paper also details several strategies for incorporating a recovery orientation into mental health services.

2.   Recovery: What It Means and Why It Matters to Social Workers

Internationally, psychiatric recovery has become a guiding principle for the reform of mental health care (Amering & Schmolke 2009; Plat, Sabetti, & Bloom, 2010; Slade, Amering, & Oades, 2008). This approach to reform is now embraced by federal agencies, state mental health authorities, and local mental health jurisdictions (Davidson, Tondora, O'Connell, et al., 2007; Goldberg & Resnick, 2010). The recovery movement and recovery-oriented services present a unique challenge to clinicians, researchers, and behavioral health administrators. The term recovery is often ill-defined or misused, resulting in confusion about what recovery advocates are really working toward, and frequently in the summary dismissal of recovery ideals.

It has been a number of years since the New Freedom Commission issued its report, but the challenges associated with implementing recovery-oriented services remain current. For instance, Brown and colleagues (2010) found great variability in the degree to which state agencies in California had incorporated recovery-oriented services. The variability was a function of characteristics of both agencies and individual service providers. Recovery calls for systems transformation, a process that has continued to unfold in the years since the Commission report. Encouragingly, the Department of Veterans Affairs (2010) has recently cited recovery as a guiding principle in the provision of mental health services for American servicemen and women.

2.1   The background of recovery

Recovery is not in fact a new development, but rather the result of the evolution of mental health policy and treatment philosophy that has occurred over the decades since deinstitutionalization. Mental health recovery shares some commonalities with the self-help movement in substance abuse treatment; the concept of being in a state of recovery, in terms of either mental health or substance abuse, assumes a lifelong course of illness and a process of overcoming its challenges. While mental health and substance abuse treatments share this core belief, they are distinctly different movements with different origins (Gagne, White, & Anthony, 2007).

As a result of a critical juncture of political, social, medical, and economic factors, mental health policy changed course in the 1950s with the movement toward deinstitutionalization and

community-based treatment for persons with severe mental illness. Federal policy and financial support led first to the establishment and then the expansion of community mental health centers throughout the United States (Anthony, 1993; Grob, 1992). The deinstitutionalization of persons with mental illness was, in part, a response to growing concerns over patient rights and psychiatric paternalism, as well as the decaying conditions of the states' psychiatric institutions. As patients left the hospitals and attempted to reintegrate into the community, it became clear that the limited scope of the medical model of mental health treatment was failing to meet the range of psychosocial needs of mental health consumers. While clients were institutionalized, their basic needs—clothing, nutrition, shelter, and treatment—were met by the institutional structure. Although community mental health centers provided medication and therapy, other critical services, such as housing, employment supports, and nutritional supports, were largely outside these centers' purview. In addition, clients began to assert greater control over treatment decisions; prominent legal cases such as *Lessard v. Schmidt* (1972) and *O'Connor v. Donaldson* (1975) reinforced the individual liberties of persons with mental illness, and treatment in the least restrictive environment. From the intersection of patient rights, the recognition of service failures, critiques of the traditional medical model in mental health, and the growing dominance of autonomy in medical ethics, the mental health consumers' movement emerged. This movement has played a critical part in the history of the recovery orientation.

The mental health consumer movement started in the 1970s as a civil rights movement, which was often referred to as the survivors' or ex-patient movement, as the term *consumer* implies that service users have a choice of services that meet their needs. This movement was a radical antipsychiatry ideology opposing the injustices and oppression that many ex-patients had encountered in psychiatric hospitals

(Corrigan, Mueser, Bond, Drake, & Solomon, 2008; USDHHS, 1999). These service users saw themselves as "having been rejected by society and robbed of power and control over their lives," and "began to advocate for self-determination and basic rights" (USDHHS, 1999, p. 93). Consumers became a strong voice in mental health advocacy and continue today to have an influential voice in the design and reform of mental health policy and services, although they are now far more moderate in their views. Consequently, these advocates argued that changing mental health policy was about basic human rights and empowerment. Similarly, the psychiatric rehabilitation approach, started in the 1940s by a group of ex-patients and professionals, addressed the inadequacy of the medical model by focusing psychiatric treatment goals on all domains of life (Corrigan, et al., 2008). The field of psychiatric rehabilitation spoke of consumer choice, self-determination, person-centered planning, and community role outcomes. The trend toward recovery-oriented services is a merging of community-based psychiatric rehabilitation programs that proffer a holistic approach to treatment, and the ethical and civil concerns raised by the consumers' movement. The recovery orientation is a response to consumer concerns about disrespect, coercive practices, paternalism, and a lack of partnership in their own care.

2.2 Defining recovery: Philosophy and process

Recovery consists of an approach to treatment that is a collaboration between the consumer and the service provider. Anthony (1991) defines recovery as "the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of psychiatric disability" (p.13). It is about reshaping or reconceptualizing one's life to take account of mental illness, while emphasizing the fact that the possibility for a rich, rewarding, and meaningful existence is still within reach, despite persistent mental illness. Recovery is client-centered and

client-directed, and the client decides how her recovery—and success in reaching her goals—ought to be defined. The President's New Freedom Commission (2003) states that recovery involves the consumer deciding who will be part of a treatment team and sharing in the decision-making regarding treatment plans. The recovery movement is based on "democratic principles of self-determination, as well as scientific issues concerning the possibility of recovery and to encourage the client to identify sources of support," that seeks to "identify strengths, as well as vulnerabilities" and "to work in a collaborative way with the patient" (Mulligan, 2003, p. 11).

Jacobson and Greenley (2001) argue that recovery is defined by the "internal and external conditions [that] produce the process called recovery" (p. 482). These internal conditions include hope, healing, empowerment, and connection; the external conditions include human rights, a culture of healing, and recovery-oriented services. Hope is the belief that recovery from severe mental illness is possible, while healing is the process of "recovering the self" by "reconceptualizing illness as only part of the self" rather than the defining feature of the self, and also uncovering the means of controlling symptoms. Empowerment entails the recovery of a sense of control by assuming a greater role in one's treatment, while connection entails finding "roles to play in the world" with the understanding that recovery is a "social process" (Jacobson & Greenley, 2001). External conditions are best understood as a supportive environment that recognizes the value of human rights by seeking a more equitable distribution of power between consumers and providers. Pursuing potential opportunities for housing, employment, and education is part of being in the process of recovery (Jacobson & Greenley, 2001). Onken and colleagues (2007) recognize recovery as not only a philosophy of patient agency and self-determination, but also a "nonlinear process that involves making progress, losing ground, and pressing forward again" (p. 10). Furthermore,

recovery is the "process of gaining mastery over the illness," which may mean the alleviation not just of symptoms, but of social marginalization as well (p. 10).

Recovery, then, can be thought of in two distinct yet related ways. It is a model for understanding the process by which an individual copes with a mental illness and comprehends the often nonlinear course of a mental illness. Secondly, it can be understood as a treatment philosophy and ethical orientation toward mental health services. Those who perceive the term "recovery" as unachievable are defining it strictly as an outcome (as in "I have recovered.") rather than as a process and philosophy (as in "I am in recovery."). The point is not to minimize outcomes, but rather to show that instituting recovery in clinical practice requires that clinicians participate in the process of reconceptualizing mental illness and its treatment. The development of recovery as a treatment philosophy does address previous ethical conflicts in behavioral health such as coercive treatments and excessive paternalism, but it also raises new ethical challenges.

3. The Ethical Challenges of Recovery

Wolpe (1998) has noted that within the medical and bioethics community, the principle of autonomy or respect for persons has assumed a "hallowed place" in American medical values. While this may seem less controversial in many medical fields, it is a dilemma in behavioral health, where the decisional capacity of individuals may be in question. We proceed by looking briefly at the evolution of autonomy in medical ethics, which will lay the foundation for a discussion of specific ethical challenges that are raised by the recovery movement in the mental health arena.

3.1 Paternalism and autonomy

In his treatise on medical ethics published in 1803, Thomas Percival argued that "nonmaleficence and beneficence fix the physician's primary obligations and triumph over

the patient's preferences and decision-making rights in circumstances of serious conflict" (Beauchamp & Childress, 2009, p. 35). Percival's work became the paradigm for the American Medical Association's first code of ethics, and his views on beneficence are deeply ingrained into medical education and practice. While this paternalistic model held for the medical profession in general for generations of physicians and patients, it was more pronounced when applied to mental health clients, who were viewed literally as childlike, lacking the capacity for rational choice and full moral agency. Thus, medical paternalism had serious implications for the ability of persons with mental illness to make treatment choices. Those who resisted medication or other mental health treatments were simply considered recalcitrant; resistance is still often viewed as just another symptom of the person's illness. Consequently, a power differential emerged between clinician and client, with the clinician acting in many cases as the surrogate decision maker, thus reducing the client to a passive recipient of care.

By the second half of the 20th century, controversies in medicine and research allowed for the entry of nonclinicians into the ethical debate. In mental health, scathing exposés by Deutsch (1948) and Maisel (1946), sociological critiques by Goffman (1961), and the burgeoning "antipsychiatry" movement led by Szasz (1960) focused attention on abuses of the individual liberties of psychiatric patients. While the antipsychiatry movement may have been too radical, it did nevertheless raise important critiques of how those with mental illness were disempowered. By the early 1970s, the principle of autonomy had become central to the NASW Code of Ethics. Autonomy, sometimes referred to as "respect for persons," emerged from the belief that all persons must be understood as an "end in themselves" with goals, dreams, aspirations, and potential. Thus, recovery supports autonomy by recognizing it as both an intrinsic and an instrumental good: Promoting client autonomy

typically results in better treatment outcomes (Stewart, 1995; Kiesler & Auerbach, 2003; Mead & Bower, 2000). Furthermore, it is also a good in itself.

Autonomy and respect for persons has supplanted beneficence as the dominant value in medical ethics, but it poses a conceptual challenge in the field of mental health. Ethics rests upon assumptions about agency, which is the ability of persons to deliberate and act with intention. As such, behavioral health in general and recovery more specifically presents a unique challenge in that the agency of persons with severe mental illness may at times be questioned. The moral challenge that lies before us then is to maximize autonomy, while simultaneously recognizing that there are occasions when autonomy may need to be abridged, albeit temporarily. We proceed by highlighting specific challenges to this balancing act, and conclude with intervention strategies that may help to maintain individual sovereignty even when there are questions of client competence.

3.2 Competency and capacity

Competence can be thought of as the possession of certain decisional capabilities. These decisions can be diverse, such as financial decisions, ability to enter into contracts, or the ability to make medical decisions. A person may be competent in some areas, such as making medical choices or deciding to participate in research, while being incompetent in other areas, such as managing finances; furthermore, competence may vary over time, especially when linked with the natural course of a mental disorder (Appelbaum & Grisso, 1995). Informed consent, or the ability to weigh risks and benefits of pursuing or declining specific medical intervention, is the cornerstone of contemporary medical ethics, and it is contingent on the competence of the client. Medical paternalism has often been justified by a perceived lack of competence among psychiatric patients.

Promoting client-directed care requires a careful assessment of client competency by

clinicians, along with continuous monitoring as competence varies over time. It is important to note that competency is not merely the ability to deliberate; in order to be competent, a client must have all of the relevant information needed to make a choice. The competence of individuals is rarely questioned when they voluntarily submit to treatment; rather, it is often seen as an issue when treatment is refused, regardless of the reasons. To be sure, it is easier and more expedient for a clinician to make assumptions about the competency of a client based on client behaviors, and to act accordingly by seeing compliance as a sign of competence, and recalcitrance as a sign of diminished decisional ability. Because competence cannot be reduced to such simple rules, it challenges the decision-making and risk-assessment skills of practitioners who are instituting recovery-oriented services which are based, in part, on the decisional capacity of the client. To be clear, we are not talking about the legal definition of competency—that is a decision made by courts—but rather the ongoing assessment made by practitioners who must decide the degree to which they will support client choice. While degree of competency may vary over time, the vast majority of clients can engage in their recovery planning the majority of the time, particularly when employing strategies to be discussed later.

3.3   Ethico-legal challenges

A second major challenge in instituting recovery-oriented services involves the very real conflict faced by clinicians as they try to finely balance client autonomy against the responsibility of a clinician to protect third parties and prevent self-harm. It is often the case that persons with severe mental illness are brought to the attention of clinicians, because their mental illness has resulted in either suicidal ideation, poor self-care, or in rare cases, violent threats or violence against others. In such situations, the clinician is charged with providing care and ensuring safety for all. Whether to err on the side of client autonomy or to

err on the side of paternalism is a moral question. However, the moral question is informed by legal precedent such as the *Tarasoff v. Regents of the University of California* (1976) decision, a case in which a clinician was found liable in civil court for a murder committed by his client. The fear that one will be held transitively responsible for the actions of one's client may tip the balance against autonomy.

There has been some pushback against efforts to place greater treatment choice in the hands of clients. This counterorganizing force is based largely on fears that greater client control will result in larger numbers of people opting out of pharmaceutical and behavioral health treatments, resulting in a greater occurrence of adverse events such as homelessness, substance abuse, suicide, and violence toward others. Torrey (2002) has been a critic of mental health consumer advocates, arguing that their desire to limit involuntary treatment prevents physicians from properly following their duty to protect both the client and the community. These arguments are a restatement of concerns of an earlier era raised in the wake of *O'Connor v. Donaldson*; former Winnebago State Hospital superintendent Darold Treffert (1973) famously argued that the greater assertion of client autonomy over medical authority has resulted in clients—often homeless and unmedicated—"dying with their rights on" (p. 1041).

3.4   Families' concerns with recovery

Lastly, family and significant-person caregivers have expressed concerns about the impact of recovery models on mental health services. Family members often act as caregivers for persons with severe mental illness (Lefley, 1996). Accordingly, family caregivers are sometimes the targets of abusive behaviors— emotional, verbal, or physical—by relatives with mental illness (Estroff & Zimmer, 1994; Estroff, Zimmer, Lachicotte, & Benoit, 1994; Solomon, Cavanaugh, & Gelles, 2005). Though relatively uncommon, such abusive situations

are exacerbated by inadequate services and poor treatment compliance. Thus, while some groups have endorsed recovery-based services as building client capacities and responsibility, some family caregivers have expressed concerns that self-directed care results in poorer treatment compliance and diminished participation in treatment programs.

4. Instituting Recovery

While paternalism is often undesirable, we cannot simply replace it with an equally radical form of autonomy. While we strive toward overall client autonomy and choice, there may emerge times when clinical paternalism is appropriate. However, there are steps that may be taken by both clients and clinicians to mitigate the potential constraints on autonomy that may intermittently emerge.

4.1 Promoting autonomy

Promoting client autonomy while still attending to issues of competence, safety, and liability requires that clients and providers develop long-term plans that address the periodic exacerbations that are part of the natural course of mental illness. Utilizing shared decision-making, advance directives, wellness recovery action plans and person-centered planning are critical elements for a recovery orientation to social work practice.

A major concern of clinicians and family caregivers is that given greater treatment choices, persons with mental illness will opt out of taking medications. However, consumer advocates and researchers such as Deegan and Drake (2006) argue that outcomes such as "compliance" are relics of medical paternalism. Instead, they promote the use of shared decision-making (SDM) as a way of empowering clients and mitigating some of the ethical concerns raised by recovery critics.

Rather than seeing treatment as a binary choice (compliance versus noncompliance), the process of shared decision-making views ongoing treatment choices as an active and complex decision-making process. Proponents of

recovery and shared decision-making argue that there is ample evidence to show that adoption of medications or other treatments is influenced by many factors, and is not merely a sign of recalcitrance. Evidence suggests that factors such as side effects, treatment efficacy, and social stigma influence decisions to use medications; some clients may opt to take medication only to control certain intermittent symptoms (Donovan & Blake 1992). Deegan and Drake (2006) propose that clinicians must work closely with clients to arrive at a "mutually acceptable plan for moving forward" and that "the practitioner's role is not to ensure compliance but rather to help the client to use the medications and other coping strategies, optimally in the process of learning to manage his illness" (p. 1636).

It is important that both parties recognize their respective expertise: The social worker knows the literature and has amassed clinical experience, while the client understands his individual preferences and subjective experience of illness. Thus, shared decision-making is not simply deferring to whatever the client wants, but rather is a combining of client experience and needs with clinical expertise and sound counsel to work through treatment issues; counter arguments that recovery is a euphemism for "do whatever you want" are unfounded. Recognizing the importance of shared decision-making in achieving good clinical outcomes, the Substance Abuse and Mental Health Services Administration (2010) serves, in part, as a clearinghouse for interactive tools to aid clinicians and clients in initiating the shared decision-making process. These tools range from general decision-making about treatment options and employment to specific decision-making aids directed at the use of antipsychotic medications. While SDM has existed in medical practice for decades, its application in the field of behavioral health is scant, and research on its application is minimal (Duncan, Best, & Hagan, 2010). Due to the particular ethical orientation of social work, however, and its focus on client autonomy and self-determination, SDM ought

to receive greater emphasis as a critical service strategy for forwarding the ethics of social work and the goals of recovery. Drake and Deegan (2009) have declared that it is "time to take the moral high road" and promote SDM since "autonomous adults have the right to determine what happens to their bodies and minds." To them, utilizing SDM is an "ethical imperative" (p. 1007).

Shared decision-making is dependent on at least some degree of client competence. However, there are times during the course of an illness when competency and decisional capacity may be compromised, when it may be incumbent on the clinician or family members to substitute their judgment, and act in the client's best interests. Ensuring that the client's wishes are honored and incorporated during these times of highly symptomatic behavior can be achieved through the use of advance directives. Similar in some ways to living wills, psychiatric advance directives (PADs) are used to document the treatment preferences of persons with mental illness so that their wishes can be known and followed at times of psychiatric crisis. These directives are created when the client is non-symptomatic (or less symptomatic) and therefore is competent to make sound treatment choices. Psychiatric advance directives document preferences in regard to medications, the use of restraints, hospitalization, and the use of electroconvulsive therapy (Appelbaum 1991; Srebnik & Russo, 2008). In addition, clients may appoint surrogate decision makers, rather than face the appointment of a guardian through a court process. Research by Srebnik and Russo indicates that when the client takes active steps to appoint a surrogate (rather than rely upon court intervention), advance directives are more likely to be accessed by a treatment team. Despite the potential that PADs hold for promoting recovery-based services, research on their implementation and impact remains scant (Van Dorn, Scheyett, Swanson, & Swartz, 2010).

Similar to PADs, wellness recovery action plans (WRAPs) are a crisis planning tool. Unlike PADs, which are adapted from medical advance directives, the WRAP has emerged from consumers themselves, and they are often created through the collaboration of the client and a peer specialist. Additionally, crisis intervention plans are merely a part of a WRAP, which is focused on an overall, client-directed strategy for managing severe mental illness (Cook et al., 2010). Roberts and Wolfson (2004) promote the WRAP as a recovery-oriented intervention that helps individuals take control of their lives. This is accomplished by collaborating with people to identify behaviors associated with symptom reduction and incorporating them into a formal written plan. This planning tool identifies triggers, steps to avoid them, and crisis planning. Recently, person-centered care and planning has also been promoted as a means of documenting agreements and decisions between the client and his or her treatment team, friends, and family. This document is strengths-based and focuses on recovery goals and assets available to reach those goals (Adams & Grieder, 2011). Unlike the usual treatment planning process of the social worker developing the planning often in the absence of the client, a person-centered plan is jointly developed.

5. Conclusion

Recovery as a philosophy presents a significant critique of clinical ethics and insists on making the client a partner in treatment decisions, thereby reducing the traditional power differential that exists between client and provider. Recovery as an ongoing process is an important way of conceptualizing the course of mental illness and its treatment. As a treatment philosophy that values autonomy and promotes greater client participation in making treatment choices, recovery reflects long-established social work values. Given the consistency of recovery with the tenets of the social work profession, social workers, along with consumers, should assume leadership in the promotion of recovery-oriented practice. They should serve as role models by understanding what recovery is, and by using these recovery-oriented practice strategies preemptively as a

matter of course, thus promoting client autonomy, choice, and self-directed care and avoiding the need to resort to power struggles with clients over paternalistic decisions. Working from a recovery orientation ensures that social workers are practicing from the profession's value base.

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Recognition of Prior Learning (RPL) in Australian Social Work Field Education: A Standpoint Promoting Human Rights and Social Justice?

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Abstract

A recent qualitative study explored the concept of recognition of prior learning (RPL) within Australian social work field education programs just prior to policy changes permitting it. The findings prompt pondering of any assumed alignment of social work, social justice, and RPL, and contribute to limited international debate.

Keywords: recognition of prior learning (RPL); social work education; field practicum; social justice

1. Introduction

Learning from work and life experience— result(s) in forms of knowledge that are distinctly different from those of the academy… (worker knowledge, Indigenous knowledge, women's knowledge, etc.). In its radical form … RPL is … a means whereby subjugated or marginalized groups or forms of knowledge can gain access to the academy and challenge the authority of hegemonic discourse (Breier, 2005, p.56).

Framing social work as a human rights profession has certain consequences for the way in which social work is conceptualized and practiced (Ife, 2008, p.4).

Changing global markets, shifting political, sociocultural and workplace conditions, and the restructuring of the higher education sector have forced change among higher education, the workforce, and the economy. The role of recognition of prior learning (RPL) is located within this context. Harris (1997, 2000) argued that RPL originated in higher education in North America and developed into a range of recognition and assessment processes spanning higher, further, and adult education and workforce training on an international scale. In the United Kingdom, the term used is the accreditation of prior experiential learning [APL or AP(E)L], as aligned with the Bologna process, which supports flexible paths into and within higher education (Harris, 2006; Valk, 2009). In tertiary systems in South Africa, RPL was promoted as a "form of educational redress" for individuals excluded from entering formal education under apartheid (Breier & Ralphs, 2009, p.482). In Australia, a national framework of qualifications initiated in the early 1990s identified RPL as a key strategy and an entry pathway into tertiary education that promoted social inclusion (Cameron, 2006). More recently the Australian Quality Framework Advisory Committee has defined

RPL as nonformal and informal learning, as different from credit transfer for formal learning (Price & Jackson-Barrett, 2009). Harris (1997, p. 2) noted that RPL represented a potential "deinstitutionalising of knowledge" that has not been embraced fully by higher education, yet conversely may have been accommodated uncritically into other workforce training.

Reflecting similarities to the core values of social work, it is claimed that RPL embodies emancipation and social justice, advantaging the excluded, illuminating and validating knowledges that previously have been invisible, and breaking down discriminatory barriers to education under a human rights agenda (Burtch, 2006). Further, RPL is said to endorse lifelong learning, recognize mature women's contributions to the economy and the skilled labor market, enhance access to learning institutions, and help workers acquire "qualified" status without being compelled to relearn what they already know (Fox, 2005; Harris, 1997; Kemp, 2003). RPL is a key strategy for making education more accessible and can assist with closing the gap between privileged and marginalized peoples, including Indigenous learners (Dyson & Keating, 2005).

The values underpinning RPL philosophies reflect UNESCO's "education for all" Millennium Goals (UNESCO, 2009) and the Closing the Gap (2009) campaign objectives (Price & Jackson-Barrett, 2009). Other authors have acknowledged the limitations of RPL as a panacea for widening access and participation, noting that it is rarely promoted, and that many equity groups, including semi-skilled and unskilled workers, school leavers and long-term unemployed, may not benefit from RPL policies (Cameron, 2006).

Historically, RPL in Australian social work education has been permitted by the Australian Association of Social Workers (AASW), at the discretion of universities, for *entry* into programs, but it has not been permissible for field education. According to AASW in 2000 (p. 3), "Recognition of Prior Learning is a judgment of an institution of the caliber of previous formal study …, and

whether to credit such learning," but that… " recognition of prior learning cannot be used to give credit in a BSW program" (AASW, 2000, p. 11). From 2008, AASW has permitted workplace experiences, skills, and knowledge as RPL toward field placement, heralding a new era. A renewed AASW definition of RPL in 2008 states: recognition of prior learning is "a judgment of an institution of the caliber of previous learning in the workplace, separate from formal learning, and whether to credit such learning" (AASW, 2008, p. 46). Permitting RPL for field placement recognizes social work students' existing workplace expertise and provides processes for circumventing pathways.

When considering the AASW Code of Ethics (2010), and the latest AASW RPL policy, it appears that the Code of Ethics and RPL have similar social justice aspirations. In this article, an overview of the history, philosophies, and theories informing RPL provides a backdrop to the presentation of findings from a recent study. On reflection, a closer alignment between social work, social justice, and RPL is contemplated. This study was conceptualized and under way before national RPL policy changes were implemented. Subsequent processes implemented by individual schools of social work must comply with national AASW guidelines and as such, it is national policies that influence the following discussion.

2.   Theories and Critiques of RPL as Change Agent

As noted above, in Australia, a national framework of qualifications initiated in the early 1990s identified RPL as a key strategy promoting social inclusion (Cameron, 2006). Burns (2002, p. 63) wrote that RPL was proclaimed as a valuable component of competency-based training, heralding increased access to education and thereby empowering individuals who felt "locked out" of tertiary study. Most recently, AASW policies have moved beyond supporting recognition of prior learning only for *entry* into a BSW to recognizing workplace learning that can

be credited toward coursework. These changes to RPL policies may in part have been promoted by the changing landscape of social work education and the workplace, including part-time students who need the flexibility to work due to economic imperatives, and the enrollment of many more students who had worked previously in welfare-related employment (Cooper, 2007).

Such changes are most evident in the student profile for those enrolled in new, two-year masters qualifying programs, designed to attract experienced workers without a BSW, in a highly competitive tertiary education marketplace. These courses have increased the demand for flexible placement arrangements, in the face of decreasing placement opportunities. RPL for field education can contribute to reducing this burden. Yet, as Burns (2002) noted, a status quo is often maintained even after RPL is implemented because of the feared danger of lowered standards, often perceived as a "slippery slope" argument (Lewis, 2007, p.197). Burns identified that this fear can overshadow new ways of crediting students' prior learning.

Seeking to explain these inconsistencies between *allowing* RPL and *embracing* it, Harris (1997) identified a continuum of RPL models from empowering, learner-centered approaches to outcome orientated, competency-based ones where power issues rarely are considered. Harris conceded that, in reality, a learner-oriented and outcome-oriented *mix* could apply, but Harris wondered how, given their opposing traditions. Regarding intent, Young (2006) asserted that RPL policies often are not embraced for reasons of social justice, rather, such "fast track routes" into higher education serve government, institutional and workforce agendas.

After reviewing available literature Breier (2005) recognized that much of it discussed RPL as credit for *entry* into postsecondary courses. To differentiate, Breier opted to discuss "rpl" (*lowercase, rather than RPL)* as relating to *post-entry* coursework credit (2005, p. 54). Breier draws from the work of several authors, including

Harris (1997, 2000) to present multiple theories informing rpl.

- First, a *technical/market* perspective that prioritizes knowledge, skills, and values of benefit to the economy; locates students as consumers; and recognizes that prior life and work experience can be matched against predefined learning outcomes in a standardized credit framework.
- Second, a *liberal/humanist* perspective recognizing that all prior experiences of adult learners "should be valued and used as a resource for further learning" (p.58). Drawing on the work of Brookfield (1998), Breier (2005) acknowledged that under this tradition, romantic assumptions that a learner's experience always would constitute a rich resource, or that all learners have the capacity to learn from experience, needed to be challenged. Nevertheless, a liberal/ humanist rpl provides some opportunity for students to reflect on how their prior learning is similar to or different from formal learning.
- Third, a *critical/radical* perspective, under-pinned by feminist, emancipatory, rights-based, standpoint, and social constructivist discourses, which assumes that experiences and knowledge cannot be separated from history; that knowledge is contextual; and that knowledge need not be represented only within academic norms. As identified in the opening quote, under this model, outsider and marginalized knowledges that often are ignored by the academy, such as practical knowledge, women's knowledge, and Indigenous knowledges (Breier, 2005, p.56), would be valued and rendered visible.

Other significant theoretical influences underpinning RPL, according to Harris (2006), are Kolb's (1984) experiential learning cycles and Knowles' adult learning model (1980), both with roots in constructivism. Young (2006, p.323) stated that debate between knowledge and experience is "as old as education itself," both as an "epistemological issue"—Where does

knowledge come from?—and a "pedagogical issue:" How can learners acquire knowledge that takes them beyond their experiences?

3.   A Focus on AASW Field Education Context

Field placement is considered to be an integral component of Australian social work. This supervised practice arm within a social work degree must provide students with a minimum of 28 weeks (980 hours) of real-world preparation and discipline enculturation in a human service organization under supervision of a social work–trained supervisor. However, opportunities for consistent, high-quality placements can be a challenge, with some agencies and practitioners limiting the learning opportunities they provide (Cooper, 2007). In an ongoing disciplinary tension, nonsocial worker task supervisors are recruited to help meet placement demands.

Equally, many students have requested exemption through RPL from field placements because of their levels of practical knowledge and experience, and financial difficulties with the length of placement (Abrum, Hartung, & Wernet, 2000; Coulton & Krimmer, 2005; Wayne, Raskin, & Bogo, 2006). It is only recently, and not without debate, that prior work experience can now be credited toward the social work field practicum in Australia (Crisp & Maidment, 2009).

The issue of experienced welfare workers seeking social work qualifications has resulted from a number of factors, including employer difficulties recruiting qualified social workers in some geographical regions and some fields of practice; employers encouraging experienced workers to advance their qualifications; new masters programs as noted above; and some workers seeking validation of a "piece of paper" to gain due recognition for their existing knowledge (Crisp & Maidment, 2009, p.172).

Crisp & Maidment (2009) acknowledged that some experienced students are skeptical about how much more they might learn studying for a BSW, but subsequently may embrace new learning opportunities. Nevertheless, for some experienced

workers, prescribed coursework subjects may represent significant information duplication, and a lack of available recognition of prior learning for field education has provided a past deterrent for some students to begin or continue studying. According to Cooper (2007, p.100) a new paradigm of social work education would see students "as people who have capacity to construct meaning from their previous experiences rather than as empty shells." Emphasizing values that are implicit in social work education, Taylor and Clemans (cited in Price & Jackson-Barrett, 2009) stated that RPL is the logical consequence of supporting a theory of experiential learning.

4.   Social Justice, Human Rights, Social Work and RPL

According to the AASW Code of Ethics, social justice is one of three core values of the Code. It says that:

> "Social justice refers to the concept of a society in which justice is achieved in every aspect of society rather than merely through the administration of law. It is generally considered as a social world which affords individuals and groups fair treatment, equality and an impartial share of the benefits of membership of society" (AASW Code of Ethics, 2010, p.46, citing Ife, 2010).

As noted in the second opening quote on human rights, Ife (2008) frames social work as a human rights profession, and identifies that there are certain consequences in this position for the way in which social work is conceptualized and practiced.

The research study discussed below builds, in part, on previous research exploring barriers to completing a BSW for Aboriginal and Torres Strait Islander students. Gair, Thomson, and Savage (2005) found that lack of recognition of prior practice experience, workplace learning, and cultural knowledge used in practice, particularly in relation to required field education,

was a significant disincentive for mature-aged Indigenous students. Many such students are experienced practitioners, having entered the welfare workplace as opportunities arose over the last two decades. Further, Gair et al. (2005) found that a lack of recognition of Indigenous knowledges within curricula continued to be an ongoing barrier once these students enrolled in a BSW. Aboriginal and Torres Strait Islanders are identified as Australia's most disadvantaged peoples in terms of human rights and, disproportionate to population percentages, they are the highest users of welfare, mental health, justice, and corrections systems in Australia, while having lower entry numbers into higher education. It was an evident shortage of Indigenous social workers, and difficulties recruiting and retaining Indigenous students, that triggered the aforementioned study (Gair et al., 2005).

Although that study focused on barriers for Indigenous students only, lack of RPL has been identified as a disincentive for many mature-aged students. In 2006, Wayne et al. (p.167) called for a radical change "to assess whether students could be exempt from part or the entire placement requirement." Some of this change is reflected in the new AASW guidelines for RPL, although it is restricted to first placement for students who can demonstrate, and have validated, many years of prior, supervised practice, as aligned with the AASW Practice Standards and Code of Ethics. The study findings reported below are presented to contribute to debate of RPL, virtually absent from social work literature.

5.   Methodology

A qualitative, interpretivist approach underpinned the study. Rich data were collected from participants who were interested in discussing RPL in relation to social work field education. Snowball sampling, also called network sampling, was used to secure the volunteer sample, beginning with several people and then recruiting through their networks and my own (Neuman, 2011; Strauss & Corbin,

1990). The sample consisted of 17 participants with welfare and social work qualifications; 15 females and 2 males; and 5 Indigenous and 12 non-Indigenous participants. In keeping with the methodology, in-depth interviews were undertaken and recorded. Aboriginal and Torres Strait Islander peoples particularly were encouraged to participate in order to build on the aforementioned study and to capture and include their views and perspectives. Pseudonyms are used to maintain confidentiality.

All participants were working in northern, regional Australia (Queensland and Northern Territory) and all had experiences of field education. This study was funded by an AASW small grant. Interviews were undertaken in 2008–2009 and the data were analyzed in 2010. Two research questions guided this study:

1. How is/can RPL be conceptualized in a BSW field education program?
2. How could we measure RPL in a BSW field education program?

The questions were deliberately broad, given the exploratory nature of the study and the very limited available literature. A thematic approach was used for analysis, and theme saturation was reached by repeatedly reading through the transcripts and noting trends and clusters. Adhering to principles of qualitative research, large and smaller quotes were used to present the data. It is acknowledged that all interpretations are those of the author. Limitations of this study could include the use of network sampling and the limited literature informing the research questions and analysis.

6.   Findings

Participants in this study expressed views in a range from one "avid" supporter to one non-supporter of RPL. Nevertheless the four emerging themes reflect the majority of views that supported a balanced but rigorous approach to accommodating RPL. The themes were: "beyond the novice";

"a balancing act"; "beware the slippery slope"; and "measuring breadth of experience." These themes are now discussed, with an emphasis on latter themes. Some quotes appear to exemplify a shift in thinking within interviews toward supporting RPL, and elements of Breier's theoretical models are evident in some responses. This point is developed in the Discussion section below.

6.1   Beyond the novice

Most participants recognized that students with prior practice knowledge were at a different starting point from inexperienced students, as exemplified in these quotes:

> "…people who have already acquired enough experience, … recognizing the things people have done… prior to coming into a social work degree and saying…'Okay, well that meets enough of the objectives… we'll give them credit for it….' " (Anna)

> "In a placement situation it might be… You don't have to go right back to the very beginning." (Mavis)

> "It's a lot to do with their personal experience that is generalizable to the profession … an Indigenous person in social welfare… and then a person outside the culture …they say we have to educate you in this certain way for you to be able to do the role, … that person has probably got a lot more expertise in many ways … that should be understood and recognized. Their starting point … is further along than a novice." (Gary)

Harris (2006) observed that the defining assumption of RPL is that adults have prior practice learning and current competencies that can be recognized, assessed, and accredited.

6.2   A balancing act: The benefits of placement and who needs it

Many participants used the concept of "balance." They offered illustrative stories as they weighed the profession's responsibilities regarding practice learning versus students gaining exemption through RPL. Others emphasized the opportunity, with hindsight, to link theory to practice versus the burden of placement. There also was discussion of potential disadvantage for some students who already have skills and capacities:

> "I am an avid supporter of RPL for one placement… I guess I am open to the idea… if someone has done a first placement they could actually get credit for the second, but I think it fits best with the first placement. There are many advantages with having a final placement both as in gatekeeping and… it provides…an opportunity to get jobs. Look, there's a huge range of different issues. … However, I don't think those are reasons why people shouldn't do placement. We have to balance the pedagogical with the practical." (Anna)

> "I was doing my social work degree as a distance student and I was the coordinator of the service, and I sought to do my placement in the organization… or at least get some recognition. …The university was very reluctant to allow me to do that. Struggling financially, I've already got practice experience. …I was a mature age student… a lot of life experience. In hindsight it (placement) was a really great learning experience … (but) some recognition is important … because it values that past experience. I could have achieved the same with a shorter prac(ticum)… a bit of balance around it. …" (Sara)

> "Creative flexibility with a responsible backbone. …It isn't like saying, you know, anything goes…there has to be a balance. …" (Mavis)

Some ambivalence seems evident in these below responses as positives and negatives are weighed:

"My first reaction is, 'Oh' like not actually something positive. On reflection I think if you've got good RPL policies, if you give the student a chance to address the learning outcomes. … When you consider the current economic climate… Somebody's already worked substantially in the industry, why not recognize that?" (Irene)

"For a long time there hasn't been any provision for RPL… most students juggling part-time work.…The beauty of placement is putting your theory into practice…in a safe, supervised context. I suppose I am fairly open to some sort of RPL. Where it's harder is how students demonstrate they've had supervision. The thing I worry about is how many of the links to actual social work knowledge base and skill they make… it's retrospectively trying to make previous experience fit." (Alice)

"I probably have pros and cons for RPL. I think in general yes—(if) people have done the work. I've known people who have almost been employed in a social work position for 15 years and couldn't get RPL. She really did have a good understanding of social work values and ethics… she just didn't have 'the piece of paper.' When it came to field placement… and needing to give up work…she withdrew from the course. You can get people who've done a teaching degree…it's a different professional base.… But when you've got someone whose been working as a social worker, no RPL discriminates against them." (Jenny)

"Well…for the placement, which is terribly onerous…they would be able to gain credit. I think there often is a 'two-way street'…but it becomes exploitative.… If I think of the knowledge transfer if it was on a balance sheet it would be far greater the other way.… I'm not saying placement's a bad thing but I think RPL could be a good, groundbreaking rejuvenation of the profession if we used it properly." (Lena)

Inferred above and familiar in social work discourse is the role placement plays in students' learning and enculturation into the social work profession. However, Abrum et al. (2000, p.173) argue that non–social work task supervisors are often meeting growing demands for placements, while social workers act as "backup supervisors" who "co-sign placement documents." Similarly, in some interviews the important "gatekeeper role" was mentioned, but LaFrance, Gray and Herbert (2004) caution against transferring the gatekeeping role to the field when it replaces adequate course completion criteria.

6.3   Beware the slippery slope

Maintaining standards was a significant talking point in the interviews. It extends the previous theme but with a distinct shift to perceiving a possible slide toward lower standards. As noted earlier, Burns (2002) identified that the status quo often is maintained because of fears over inevitable lowered standards as a result of RPL, although little research appears to support this notion. Such fears often are conceived as a "slippery slope," and that language emerged here.

A majority of participants noted that RPL may have a potential to undermine discipline and institutional reputations. Concepts including "back door" dealings, making it "too easy" and "watered down" by opening the "floodgates" were all voiced in the interviews by Indigenous and non-Indigenous participants, who were all mindful that any RPL course credit should not mean

diminished standards or expectations. Participants emphasized upholding the integrity of the degree as a priority when considering RPL. Equally, it was identified that "going overboard" with onerous, prescriptive requirements, perceived as "hoop jumping," also was undesirable. Again the inference was of getting the balance right:

> "I think people have a lot of prior learning… that should be recognized… By the same token it has to be recognized within the context. But if people can demonstrate that, then I think open the floodgates… But I think we need to make sure the policy is very clear. While there's recognition of it…still the same standards apply… use of self, ethics, standards of work, professional skills, and make sure it's not seen as 'oh it's another back door'" (Gary)

> "You have to be able to respect it and you have to be able to practice it… not watered down. Someone might have done extensive work for years…I don't think school leavers would be asking for RPL…you'd look at individual cases" (Doris)

> "… what I am trying to say is that I think RPL at the moment… is historical documentation rather than demonstrating competencies in a more live kind of situation…but I think the danger is that you could actually go overboard…do you know what I mean, just trying to balance 'going overboard' on the one hand and being too simplistic on the other." (Conrad)

> "… from my experience, sometimes… you have got to jump through hoops to fulfill the requirements, to get credit for what you have bloody done, you know that sort of 'fit between the lines.'"(Lena)

> "I don't think that if you've volunteered for Meals on Wheels for 20 years then there's an application for RPL. I think it does need to be substantial, paid… but then *unpaid* work in a helping capacity can sometimes be way more complex. I mean… in an Indigenous community, in some of the refugee communities… it is not paid work but it's support skills, caring skills, networking skills. Yeah, we tick off third-year placements when the students haven't done half those things.… I mean there's a lot of argument against RPL." (Anna)

Reflecting this position of being against RPL, this participant was confident that the experience of supervised social work placements is unique and cannot be replaced with RPL:

> "I think we can be too flexible…we had people as you well know who have gotten through, academically brilliant but really ought never to be out there—I think by saying 'you've had these experiences, but this is why you need to do your prac(ticum) under supervision to obtain that professional philosophy.' The supervision *in* the experience…to marry up the academic learning with the actual experience. I think it can only occur in fact in placement." (Lizette)

As previously noted, Lewis (2007, p.197) explained that the slippery slope arguments appear when contested social change is proposed. Endorsing the policy is reconceptualized as triggering inevitable lowered standards that later intervention could not redeem. Young (2006, p.323) identified that contradictions at the heart of RPL mean that emancipatory notions are undermined by overzealous processes seeking evidence of equivalence that provoke imbalance and exclusion. Similarly Price and Jackson-Barrett (2009) identify that controversy revolves around both the extent to which RPL might undermine

academic quality, and by what means RPL can be measured.

6.4   Recognizing a breadth of experiences: Measuring RPL

This theme captures participants' thoughts about how to measure RPL in a meaningful way. Again, lengthy discussion developed around measuring RPL. It was evident that Indigenous and non-Indigenous participants did not condone less-rigorous processes but supported fair and just processes. The new AASW Education and Accreditation Standards recognize that:

> "…students may enter their social work degree study program with a breadth of prior learning and experiences in the human services sector" and as such "credit for the field education placement, or part thereof, may be possible on the basis of recognition of prior work experience" (AASW, 2008, 4.3.5).

Almost all participants made practical suggestions about how RPL might be measured.

Threads of previous themes can again be evidenced here as participants recommended measurements that could mirror placement conversations. They suggested inclusive, socially just approaches to RPL that make non-academic knowledges more visible; they cautioned against "force fitting" past experience into a prescribed framework and weighed how measurement of RPL can be rigorous and meaningful, but not burdensome for the student or the university. The preferred measure for many participants was written work with a conversation about practice skills and knowledge, where the cultural background of the applicant is considered and all assertions are supported by documentation. These first quotes identify choice, conversations, and flexibility in measuring RPL:

> "I think choice…some people would be quite comfortable to do the written assignment others I think would be quite

daunted by the written, so face-to-face would be good… an informal setting around a table… without the hierarchy. A support person and a facilitator… Given the opportunity to 'tease out that knowledge' … not just 'fill out that form.' There's a lot of hidden knowledge. I believe a more flexible approach to recognition of prior learning—rather than dumbing down—would actually encourage greater learning … and if a person has knowledge from a client's perspective that also needs to be taken into account." (Lena)

> "Panels are scary, so two people (in placement you often have two people who provide support, someone from the university and your field supervisor)… sit down with the student and talk about 'what have you been doing in your practice,' perhaps do a written case study. It's just a bit of marking and certainly (takes) time and resources of the university (but) is not more excessive than doing supervision and placement." (Margaret)

> "I think I would say 'give us an example of why you think you should have RPL' … almost like applying for a job. The most important thing here is what were the outcomes? What strategies did you use? People assume because you got black skin that you know everything about Aboriginal culture, or Torres Strait Islander culture, which is not true. I think it comes back to method. The committee would need to weigh it up." (Doris)

> "If a social worker is willing to say 'I verify that this person has done these things and it is comparable with what happens in our third-year field placement experience,' and you can link it with knowledge, skills, and values that we would expect from a third-year student… I'm really thinking how onerous do we make this?" (Anna)

"An interview… because a verbal conversation can sometimes elicit more useful information…; if it's an Indigenous student, have an Indigenous staff member… I would lean toward saying 'yes' because a third-year placement doesn't cover all aspects." (Kathryn)

The following quotes note the role of the AASW and associated documents in guiding RPL processes:

"People sometimes know things but they can't demonstrate it… I suppose this is an area where perhaps there will be searching for more direction from AASW." (Conrad)

"Some sort of reference… who could vouch for you, but sometimes it might not be a social worker… you really should have been having some supervision. A series of questions that identify what core skills and knowledge you expect them to have. I am sounding very bureaucratic now with competencies springing to mind… Or leave it up to the person to name those things in language they understand? You don't want it that they just pick up the Practice Standards and then regurgitate, or try to fit their experience into that framework because they can easily do that, people are quite creative… it doesn't have any real meaning." (Sara)

Preempting recent changes, Wayne et al. (2006, p.167) called for valid measures to assess whether students could be exempt from part of the placement, or all of it, and they emphasized individualized programs that bolstered missing "theoretical knowledge" and were not just focused on measuring previously learned practice skills. Osman (2006, p.212) acknowledged that RPL could be perceived as a "soft option," yet applicants who developed RPL portfolios often

spoke of the onerous process. Of relevance, Peters (2006, p.168) identified issues of retrospective recall, where RPL applicants felt compromised by being required to force-fit past learning into a "manufactured self" to gain RPL, rather than having their skills and knowledge recognized and valued.

Equally, according to Dyson and Keating (2005), where data are available the data indicate that the use of RPL by Indigenous students in the Vocational Education and Training (VET) sector is lower than for other students. Further, they recommend that RPL processes need to take into account the traditional systems of passing on knowledge, and that there is a need to provide culturally appropriate support in measuring RPL such as use of elders to speak on behalf of the applicant and use of Indigenous assessors. Reflecting espoused AASW professional values in practice, one participant above called for the recognition of insider knowledge from a client/consumer perspective.

7.   Discussion

It seems apparent from the findings that participants recognized that some students had knowledge and skills "beyond the novice." Equally it was clear that a careful balance was required to recognize prior skills and knowledge, current learning needs, and the graduate skills and knowledge, including theoretical knowledge, vital for professional social work practice. Of interest, almost all participants noted that RPL might tip the balance toward lowered standards, although participants acknowledged a corresponding imbalance if overzealous assessment made RPL more arduous than doing the placement. It is not clear from the interviews or the limited available literature why the slippery slope of lowered standards was such a commonly described concept, although Lewis (2007) notes it is an argument often called up when contested social change is proposed.

At the completion of the interviews almost all participants favoured RPL in some form. Only

a very small minority maintained that the field placement is a unique experience that could not be replaced by RPL. Therefore it is speculated that most participants did not necessarily believe that RPL triggered an inevitable slide into lowered standards. Rather they cited common fears but endorsed RPL as contributing to a fine balance between the experiential and theoretical knowledge necessary for practice.

Revisiting the literature discussed above, Harris (1997, 2006) firmly located RPL in a political context, stating that if educators were serious about social redress they would want to highlight and advocate for recognition of forms of experiential learning that come from particular social conditions, that is, to recognize social and political experience and blend it with the support required for success in academic education.

As noted earlier, Breier (2005, p.55–59) identified three theoretical approaches to RPL. A *technical/market* perspective that prioritizes knowledge and skills of benefit to the economy and matches past informal learning against standardized outcomes; a *liberal/humanist* perspective recognizing that adult learners' prior knowledge should be valued, and providing opportunities for students to demonstrate reflective learning; and a *critical/radical* perspective. This last approach, underpinned by feminist, emancipatory, standpoint, and social constructivist discourses, recognizes that knowledge cannot be separated from history, sees "knowledge as situated," and seeks to "grant visibility in the academic environment to 'outsider knowledge'" (Breier, 2005, p. 58, citing Michelson 1996).

In these findings, technical/market, liberal/humanist and critical/radical perspectives all can be identified in participants' viewpoints. In particular, allowing different, marginalized and hidden knowledges to be tease(d) out was recommended by several participants. Of significance here, Breier (2005, p.59) also highlighted crucial disciplinary-specific considerations. Breier stated that "the nature and the structure of the discipline …, the relationship between formal and informal knowledge within the discipline …, and the extent to which the pedagogic discourse mirrors that relationship" are vital in accommodating RPL.

In considering social work as a human rights profession and a discipline committed to social justice, as documented in the Code of Ethics (AASW, 2010), a *critical/radical* perspective on RPL seems a most befitting theoretical match. Equally, social justice, according to the new code (AASW 2010, 3.2, p.13) is a core professional obligation, and the social work profession promotes justice and fairness "by acting to reduce barriers and to expand choice for all persons." The Code (AASW, 2010, p.14) identifies anti-racist practice (citing Quinn, 2009) and "calls for the development of theories and practices which privilege understandings … and relevant cultural knowledge." Of relevance here, it is a *breadth of knowledge from experience,* and not a depth of theoretical social work knowledge that the new accreditation standards have recognized as credit worthy (*emphasis added)* (AASW, 2008, 4.3.5).

In keeping with the study findings and with social work as a human rights profession that is also committed to social justice, social inclusion and valuing experiential learning, it is recommended here that closer alignment to a *critical/radical* perspective could provide a relevant theoretical justification for RPL, and an ethical, social justice framework for future guidelines. From the literature available, there does not appear to be evidence that ethical standards are best upheld with a conservative approach to RPL. Further research dedicated to exploring all aspects of RPL in social work education, to build our evidence base on RPL, is highly recommended.

It is acknowledged here that fast track routes via RPL may well serve organizational, workforce, and individual agendas, rather than pedagogical ones, and therefore RPL policies should not be embraced uncritically. It is acknowledged that the new AASW RPL policy demonstrated leadership in a global social work context, and it is early days after implementation.

Yet is seems evident that some RPL policies inherently can have a confused, paradoxical epistemological standpoint (Watson, 2009), seemingly arguing for legitimate space for different knowledges, but requiring that they be cloaked in sameness. Required 'sameness' in social work RPL processes may not represent advancement of social justice or social inclusivity. This may be so particularly regarding respecting different knowledges such as experiential workplace knowledge, insider knowledge and Indigenous cultural knowledge in practice, thereby potentially breaching AASW's own espoused Code of Ethics.

Reflecting on the words of one participant above, AASW may need to be prepared for educators looking to AASW for more direction on RPL. It is recommended that in offering that guidance AASW could consider promoting closer alignment with a critical/radical perspective. This standpoint would decrease any discursive gap between social work's espoused theories, Practice Standards and Code of Ethics, and social work theories in use (Argyris & Schon, 1974). In turn, this standpoint would reflect closer alignment between the embodied philosophies of social work and RPL, and in the slightly misquoted words of one participant above regarding demonstrated practice—"would link it to values we would expect."

8.   Conclusion

Participants in the study reported here considered that RPL was a fine balance between students' prior learning, their current learning needs, and the graduate skills necessary for professional practice. Some fears were expressed in the study about maintaining rigor and being mindful of potential lowered standards, while ascertaining what counts as knowledge. Revisioning RPL as broader than allowing *entry* is a step that has been taken by AASW, and a recent AASW policy shift has allowed RPL for field education in Australian social work programs.

Greater alignment between social work's core value of social justice and the original empowering philosophies of RPL could be a next step. It appears that a discursive gap may exist between RPL as a process through which prior learning is retrospectively matched to the Practice Standards and Code of Ethics and a critical/radical standpoint that recognizes marginalized knowledges in social work learning processes. These findings have relevance for social work in Australia and in the international context where social workers and social work educators are pondering RPL as it relates to ethical social work practice, social work values, social inclusion, human rights, and social justice.

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Book Review

Skorupski, J. (Ed.). The Routledge Companion to Ethics. New York: Routledge.

Reviewed by Stephen M. Marson, Ph.D., Senior Editor, *Journal of Social Work Values and Ethics*
University of North Carolina, Pembroke

Many years ago, I published an experimental video editorial in Vol. 4, No. 2, *Journal of Social Work Values and Ethics*. The concept emerged from the manner in which social workers received their ethics training. The graphic below illustrates two divergent perspectives.

Graphics by Kyle Coleman, Technology Support Technician, University of North Carolina at Pembroke
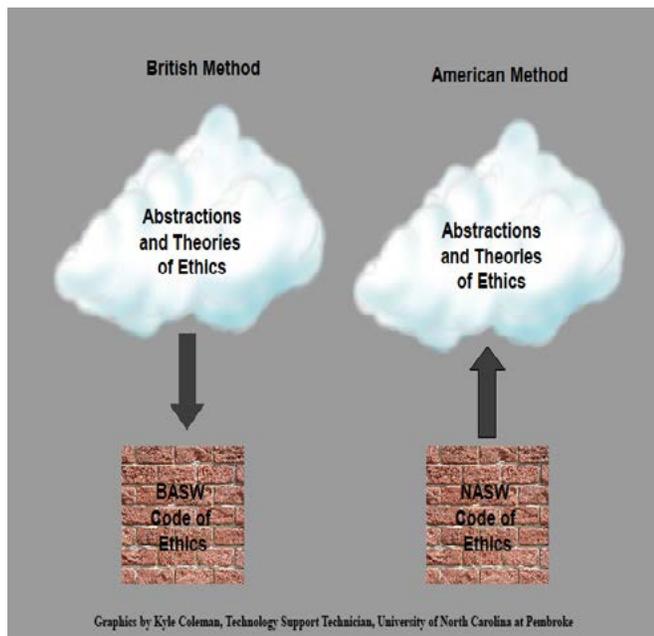
The first (on the left) represents a European or British vision of teaching ethics. Here students learn classical theories of ethics and later they are introduced to their professional code of ethics.   By learning the theory that undergirds the professional code first, they are expected to understand the rationale behind each specific code.

In the United States, the exact opposite teaching strategy is employed. A survey course in philosophy (or more specifically ethics) is rarely a requirement in American higher education. In most cases, a philosophy course is an elective. Students are introduced to their professional code of ethics without the benefit of understanding how these specific codes emerged as a standard for professional behavior. At this point, students (particularly those who must write an ethics research paper) must review the classical theories upon which the professional code exists.

Whether one learns ethics in an orderly manner as we see in Europe or backwards as we see in the United States, The Routledge Companion to Ethics is a valuable resource. For Europeans, this valuable book provides a parsimonious presentation of foundations that can facilitate effective organization when writing a paper for a professor. For American students, the book offers an arena in which the student can find the foundation for a specific ethical code. Here the professor will be profoundly impressed with the student's ability to create a philosophical linkage.

This excellent reference book includes 68 chapters equally divided into the following six sections:

1. History
2. Meta-ethics
3. Ideas and Methods from Outside Ethics
4. Perspectives in Ethics

5. Morality
6. Debates in Ethics

European students will find the 21 chapters in the "History" section valuable; while college students in the United States will find "Ideas and Methods from Outside Ethics" most useful for the assignments they face. The section titled "Debates in Ethics" can be used as a springboard for a term paper on the topic of abortion (perhaps the most common ethics paper submitted in college). Whether the student embraces the position of "prolife" or "prochoice," this section will emerge as a valuable citation. In addition, within this section Heathwood offers a chapter titled "Welfare." Regardless of the social work student's nationality, this chapter will probably be the most cited.

The major shortcoming of this volume can be found in the section titled "Ideas and Methods from Outside Ethics." Skorupski offers five chapters presenting various professions. I see a misplaced chapter titled "Formal Methods in Ethics" that is general in nature while the other chapters are linked to a specific profession. Social work professors and students will be distressed because while there is a chapter addressing psychology, there is no chapter that specifically addresses social work.

Whether one learns ethics founded on theoretical abstractions and then moves to the concrete application OR learns concrete standards and then moves to learn the theoretical abstractions, The Routledge Companion to Ethics is a volume that is a necessary addition to social work libraries in Europe and in America.

Book Review

Dixon, J. C., and Singleton, R. A. (Eds.). *Reading Social Research: Studies in Inequalities and Deviance.* Thousand Oaks, CA: Sage.

Reviewed by Peter A. Kindle, Ph.D, CPA, LMSW
The University of South Dakota, Vermillion, South Dakota

Dixon and Singleton, sociologists associated with the College of the Holy Cross, bring a combined 36 years of teaching experience to bear on this edited collection of 20 articles. The editors have selected articles accessible for undergraduates and grouped them into ten pairings to illustrate significant aspects of research methodology: the role of theory, ethics, measurement, sampling, experimentation, surveys, qualitative research, secondary data analysis, mixed methods, and data analysis. Each pairing begins with a two- or three-page explanation of the methodological issue emphasized in the articles and provides a brief reference list and useful online resources related to that research topic. Each article is briefly introduced so that the reader understands why this article is included and what to look for while reading it. Each article also concludes with five thoughtful questions for student consideration. Dixon and Singleton intend this book as a supplemental text for sociology research courses, and I believe it would be quite useful in that context.

The collection of articles is well balanced between quantitative and qualitative methodologies, with six selections in the latter category; eight if the mixed method studies are included. Five of the articles, perhaps emphasizing the deviance theme in the subtitle, are from criminological research and are used by the editors to illustrate the role of theory, experimentation, secondary data analysis, and mixed methods. Articles on race and ethnicity address measurement and sampling issues, with a third showing a creative use of existing data; but readers looking for meaningful content of racial inequalities will need to look elsewhere. The collection covers gender inequality more adequately in three selections illustrating measurement (housework), sampling (singles bars), and secondary data analysis (intimate partner abuse). No other subject receives as much attention in the collection, but there are two articles providing international comparisons on traditional values and imprisonment rates, two addressing gay and lesbian issues (social acceptance and parenting), and two investigating drinking on college campuses. I did find the neglect of social class outside of criminology a bit strange in a book purporting to address inequalities with only one study on poor, single mothers and another on the homeless.

As one might anticipate in a book written by sociologists for sociology courses, there is no explicit discussion of social work values and ethics in this book; however, there was considerable emphasis on socially marginalized segments of the U.S. population. Social work students and practitioners might gain rich insights from reading the neighborhood effects of mass incarceration, the formation of racist groups, the challenges of ex-offender employment, the economic survival strategies of the poor, and identity development

among the homeless. The two selections illustrating "Ethics and Politics of Research" are a bit more problematic. The first selection, Stanley Milgram's defense of his obedience experiments, might be appropriate for graduate classes, but I would veer away from its use with undergraduates because Milgram's argument can be easily interpreted as inconsistent with the social work value of human dignity. The second selection, Judith Stacey and Timothy Biblarz' systematic review of gay parenting and child outcomes, might also be somewhat problematic. This selection emphasizes the manner in which pro-gay ideology has muted the evidence that there are some measureable differences in child outcomes due to gay parenting. I cannot help but wonder if this excellent work by Stacey and Biblarz might be misconstrued by some undergraduate social work students and/or religiously affiliated social work programs to reinforce a reluctance to embrace gay social inclusion and advocacy of gay civil rights.

I do not hesitate to recommend this book for consideration by sociologists. The selections on measurement and sampling feel awkward because they omit some of the results, and the article on quantitative data analysis is a bit complex for undergraduates. Otherwise, the selections do an excellent job of accomplishing the editors' intent of illustrating specific aspects of social science research. I do not believe that this collection of articles is equally compatible with social work. Not one of the selections is from a social work journal, and the sampling issues paramount in social work research (marginalization, hidden populations, and cultural competence) are underemphasized. Social work educators are advised to look elsewhere for a reader.

Book Review

Wagner, D. (2012). *The Miracle Worker and the Transcendentalist: Annie Sullivan, Franklin Sanborn, and the Education of Helen Keller*. Boulder, CO: Paradigm Publishers

Reviewed by Rasby Marlene Powell, Ph.D., Professor of Sociology, University of North Carolina, Pembroke

David Wagner, Ph.D., MSW, is a professor of social work and sociology at the University of Southern Maine. His academic background in history, social work, labor studies, and sociology, combined with his activism on behalf of the poor, has prepared him well to write this book. He offers a compelling argument as to how and why Sanborn, who secured Sullivan's release from the poorhouse at age 14 and who shared many progressive political positions with both Keller and Sullivan, would turn against them when their popularity soared. Wagner has published several other books focusing on social policy, poverty, and inequality.

Unlike many previous books and articles written about Keller, Sullivan, and Sanborn, attributing the contentious relationship Keller and Sullivan had with Sanborn to personality differences, Wagner's book analyzes their conflicts through the historical and social context of their relationships. He claims that attitudes about class, gender, and disability during the late 18th and early 19th centuries help explain their different perspectives. Wagner argues that although Sanborn and other privileged Transcendentalists of the day held humanitarian sentiments and worked to improve the lot of the poor, they also held very paternal attitudes toward those they helped. Sanborn held little sympathy for those he considered the unworthy poor, such as out of work vagrants, alcoholics, prostitutes, and many of the Irish immigrants such as Sullivan. Additionally, his gender expectations reflected the Victorian attitudes of the day. Proper women were expected to be docile and respectful of male leadership, so he found Keller's outspoken ways distressing. Although he supported education for the disabled, he held limited expectations for the capabilities of the disabled. As Wagner illustrates, Keller and Sullivan not only disagreed with Sanborn but disagreed publicly, which increased the ire of Sanborn and his fellow humanitarians.

Wagner organizes the book in such a way as to elucidate the historical setting while at the same time providing biographical highlights from each of the actor's lives. He begins by introducing the reader to Sanborn as a younger man to show how his privileged upbringing and his social contacts shaped his increasingly progressive political philosophy and motivated him to activism. He then introduces the reader to young Annie Sullivan, who is confined to the Tewksbury Poorhouse because she is an orphan. Wagner chronicles the conditions and relationships of young Sullivan's life that would shape her later disdain for Sanborn, even though Sanborn was responsible for her release from the poorhouse and entry into the Perkins School for the Blind, where she graduated as valedictorian. Next, Wagner guides the reader through Keller's education by Sullivan and their subsequent fame. After his masterful job of setting the stage, Wagner uses the remainder of the book to explain how the differing backgrounds of Keller, Sullivan, and Sanborn led to a public attack on the two women by Sanborn and other prominent New England Transcendentalists.

While filled with strengths, the most obvious strength in this book is Wagner's style of weaving historical facts together in such a way that makes it feel like you are reading a good novel. Another important strength is his ability to place his analysis within the context of the historical time period. Too often, researchers use today's standards for stratification issues to analyze yesterday's actions. Instead, Wagner takes special pains to introduce the reader to the the political and moral norms of the era. Wagner also presents the characters with all of their flaws and contradictions. We learn that simply because people consider themselves to be humanitarians does not mean that they do not treat others in patronizing ways. He reveals the internal contradictions that are present in most people. While I truly enjoyed this book and feel enriched by it, I believe it could have been improved by including a few theoretical explanations. All through the book, I found myself thinking of Simmel's work on boundaries and how those boundaries affect our personal perspectives.

I highly recommend this book and believe it would be a good addition to a social work, sociology, or history course. It is a fascinating analysis of the effects of the intertwining of stratification issues with prevailing political ideologies of an era. Moreover, it helps us better understand the battles that Keller and Sullivan faced as they fought against the prevailing prejudices of the era.

Book Review

Rome, S.H. (2013). *Social Work and the Law: Judicial Policy and Forensic Practice.* Boston, MA: Pearson.

Reviewed by Herbert I. Burson, Ph.D.
Assistant Professor and Director of Practicum
Troy University

Sunny Harris Rome is an associate professor in the Department of Social Work at George Mason University and has previously served as the department's BSW program director, MSW program director, and chair. Prior to joining the faculty, she worked as a litigator for the U.S. Department of Education and as a lobbyist for the National Association of Social Workers (NASW). She teaches courses on social policy, legislative advocacy, social work and the law, forensic social work practice, and community change. She is also the 2011 recipient of the College of Health & Human Service's Master Teacher Award for Senior Faculty.

Rome's research interests focus on the intersection of social work and law, specifically in the areas of child welfare and immigration. She is a faculty Fellow with the Cochrane Collaboration College for Policy, under whose auspices she is completing a project on the mental health status of immigrant children and youth. She serves on the editorial boards of the Journal of Policy Practice, the Journal of Teaching in Social Work, and the Journal of Social Work Education, and is a frequent presenter at professional conferences.

Rome is an advocate for social work involvement in policy practice. She was an original member of the Steering Committee for the Policy Practice Forum (now in its 14th year) and is active in community, state, and national organizations, having served on NASW's Legal Defense Fund Board of Trustees, Virginia NASW's Political Action for Candidate Election (PACE) Board of Directors, the Governor's Work Group on Therapeutic Foster Care, and Fairfax County's Community Action Advisory Board.

Rome's work is comprehensive and informed. The author covers every aspect of the interface between social work and the legal system. The case examples are particularly instructive and will be very useful for social workers entering the workforce.

The book begins with an introduction that addresses general aspects of the legal system. From that point, the author addresses specific topics on which social workers must be knowledgeable, regardless of their field of practice.

The topics covered include child maltreatment, adoption, child custody, domestic violence, and work with older adults. The third section of the book addresses issues such as death penalty mitigation and mental health. The final portion of the work looks at issues including the rights of immigrants and women as well as those of racial and ethnic minorities.

The strengths of this work are its breadth and the fact that the author has obviously "been

there" in the world of practice. Too often, there is a disconnect between research and practice in today's social work. Not so in this book.

Rome's work should be of particular use in work with MSW students. Given the intellectual depth of the book, it would probably be less useful for undergraduate students. That said, in the hands of an astute instructor, it could be used effectively with students at the BSW level.

In conclusion, this book is based on excellent research, and is comprehensive in its coverage of social work's interactions with the legal system. I recommend it highly for any instructor teaching a course in social work and the law.

Book Review

Newton, J. (2013). *Preventing mental ill-health: Informing health planning and mental health practice.* London, UK: Routledge.

Reviewed by Wayne C. Evens, Ph.D.
Bradley University

Jennifer Newton, Ph.D., is deputy head of the school of social sciences at the London Metropolitan University. Her career has focused on integrating health and mental health services and practices. She served as project manager of an evaluation of the integration of health and mental health services in the United Kingdom. She has published three texts on mental ill-health prior to publishing this book.

Preventing Mental Ill-health is a review of research relating to causes of mental health and programs to prevent mental ill-health. The book closes with "there appear to be substantial overlaps in what makes us resilient to the chronic conditions affecting both physical and mental health. Vulnerability is key, and can also shape response to intervention, which can sometimes do more harm than good. There is some way to go before practice can be as effective as hoped. The business of providing support that works is far more complex, and far easier to get completely wrong, than some proponents acknowledge. But the pace of development in related areas of research and the commitment to change are grounds for optimism" (p.225).

The author opens the book with "to focus a book on prevention suggests that there might indeed be some magic pill, a fish oil capsule perhaps, or other chemical or a psychosocial equivalent that we could take, which administered to others immunizes against the often miserable, sometimes frightening, sometimes confused, occasionally exciting feelings we call mental illness. In a sense there is—we need to inherit the right genes, be kept safe from accidental damage and traumatic experience, feel the love and protection of a parent or parent figure throughout childhood, learn the life skills to keep us safe, and find our own place in society among people or at least one person who cares about us. Easy. But how important is each one of these and how far can strength in one compensate for vulnerability in another?" (p.1).

Newton does an admirable job of summarizing the research in several areas of mental ill-health, the critiques of this research and the issues of transferring research demonstrated strategies to actual practice. In Chapter 2, she discusses the importance of labels or diagnoses for effective research; however, she also discusses the deleterious effects that labels may have on individuals. Chapter 3 reviews the epidemiological studies from around the world to establish that mental ill-health is a growing issue, but it also explores the idea that we may be over diagnosing. Chapter 4 addresses the difference between "causes of cases" and "causes of incidents." It explores the difference between preventing mental ill-health in populations and in individuals. It acknowledges the political issues involved in changing social groups and/or cultures. Chapter 5 summarizes what is known about the causes of treatment of depression. It identifies child maltreatment and neglect as a major known cause of depression and suggests that early intervention

to prevent abuse and neglect would be a major preventive approach. It further addresses the impacts of negative life circumstances leading to a sense of helplessness on depression. It suggests those social and economic policies that support hope and better living conditions might be effective in reducing the incidence of mental ill-health. Chapter 6 similarly reviews evidence related to schizophrenia. It explores the interaction between genetic predisposition and life events in causing schizophrenia. There is evidence intervention during pregnancy and through life course could be effective.

Chapter 7 examines why most people cope with negative life events and why some do not. It identifies optimism and social support as crucial to effective coping. The author states, "Those who seem resilient in the face of stressful experience in adult life are unlikely to have experienced severely traumatic events before, in either childhood or adulthood, and are more likely to have support in their lives now—someone who cares about them, seems likely to be a good resource in times of trouble, who won't let them down—I draw attention to their need for support. They have effective coping skills. They prepare themselves in advance for predicted terrorist, use problem-focused coping to avoid unnecessary risk, reflect on action that might help, have a strong locus of control, focus on staying home, look for meaning in their situation in the opportunity behind the threat, compare themselves with others with greater problems, have optimistic personalities and connect with others, staying sociable" (pp.121-122). The chapter suggests that interventions can help people develop these coping skills.

Chapter 8 explores evidence supporting the mind-body interaction. It discusses the relationship between physical ill health and mental ill health. It reviews the evidence for placebo effects, positive thinking and meditation, and diet. It provides the evidence for how physical ill-health may contribute to mental ill-health, and how mental ill-health may contribute to physical-ill health. It suggests that helping people stay calm and

maintain a positive outlook can contribute to both physical and mental health. Chapter 9 looks at childhood. It identifies parental mental ill-health, child maltreatment, and family discord as major contributors to later life mental ill-health. It suggests that reducing teenage pregnancy, supporting depressed mothers, providing education programs for separating couples, and improving detection of child maltreatment are important preventative strategies. Chapter 10 reviews programs to reduce child vulnerability. It suggests that early intervention at times when people are willing to accept intervention will be most effective.

Chapter 11 notes that high socioeconomic status, employment, and secure neighborhoods contribute to mental health. It stresses that helping those recover from mental ill-health is an important intervention. Chapter 12 reviews policy interventions and suggests some possible interventions. It acknowledges what we know works, and what we don't know. It suggests that along with clinical research we need research strategies that explore the use of empirically demonstrated techniques in real practice. It looks at the problems of comorbidity, unwillingness to change, and other issues confronted by practitioners.

I found this book refreshing in that it presents what we know, but also acknowledges the many issues involved in moving empirically demonstrated techniques into real practice. I would recommend this book to all mental health researchers, mental health practitioners, students wanting careers and mental health, and policymakers concerned with stronger prevention strategies.

Book Review

Reiman, J., & Leighton, P. (2013). *The Rich Get Richer and the Poor Get Prison: Ideology, Class, and Criminal Justice* (10th ed.). Upper Saddle River, NJ: Pearson.

Reviewed by Laura Gibson, Ph.D., LCSW
Vincennes University, Jasper, IN

Jeffrey Reiman is the William Fraser McDowell Professor of Philosophy at American University. He earned his Ph.D. from Pennsylvania State University. He is the author of seven books and numerous peer-reviewed articles. His research interests are theoretical and applied ethics, political and legal philosophy, and the history of philosophy.

Paul Leighton is a professor at Eastern Michigan University, where he teaches for the Department of Sociology, Anthropology, and Criminology. He has authored several books and numerous peer-reviewed articles.   His research interests include violent crimes, white-collar crime, criminal justice policy, prisons, and capital punishment. He earned his Ph.D. from American University.

Reiman and Leighton introduce students to the idea that the criminal justice system is not as they had been brought up to believe that it was. The authors compare it to a carnival mirror that is designed to reflect a distorted image of reality. Their goals are to show students that what really goes on in the criminal justice system contradicts what they would believe to be fair; to offer a theoretical perspective for understanding the "failures" of the system; and do both of these in an affordable, short book written in everyday language. Each chapter is organized with an introduction of the ideas that will be discussed, the body of the discussion, and a summary of the main ideas.

Chapter 1 suggests that the traditional way our society has addressed crime is to build more prisons and hire more police officers. However, the authors introduce the idea that the criminal justice system has had only a marginal effect on crime. In fact, rather than deterring crime, prisons are schools of crime. The authors also assert that there is little evidence to support a relationship between hiring additional police officers and crime rates. They identify known sources of crime as being poverty and inequality, prisons, and drugs, which as a society, we have been unwilling to address in any meaningful way. Our society laments the fact that the criminal justice system is ineffective and, according to the authors, uses three main "excuses" to explain why our society has not been able to significantly reduce crime.

Chapter 2 presents the concept of crime as a social construction, not an objective reality. Our view of criminals does not tend to reflect a balanced view of the crimes that are actually committed, because when we think of crime, we automatically think of one-on-one street crime and not white-collar crime. The authors propose that our view of crime develops from the messages that the media and criminal justice system create for us; namely, that the group to be feared is poor, young, male, black, and urban, and our society needs to be protected from them.

In Chapter 3, the authors state that instead of the criminal justice system treating everyone equally,

the progression of "arrest to sentencing is a funneling process" that filters out people who are wealthy and do not fit our image of a criminal. This is done through a series of decisions by legislators who define crime, by police who choose which crimes to investigate and who will be arrested, by juries who decide who will be convicted, and by judges who determine sentencing. This funneling process "screens out" the well-to-do, so that at each stage the middle and upper classes are more likely to be ignored, released, or sanctioned minimally. The authors present several examples of individuals who defrauded institutions and people out of great sums of money, but the consequences were not comparable to poor individuals who stole much smaller sums of money (e.g., C. B. who stole $20 million from two savings & loans and served less than two years; H. B. whose fraud involved more than $30 million and who served a sentence of one year and one day, etc.). This helps to explain why the prisons are full of poor people and debunks the myth that it is only poor people who commit crimes.

Chapter 4 restates that the criminal justice system does not protect society or achieve justice, yet it is supported as an institution. To answer the question of why this occurs, the authors examine who benefits from the current system. The current criminal justice system benefits those in power by conveying the message that the threat to wellbeing comes from the classes below, rather than the classes above, and that poverty exists because of the moral shortcomings of the poor. Thus, the upper classes are held out as benevolent and harmless, and the lower classes are held out as malevolent, dangerous, and solely to blame for their own actions, without consideration of the contributing societal context of poverty and inequality.

The authors use the theoretical perspective of Pyrrhic defeat theory to explain this social phenomenon. Pyrrhic defeat theory might be considered the inverse of a Pyrrhic victory. A Pyrrhic victory is one where a battle is won, but it is so costly that it is in essence a loss. However, a Pyrrhic *defeat* is one where the battle (against crime) is *lost*, and the benefits are such that it could be considered a *victory* (for the upper classes). Reiman and Leighton state that "the failure of the criminal justice system yields such benefits to those in positions of power that it amounts to a victory" (p. 5). By focusing the blame upon the poor, it absolves the rich of the role they play in increasing economic inequality.

The book achieves its stated goal of challenging the beliefs of most students that the criminal justice system is a fair one, that it treats everyone more or less equally, and that individuals who break the law get what they "deserve" (e.g., prison). The book has several strengths. First, the authors' enthusiasm and passion about this topic shines through and helps to engage the reader. Second, there is a companion website maintained by the second author that includes links to books, videos, blogs, discussions about controversial topics, text resources for students and professors, online exercises, chapter summaries, PowerPoint presentations, and links to related topics. Third, it is loaded with statistics that support the authors' positions, and those statistics are thoroughly footnoted. However, the weakness of the book is also that it is loaded with statistics to support the authors' positions … that is, the presentation of so many numbers can sometimes be a little hard to process. There are some charts within the book to help illustrate some of the main points, but more visuals that use figures, bar graphs, line graphs, scatterplots, copies of newspaper headlines, etc. could really help some of the authors' main points jump out at the reader. This book would be appropriate for use in a social work policy course, because it discusses national policies and their impact on marginalized people and provides the opportunity for lively discussions about ethical practice issues at the macro-level.

Book Review

Dodson, L. (2009). *The moral underground: How ordinary Americans subvert an unfair economy.*
New York: The New Press

Reviewed by Peter A. Kindle, Ph.D, CPA, LMSW
The University of South Dakota, Vermillion, South Dakota

Lisa Dodson, a sociology professor at Boston College, invested 8 years of her life in conducting five separate research projects distilled into a compelling series of stories for easy consumption in this book. Her collaborative social research is augmented by an innovative series of interpretative focus groups. The uniqueness of this book is that the empathic recitation of the hardship and unfairness of an economic system that leads to poverty are voiced by the middle-income supervisors, teachers, and health-care workers who work intimately and directly with working poor families. As such, the voices shared by Dodson resonate with the values of Middle America and challenge Middle America to face the immorality of an unfair economy in a way that transcends political debates on income redistribution and welfare eligibility. ". . . [W]hen ordinary people just don't matter to those who get to make the rules, it may be time to break them" (p. viii).

The ten short chapters are divided into four sections. In the first section, Dodson describes the fault line that divides middle-income supervisors from the working poor, and the moral conflicts that may ensue from the enforcement of workplace rules. Some supervisors have little problem with low wage work. They keep their distance from the personal lives of their workers; implement inflexible corporate standards of punctuality and attendance; and construct work schedules with a workplace-first focus that limits the number of full-time employees and keeps employee benefits just out of reach. They expect the employee to adjust family life, child care, and transportation schedules to accommodate unstable work schedules and then blame the employees for a poor work ethic when the *noise* of their personal lives intrudes on the workplace.

But this book is not about the *amoral marketeers* who attempt to justify corporate profits and escalating wage inequalities. This book is about the other supervisors, those who remember that the essence of wage labor in America is predicated on "a fair day's pay for a hard day's work" (p. 40). The noise of personal lives intrudes on the workplace because wages are inadequate to sustain working class families. Dodson's heroes are the middle-income supervisors who have taken personal responsibility for doing something about the unfairness of an economic system that does not provide living wages. These supervisors admire the work ethic of their employees. They understand how workplace rules are stacked against the single parent, and they have chosen to resist the unfairness, to "refuse to go along with the economic abuse" (p. 10). These heroes may look the other way when an employee needs personal time to deal with a sick child. They may revise work schedules, detour overstocked items or spoilage to worker families, or even pad paychecks. Dodson's heroes are those who feel the immorality of enforcing unfair workplace rules on hardworking people and who are willing to find or create cracks in the system to mitigate the injustices.

The instability of working class lives, explained so sympathetically in the first section, is reconsidered through the school setting in the second. The children of the working poor represent significant challenges to America's public education systems. Designed to require substantial parental support and involvement in accord with middle class norms, public school systems are unprepared for working class expectations related to family responsibilities and a more hands-off parenting style. Coping with tardiness, unfinished homework, parental unavailability, and their students' lack of nourishment and sleep can lead some educators to question the personal character of parents. Others noting the challenges of low-wage work find more compassion. Dodson's heroes are those who refuse to sacrifice a child or a child's education on the altar of rules and regulations.

The correlation between health problems and poverty is the background for the third intersection of middle-income and low-income people. In Dodson's experience, health-care workers seem the least likely to blame patients for ill health and the most likely to bypass or jettison rules in order to help. Although unstated, the recent shifts in the national health-care delivery system to cost reduction and profit seeking may explain this behavior. When health-care workers perceive that third-party payer standards are conflicting with patient care, there may be a natural affinity between the caregiver and the patient. Moral justifications for breaking rules come easy when the rules seem canted toward profits rather than people. Many health-care workers are among Dodson's heroes.

In the last section of the book Dodson analyzes the moral roots of rule-breaking and provides a brief summary of policy considerations that might move America toward a more fair and moral economic system. She finds resistance to the immoral consequences of objective and impassionate rule enforcement to be rooted in personal experience of hardship, concern for children, and even religious teachings. ". . . [W]hen everyday institutions and ordinary rules harm people *right in front of you*, that provokes a kind of soul searching. . . ." (p. 187). The product of this soul-searching process, to Dodson, is in the finest traditions of American social protest. Should these very personal acts of resistance ever merge into a social reform movement, Dodson suggests policy changes to promote a minimum living wage, career pathways for care workers, a higher national priority on children, expanded access to affordable health care, and improved access to ongoing adult educational opportunities. The book closes with a summary of Dodson's research projects and methodology.

I teach social work classes in one of the many "red states" in America, in which personal responsibility and hard work are the *sine qua non* of economic advancement. Pulling oneself up by one's bootstraps is more than a metaphor; it is the mystical antidote to every economic problem. Having assigned Dodson in both my undergraduate and graduate policy classes, I endorse her book without reservation. My students loved it, and Dodson's rhetorical technique of juxtaposing the hardliner approach against case studies of low-income families and the heroes who break the rules yields much fruitful class discussion. I have used nothing comparable as a means of broadening my students' understanding of low-income America, and I believe that the moral questions raised in this book should be required in every ethics course.

Book Review

Carey, M. (2012). *Qualitative research skills for social work: Theory and Practice.* Burlington, VT: Ashgate Publishing Co.

Reviewed by Charles Garvin, Ph.D., ACSW
University of Michigan

The author of this book is part of the University of Manchester faculty in the United Kingdom (U.K.). In the bibliography of this book, he indicates his other works of his on qualitative research as well as aspects of social policy, such as the pros and cons of agency social work and the privatization of state social work in England and Canada. The purpose of this book is to inform readers of the aspects of qualitative research in social work. He particularly aims to reach the reader who is a social work student or is relatively unfamiliar with qualitative research. Thus he generally tends to avoid the use of technical terms without fully explaining their meaning.

The chapters are divided into several sections. The first deals with the foundations of qualitative social work in theory, philosophy, and ethics. The second section outlines specific qualitative methods such as those derived from grounded theory, ethnography, life histories, narrative and discourse analysis, participative research, and research using the tools of the Internet. The last section of the book deals with chapters on such topics as data analysis and reporting and disseminating the findings of the research.

Of special importance to the readers of *The Journal of Social Work Values and Ethics* is the amount of attention the author pays to values. An entire chapter is devoted to this topic, and value issues are discussed in every chapter with reference to the content of the chapter. The general chapter enjoins the reader not to use coercion, deception, privacy invasion, lack of respect, forcing one's values on participants, and subjecting participants to mental or physical stress. Special concerns are raised when the research deals with sensitive topics such as domestic violence or abuse. The author discusses informed consent and how to obtain consent when obtaining data from children or adults with learning disabilities. He also indicates the requirement that the proposed project be reviewed and approved by appropriate ethics committees, although he discusses this in terms of how this is done in the U.K. The succeeding chapters present the specific ethical concerns that arise in each type of qualitative research.

Another strength of the book highly related to the topic of ethics and values is the author's extensive attention to issues of social justice, empowerment, and oppression. He strongly places qualitative research in the forefront of approaches that are committed to these issues. Thus he fully outlines the implications of critical theory, feminist theories, and postmodernism.

Carey has also done a very extensive literature search with regard to every topic, and the reader can easily access sources of additional

information. He presents an excellent compilation of websites, although these are somewhat restricted to those developed in the U.K.

The book, as stated above, specifically addresses the student who may be engaged in research for a classroom assignment or a dissertation that includes or precedes the one used to obtain a doctorate. This leads to many injunctions that the more experienced researcher will take for granted, such as making sure that equipment is working, interview space is available, that the researcher uses tact and simple language, and that instruments are pretested.

Carey also stresses at every point that the context related to the project should be taken into consideration, such as relevant history and the influences of setting, culture, policy, and sources of oppression. He describes throughout the book how this may be accomplished with reference to each type of qualitative research.

Of some concern to me are the ways the author uses some terms, although in the spirit of his concern for cultural biases and stereotypes I acknowledge that some usages may differ between the U.S. and the U.K. One concern is his use of such terms as "theory" and "methodology." He refers to "broad groups of theory" as "realist" and "constructivist," although he also refers to these as "cultures of research." I would place these more as issues of phenomenology than as theories in themselves. He also refers to feminist theory; there are many schools of thought in feminist thinking that differ in many ways from one to the other. He also uses terms such as methodology when referring to what I view as sources of data such as individual or group interviews or written documents. He sees literature review as a form of research as well as a first step to undertaking research. This is appropriately addressed later in the book when he presents a qualitative approach to analyzing texts.

A final concern I have, and this may be "nit-picking," is his grammar, although I again wonder if my views are culture-bound. Throughout the book on almost every page can be found the plural/singular disparities between subjects and verbs, phrases inserted awkwardly into sentences, and such like. This slowed my reading of this book.

In summation, this book presents a wealth of information on qualitative research. It should be useful as a text for beginning classes on this subject as well as for the new researcher. I reiterate its strengths with respect to value issues, social justice, and attention to the contexts of research.

Book Review

Shaw, I. F. (2012). *Practice and Research*. Burlington, VT: Ashgate Publishing Co.

Reviewed by Wayne C. Evens, Ph.D.
Bradley University

Ian F. Shaw, Ph.D., is professor of social work at the University of York, UK. He spent 5 years as a probation officer before joining the faculty of York in 2003. He has devoted much of his career to addressing practice evaluation and the intersection of practice and research. He has published extensively in the areas of qualitative research and practice evaluation. Shaw is editor of *Qualitative Social Work* and serves as programme chair of the European Conference for Social Work Research. He has been a major voice for practitioner research and hearing client voices.

Practice and Research is a compendium of some of Shaw's publications in practice evaluation and qualitative research. Overall, the book is an argument for more rigorous social work research using qualitative methodology with more emphasis on practitioner research and more room for client voices. The book raises several significant issues with regard to the methodology of social work research and the impact of research on social work practice. Because it is a compendium, each part and each chapter to some extent stands on its own. The book consists of five parts with an extensive introduction. The introduction discusses Shaw's career development and how he came to see the importance of method. His initial education was in sociology. He stresses the importance of sociology and sociological inquiry in shaping his career and his approach to social work. He states, "Over the years it has been the doing of, and the reflection on, inquiry that has given me whatever purchase I may have on social work practice, sociology, social policy, and so on" (p.4). The introduction sets the tone of the book, which is the importance of sociology for social work, evaluation, qualitative research, the relationship of research and theory to practice, and the importance of hearing client voices.

Part I, "Perspectives on social work research," establishes the base for the rest of the book. Chapter 1 argues that social work research should contribute to the development and evaluation of social work practice and services, enhance social work's moral purpose, strengthen social work's disciplinary character and location, and promote inquiry marked by rigor, range, variety, depth, and progression (p.35). Chapter 2 explores what is distinctive about social work research. The author argues that the more important question is "…what might make social work research distinctively good?" (p. 48). He proposes six benchmarks of good research: rigor, range, variety, depth and progression, active conversation with the social science community, consistency with broader social work purposes, attention to aspects of the research enterprise that are close to social work, and taking seriously aspects of the research mission that seem on the face of it far from social work. Chapter 3 briefly reviews various approaches to knowledge currently used in social work. The thrust of the chapter is that we must be skeptical, but act. Chapter 4 argues that social work and sociology began closely connected and

we need to reestablish that connection. Chapter 5 is a tribute to William J. Reid. It emphasizes his skepticism with regard to the empirical practice movement.

Part II, "Evaluation," seeks to present perspectives and issues in evaluating social work practice. The author seeks to "…jolt the social work community out of what I fear may be an unduly complacent alignment to this or that set of standpoints" (p.95). Chapter 6 summarizes much of the work on evidence-based practice (EBP) then critiques this approach. The author seeks to add evaluation that looks for understanding and justice, not just evidence. Chapter 7 further develops the contrasts between EBP and qualitative approaches. It discusses three approaches: realist post-positivism, critical evaluation, and constructivism. The author argues for less precision and more relevance. Chapter 8 argues that social work evaluation is political. It addresses many of the issues involved in emancipatory and socially relevant research. The author suggests that we must be self-reflexive and avoid myth-building. He argues that qualitative methodology offers the opportunity to develop evaluation in practice. Chapter 9 provides an integration of evaluation methodology and learning organizations' thinking. It proposes practitioner research as a possible approach to integrate the two.

Part III, "Qualitative Research," discusses the author's view of the strengths and concerns in qualitative research strategies. Chapter 10 is a broad defense of qualitative methodology in social work practice and evaluation. Chapter 11 argues for researching outcomes and effects in a context of finding out how information is used in developing programs and services. Again practitioner research is stressed. Chapter 12 addresses several important ethical issues, encouraging researchers to be aware of social obligations and the importance of personal ethics in conducting research. Chapter 13 addresses "causal accounts" in a discussion of the accounts

social workers give of their cases. It argues for an ethnographic approach with the inclusion of client voices or accounts. Chapter 14 discusses the "consequences of qualitative social work research." It argues that evaluators have put too much faith in quantification and paid too little attention to judgment. The chapter argues for more emphasis on understanding the implications of evaluation. It supports better understanding of the role research can and should play in practice. Chapter 15 deals with using qualitative methods to understand children and young people. It argues that we need to develop better understanding of children's culture and how they approach life.

Part IV, "Research, theory and practice," addresses the connections between research and theorizing and practice. Chapter 16 provides examples of qualitative evaluation in social services. It argues that consumers and practitioners should have more voice in developing quality control methods and research. Chapter 17 claims that evaluation should take practicing social workers' accounts of what they do seriously. Chapter 18 expands the argument for practitioner evaluation and for contextualizing evaluation research in practice. Chapter 19 presents six rules for developing good practice:

1. Critical reflection on practice.
2. Practitioners must "…know what they know."
3. "Practitioners must begin with the knowledge that service users and carers bring to them."
4. Practitioners need to exploit the analogy between research and practice methods.
5. Evaluation needs to be team- and colleague-based.
6. Evaluation needs to involve service users.

Chapter 20 asserts that evaluation and practice need to be more aware of other cultures.

Part V, "Service users and research," discusses issues in weighting different types of knowledge. Quality criteria are contingent on local context, and research needs to be both emancipatory and rigorous. The chapters in this part all develop these ideas with an emphasis on including the voice of the service user. It encourages the development of small-scale practitioner and consumer research.

The book raises a number of important issues in evaluation, research, and theorizing, and their relationship to practice. It is very dense, and each chapter stands on its own as well as contributing to the overall argument. The book will be useful to serious researchers who are concerned with how social work knowledge should be developed and how to balance practice wisdom with scientific findings.