



Journal of Social Work Values and Ethics, Volume 3, Number 2, Fall 2006,
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Editorial: Licensing of Social Work Faculty

Licensing of Social Work Faculty: An Issue of Ethics?

Stephen M. Marson, Ph.D. Editor

One of the most puzzling debates I have heard in my adult life is, "Should social workers who are faculty be required to be state licensed/certified in their jurisdictions?" Why is this perceived dilemma puzzling to me? Two reasons:

First, I don't see how a person with a professional degree (MSW) could even conjure up the question. How could a professional even consider the option of not having a license/certification? Comparatively speaking, faculty in other professional degree granting programs don't consider the option of failing to be licensed. We rarely see law school professors who are not members of the bar. I have met one and asked him why he was no longer a member of the bar. He replied by saying, "I actually am, I tell people I'm not, so I won't be asked for legal advice and representation." Most law professors are members of the bar and would not consider an alternative. Find me a law professor who is not a member of the bar. I'd like to meet one. In my travels, I have met one physician/professor who had no interest in having a medical license. To restate his commentary in the most tactful manner possible, he didn't like people -- particularly sick people. His professorship in the medical school was limited to grant acquisition focusing on experimental designs. Occasionally, he taught research/statistics. After speaking to this physician, I think he made the right decision by not practicing medicine. However, he was certainly competent as a principle investigator and grant writer. His eyes lit up when he was number crunching and saddened when he faced patients.

Second, back in the 70's when I received my appointment to teach social work at a university, I was struck by the prologue in Herbert Strean's *Clinical Social Work*. Here he notes that many senior social work professors haven't practice social work in 20 years. The concepts many professors address in class are far from the cutting edge. I actually noticed this phenomenon while an MSW student. At that point, I made a commitment to continue to practice social work and never let myself be accused of being behind the times or not being well-read. It appears as if the situation hasn't changed. Last spring, an MSW student told me that she had more years of

practice experience than two of her professors with Ph.D.'s in social work. Being current is an ethical obligation for social work professors. How can one be current without practicing?

To restate the obvious, the *NASW Code of Ethics* includes standard 4.01 a and b. Here it is written:

4.01 Competence

Social workers should accept responsibility or employment only on the basis of existing competence or the intention to acquire the necessary competence. Social workers should strive to become and remain proficient in professional practice and the performance of professional functions. Social workers should critically examine and keep current with emerging knowledge relevant to social work. Social workers should routinely review the professional literature and participate in continuing education relevant to social work practice and social work ethics.

Sounds simple? But how does one really know when one is competent? Actually, the answer is found in a question: What do faculty in other professional programs do in order to demonstrate competence? Answer: Complete the appropriate state exams! Doing otherwise doesn't seem ethical. The bottom line is the best way for a faculty member to demonstrate competencies by having the state license or certification and maintaining it by complying with the continuing education requirements. Frankly, I think all social work faculty have an ethical obligation to be state licensed or certified. Doing otherwise is an embarrassment to the entire profession.

Letters to the Editors and Call for Papers Fall 2006

Dear Editors:

Is this journal available to students by subscription? From the instructions, it appears that it is, but I didn't want to send them there if they would be thwarted. Thanks for letting me know. This looks like a rich resource for us all.

Harriet Scott
Social Work Program University of Sioux Falls Sioux Falls, SD

Editors' Note: The Journal of Social Work Values and Ethics is indeed available by subscription, *free of charge*, to students and anyone else who is interested. Fill out the subscription form on this site to be notified when each issue is available online.

Dr. Marson,

I am an Assistant Professor of Social Work at Minnesota State University Moorhead who has recently gain ABD status. I have a strong interest in social work ethics and would like to pursue a dissertation topic in this area. I have often read and enjoyed the work that has been presented in the Journal of Social Work Values and Ethics. As I research a starting point for a dissertation topic, I would value your opinion on the current state of research in this area. I would like your permission to call you. However, if you would prefer to communicate via email, that would be fine.

Thanks for your time.
Jeremy Carney

Dear Colleagues:

We are working with Brian Schrag, Executive Director of the Association for Practical and Professional Ethics (APPE), to create opportunities at the upcoming APPE conference for social workers interested in ethics to attend, present papers, and develop panels that are related to ethics in our profession.

For the past two years, some of us have attended the APPE National Conference. As part of this conference, we have been able to organize a "mini-conference" on social work ethics as well as participate in interdisciplinary workshops and forums. We have found this opportunity to be very educational and exciting.

This year's conference is in Cincinnati, OH from February 22-25 (Click on the following link for the attached conference announcement <http://www.indiana.edu/%7Eappe/callforpapers.html> <https://owa.ku.edu/exchweb/bin/redir.asp?URL=http://www.indiana.edu/%257Eappe/callforpapers.html>)

We want to encourage individual submissions on the topic of ethics and we will be organizing a couple of panels that will have a specific focus based on responses we receive from all of you. We need your abstracts by October 30th to have enough time to get on the conference agenda (See submission guidelines below). We would be willing to communicate with you to facilitate your participation. Our respective phone numbers and email addresses are at the bottom of this message.

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Submission Guidelines
Sixteenth Annual Meeting, February 22-25, 2007

Submissions

You do not need to be a member of the Association to make a submission. You may submit materials in more than one category. All submissions must include:

- completed Submission and Registration Form for all authors and panelists, including audiovisual needs.
- three hard copies of submission with author's name(s) on a removable title page but nowhere else
- complete copy of 250-word abstract by e-mail (not as an attachment) sent to appe@indiana.edu

Your submission will not be considered for review until these items have been received. Formal Papers

Please send three copies of your paper and three copies of a 250-word abstract, plus an abstract sent by e-mail (appe@indiana.edu), for review. Normally, previously published papers will not be accepted. To be considered, your submission must be the actual paper you intend to present - not an abstract and not a longer paper you intend to trim. Presentations are limited to 25 minutes. If you are proposing a panel, the completed Submission and Registration Form, including audiovisual needs, for all panelists must be submitted before the proposal will be considered.

Pedagogical Papers, Demonstrations or Curriculum Projects

Please send three copies of a 1-2-page description of your presentation. Include content and goals; format (e.g., demonstration of teaching materials, role play); target audience; and value of your presentation for teaching ethics.

Case Studies

Please do not submit cases unless you have permission from the copyright holder to use them for this meeting. Please send three copies of your case study or set of related cases (10 pages maximum) and a 1-2-page description of how the case can be used - what points it raises; what makes it interesting; disciplines, professions and settings to which it is relevant.

Deadline for Submissions

The postmark deadline for social work paper and panel submissions is October 30, 2006.

Book submission deadline for Lunch with an Author is October 3, 2006.

Undergraduate paper submission deadline is October 27, 2006.

Presenters will be notified by December 16, 2006.

Announcement: Term Paper Contest

The Journal of Social Work Values and Ethics (JSWVE) and the Association of Social Work Boards (ASWB) are sponsoring a term paper contest. The term papers will be collected by the JSWVE editorial board and judged by ASWB staff.

Details for the contest are listed below.

1. Must have a central theme of social work values or social work ethics
 2. Must be written as an MSW or BSW student (student may have graduated)
 3. Must be nominated by a faculty member
 4. Must follow the general manuscript submission guidelines found at <http://www.socialworker.com/jswve/content/view/4/27/>
 5. Must be in APA citation style
 6. Deadline for submission: May 15, 2007
 7. Paper must be submitted by e-mail to smarson@nc.rr.com with a copy sent to finnj@u.washington.edu (Students from UNC-P must send their entries to finnj@u.washington.edu, while students from University of Washington must send their entries to smarson@nc.rr.com)
 8. Winning term papers will be published in *The Journal of Social Work Values and Ethics*
9. Judges will be the staff at the Association of Social Work Boards 10. Judging criteria will include:
- Knowledge of Material
 - Relevance of Citations on the Central Theme
 - Coverage of the Topic
 - Number and Appropriateness of Citations
 - Organization – flow of ideas
 - Quality of writing – spelling, grammar, coherence
 - Originality of the presentation

A Co-operative Inquiry into Structural Social Work Students' Ethical Decision-Making in Field Education

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Abstract

This article describes the participative methods and results of a co-operative inquiry project that explored fourth year social work students' ethical decision-making in field education. First, the article relates the pedagogical objectives of structural social work education to the ethical challenges of structural social work practice. Second, it outlines a self-driven framework for ethical decision making that was used in the research project to help guide students in ethical decision making. Third, it highlights co-operative inquiry as a research approach that reflects critical pedagogical praxis by assisting students (co-learners) to engage in a process of inquiry that honored their capacity for constructive self-determination. Finally, the article concludes with a discussion of the research findings and implications for structural social work education.

Key Words: Co-operative Inquiry, Ethics, Ethical Decision Making, Field Education, Structural Social Work

Introduction

The University of Northern British Columbia is one of only nine post-secondary institutions in Canada to adopt a structural approach to social work education (Radian, as cited in Ewashen, 2002). A structural perspective has provided the conceptual grounding for a variety of pedagogical approaches in social work education including, but not limited to, anti-oppressive, anti-racist, feminist, critical, radical, and liberatory frameworks (Dominelli, 1988; Dominelli & McLeod, 1989; Moreau, 1993; Carniol, 2000; Leonard, 2001; Fook, 2002). All these approaches share the conviction that conventional social work practice, which operates within existing social institutions to assist individuals to adjust and adapt to the status quo, actually contribute to

oppression in society (Mullaly, 1997; Hicks 2002; Allan, Pease, & Briskman, 2003; Baskin 2003; George 2003). Furthermore, they share the premise that many forms of social work education mask the oppressions that need to be challenged (Ife, 1997; Leonard, 2001; Rossiter, 2001; Dudziak, 2002; Hicks, 2002). Mullaly (1997) describes structural social work as follows:

“...the term ‘structural’ is descriptive of the nature of social problems in that they are an inherent part of our present-day social order. Secondly, the term is descriptive, as it indicates that the focus for change is mainly on the structures of society and not on the personal characteristics of individuals victimized by social problems. Thirdly, structural social work is an inclusive social work approach because it does not attempt to establish hierarchies of oppression but rather is concerned with all forms of oppressive dominant-subordinate relations. Fourthly, it has a dialectical analysis, which means that it does not get trapped into false dichotomies, such as whether one should work at the personal or the political—both are necessary simultaneously. Fifthly, it is a critical theory, which by definition means that it has a political and practical intent. Finally, most of the development of structural social work has occurred in Canada, where it continues to assume increasing importance as a major social work perspective, theory and practice (pp. ix-x).”

Hicks (2002, p. 89) further writes that although the skills involved in structural and generalist social work practice are similar, it is the manner “in which the social worker analyses problems and the type of action that result from this analysis that distinguishes the structural approach.” A structural perspective and Hicks’ view, in particular, serve as the backdrop for this cooperative inquiry project examining students’ experience of putting theory into practice in the face of difficult ethical dilemmas that take place during field placements.

Field Education: The Essential Nexus between Theory and Practice

Given that social work is an applied discipline, field education serves as a vital component of the curriculum (Horejsi and Garthwait, 1999; Royse, Dhooper, & Rompf, 2003). It is in field placements that students learn to apply theory taught in the classroom to actual practical situations. Bogo and Vayda (2000, p. 3) write that social work students “must be able to examine their own practice.” This holds particularly true as it relates to negotiating the ethical aspects of social work practice (Garfat & Ricks, 1995; Goldstein, 1998). Given the plethora of ethically challenging situations that will inevitably confront graduating social workers, we felt compelled to develop a

pedagogical approach that might help increase the capacity of students to, first, become aware of ethical moments and second, to work through these situations in a critical and ethical manner--in short, to assist students as they struggle to put classroom-acquired knowledge into practice in the community.

A Critical Pedagogical Approach to Ethical Decision Making

In addition to structural underpinnings, our developing critical pedagogical approach to teaching ethical decision-making builds on and incorporates the Standards for Accreditation articulated by the Canadian Association of Schools of Social Work (CASSW, 2004):

“...the curriculum shall ensure that the student will have...understanding of and ability to apply social work values and ethics in order to make professional judgments consistent with a commitment to address inequality and the eradication of oppressive conditions (p. 9).”

As we seek to facilitate this capacity in all our students, we know that, in field placement, they inevitably struggle with the day-to-day, messy, practical ethical dilemmas that involve both conflicting values and responsibilities (Reamer, 1982, 1992; Rhodes, 1986; Ricks & Bellefeuille, 2003).

Drawing on more than thirty years of ethics education, Ricks (1989, 1992, 1997) makes a persuasive case that students struggle in their efforts to reach self-driven ethical decisions because they learn that there are preferred skills, practice approaches, or models that should be applied in specific case circumstances. This sets up the expectation that in practice there are relatively clear cut, “right ways” that are easy to learn and incorporate into practice (Ricks & Charlesworth, 2002, p. v). Consequently, becoming accustomed to the uncertainties associated with resolving ethical dilemmas is an educational goal that many social workers fail to meet (Ricks & Bellefeuille, 2003). The bottom line for Ricks & Bellefeuille (2003, p. 118) is that “ethical practice that relies heavily on professional codes of ethics can lull practitioners to sleep in matters that require critical reflection and discretionary judgment.”

A critical pedagogy should encourage students to assess professional codes of ethics with a critical eye and to consider the relationship between ethics and politics (Benhabib, 1992; Finn, 1994; Hugman & Smith, 1995; Morelock, 1997). As suggested by Finn (1994, p. 102), “ethical praxis cannot renounce politics because it is actually constituted by it.” She goes on to explain that

ethical codes are the formal articulation of modernist thought and as such reflect the prevailing liberal world view where universalism, rationalism, and liberal individualism are seen as the foundation of professional practice:

“Since ethical praxis always occurs within a particular political context (community), it will (either by default or design) confirm the values, goals and ends of the political situation within which it is situated and thereby the hierarchies of power and control which they enable and sustain, or it will contest them.” (p. 104)

Finn (1994) calls into question much of what passes as ethical in the theories and practices of professional, practical and applied ethics. From this view, ethics really have very little to do with promoting social justice:

“...an ethics which relies on the (political) categories of established thought and/or seeks to solidify or cement them—into institutionalized rights and freedoms, rules and regulations, and principles of practice, for example—is not so much an ethics, therefore, as an abdication of ethics for politics under another description (Finn, 1994, p. 101).”

Thus, critical pedagogy as an educational approach to understanding the personal and contextual nature of ethical decision-making necessitates asking students, through a process of collaborative dialogue, to critically examine the thoughts, attitudes, values, and feelings that underpin the actions they take on a daily basis. This emphasis on the contextual self requires that we re-think ethics education in terms of more process oriented and practice-based ethical decision-making models in which self is central (Blum, 1994; Finn, 1994; Sharmer, 2000; Adams, Dominelli, & Payne, 2002; Fook, 2002; Ricks & Charlesworth, 2002). This calls for extensive self-reflection, a willingness to engage in critical thinking, and a non-judgmental attitude of self and others.

In an attempt to create a space for field-based students to engage in this pedagogical praxis, we established a series of classroom seminars supported by a web-based discussion board as a collaborative forum in which students were able to examine and explore their ethical practice within a self-driven ethical decision-making framework (see Figure 1).

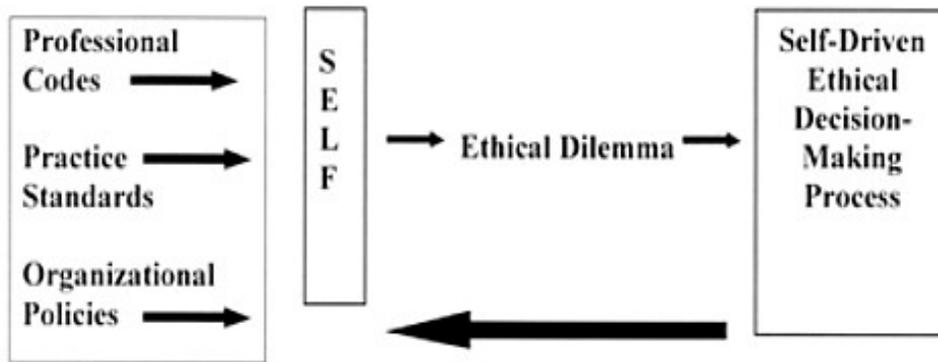


Figure 1. Ethical practice context

Within a self-driven ethical decision-making model, the ethical principles embedded in codes of ethics become only part of the “contextual mix” and are “differently applied in practice” (Ricks & Bellefeuille, 2003, p. 121). The self-driven model highlights beliefs (what one holds as true); values (what one holds as important); and ethics (the rules and standards used to determine what to do) as well as individual thoughts, feelings, and actions. In short, codes, standards, and organizational values are filtered through ‘self,’ as part of the problem-solving process. Ultimately, decisions, actions and evaluation, in turn, impact ‘self’ and, thus, future ethical decision-making.

Locating the Research in Co-Operative Inquiry

We chose a co-operative inquiry approach because it reflects critical pedagogical praxis. Co-operative inquiry is a form of action research in which all those involved contribute to the decisions about what is to be looked at, the inquiry methods to be used, the interpretation of what is discovered and the action that is the subject of the research (Reason, 1988; Reason, 1994; Heron, 1996; Reason & Heron, 1999; Heron & Reason, 2001). Co-operative inquiry is congruent with the emancipatory goals of structural social work in that it confronts the way established elements of society hold power (Heron, 1996). From a structural social work perspective, power and knowledge are not separable (Ife, 1997).

Initiating the Inquiry Group

Fourth year students were invited to a meeting to discuss their voluntary participation in the research project. In co-operative inquiry, “all those involved work together as co-researchers and co-subjects” (Reason & Heron, 1995, p. 4), in other words, as co-learners. Twenty-six students out of a class of 30 volunteered to take part in this study – 24 females and 2 males. As co-learners,

the group was asked to think about the type of questions that would guide the inquiry. Coming out of the initial meeting, the following questions were constructed:

- What kind (s) of ethical dilemmas are present in social work settings?
- Do social work students know what to do when confronted with ethical dilemmas?
- What keeps social work students from acting ethically?

Data Collection Methods

The experiences of each co-learner were recorded using a reflective journaling process. Co-learners were presented with a framework of ten guiding questions to assist in their efforts to apply the self-driven ethical decision-making model (see Figure 1) as they worked through ethical dilemmas encountered over their 3-month field education placement. For each ethical dilemma, students were asked to work through a series of questions as part of their reflecting process:

- What makes this an ethical dilemma, i.e., what values are in conflict?
- Who was present?
- Who said or did what? Or who didn't say or do what?
- What were my fears?
- How and why am I making the choice I am making, i.e., what did I think, feel, and what did I do or not do?
- How is my decision-making affected by the fact that I am taking it in this particular setting (e.g., standards, policies, organizational values)?
- How does my personal knowledge, culture, life experience affect my choice?
- Given similar circumstances with another person, would I take the same or a different action?
- What other resources would be helpful to me in making this decision?
- How did the code of ethics inform and/or direct my action?

Reflection and Action Cycles

As part of the co-operative research method, the group was brought together for three full-day seminars. The first seminar was held during the first week of field at which time co-learners were introduced to the self-driven ethical decision-making model. The second seminar involved co-learners reflecting on and making sense of their ethical decision-making experiences. This was facilitated at the six-week point or mid-point of their field placement. Following the second seminar, co-learners returned to the field and continued their inquiry in that practice context. As explained by Reason & Heron (1995), the cycling can be repeated several times:

“Ideas and discoveries tentatively reached in early phases can be checked and developed; investigation of one aspect of the inquiry can be related to exploration

of other parts; new skills can be acquired and monitored; experiential competence are realized; the group itself becomes more cohesive and self-critical, more skilled in its work (p. 5):”

Although the context of students’ experiences reflected the variances in field placements (from grass roots community-based organizations to institutional settings such as child welfare), many of the themes they identified were similar. The final seminar was held at the conclusion of the field placement and presented as a concluding focus group. It served as a forum to capture the co-learner’s overall perceptions of the inquiry process, of the self-driven ethical decision-making model, and of our critical pedagogical approach to teaching ethical decision-making in field.

Ethical Considerations

The proposal for this study was approved by the Research Ethics Board at the University of Northern British Columbia. All participants were provided with an information letter that outlined the process and purpose of the inquiry and described any potential risks. Participants were also presented with a consent form that was signed prior to their participation in the collection of data. The consent form indicated that consent could be withdrawn at any time without penalty or need for explanation.

What We Learned

A total of 133 case examples of ethical dilemmas were submitted by the co-learners. Of these, 68 were from co-learners placed in a child protection setting as part of the child welfare specialization stream, and 65 were from co-learners placed in various community-based settings. The results are presented for each of the four research questions developed at the inaugural meeting of participating students and faculty members.

What Kind (s) of Ethical Dilemmas are Present in Social Work Settings?

A thematic analysis of the kinds of ethical dilemmas encountered by co-learners is presented in Figure 2. The top four categories included: lack of respect for clients, conflict of interest, abuse of power, and revealing confidential information. Although students were able to identify ethical dilemmas, they struggled to openly and critically examine the personal beliefs and values that guide their practice or the practices at their placements, and the consequences these have for ethical decision making. Structural social work demands that students understand who it is that they privilege and whose experiences they limit when they embark upon courses of action that reflect personal preferences (Garfat & Ricks, 1995) and/or that are the products of historical

forces (Mullaly, 1997; Baskin, 2003), particularly in public institutions of learning that cross social, cultural, and experiential boundaries. To practice from a structural perspective, social work students must be both willing and able to reflect on the origins, purposes, and consequences of their actions as well as on the material and ideological constraints and encouragements embedded in the classroom, agency, and societal contexts in which they work. While this self-exposure and self-confrontation is uncomfortable and sometimes threatening, it is never inconsequential when we engage in it with others with whom we stand in a pedagogical relationship.

Kind of Dilemmas	Frequency
Lack of Respect for Clients	18
Conflict of Interest	16
Abuse of Power	14
Revealing Confidential Information	14
Bad Practice	9
Lack of Proper Assessment of Needs	9
Lacking the Necessary Skills	9
Efficiency and Cost Savings over Best Interest of Client's Needs Judgmental	8
Judgmental	8
Deception	7
Demeaning Comments Made by Workers	6
Gossiping about Co-Workers	6
Lack of Professionalism	6
Racism	3

Figure 2: Thematic analysis of ethical dilemmas

Do social work students know what to do when confronted with ethical dilemmas?

Only 95, or 75%, of the 133 case examples indicated that they knew how to successfully work through the ethical situation. Further, many of the examples of perceived successful resolution involved students turning to their practicum mentors for direction. This may reflect a level of inexperience on the part of the students or the complexity of the issues being addressed, but it also may signify a reluctance to accept personal responsibility for their practice. Structural social work students who are committed to critical ethical praxis need to develop the capacity for critical self-reflection. This notion is not a new one.

However, a more complete understanding of how self-reflection looks in practice is key. Although self-reflexivity is indubitably connected to one's personal history, and one's history is tied into each social worker's ethical decision-making process on some conscious or unconscious level, critical practice is a moving dialectic between practitioner and practice. This process can incur feelings of discomfort, grief, frustration, and resistance and requires not only cognitive but

emotional work. It is only by examining emotional reactions (i.e., how did I feel and how did that relate to what I did?) that one truly begins to identify privileges as well as invisible ways in which one complies with dominant ideology. It is in this context of critical self-reflection, which is not separated from feeling, that additional new windows on the world can be revealed to students – a primary ethical aim of a critical pedagogy of practice.

What keeps social work students from acting ethically?

Figure 3 reports the analysis of the themes for the third research question: What keeps students from acting ethically? Figure 3: Thematic analysis of reasons given by co-learners for not acting ethically

What Keeps Social Workers from Acting Ethically	Frequency
Not sure What to do	16
Fear of Speaking Up for Fear of Jeopardizing placement	14
Fear of Making a Mistake	14
Fear of Being Disliked	6
Fear of Creating Conflict	14
Not Being a Team Player	7
Uncertainty About Being Helpful and Creating Dependency	5
Afraid of Portraying Self as Naive	4
Afraid of Portraying Self as a Stickler for Detail	1

Figure 3: Thematic analysis of reasons given by co-learners for not acting ethically

Fear was the overwhelming feeling expressed by student co-learners as the reason for failing to deal with ethical dilemmas encountered in their field placements. For example, one co-learner stated that she feared “retaliation from her colleagues.” Another co-learner feared “losing the trust” of her supervisor. The most common concern, however, was fear of failing the placement. The following statement offered by McFarlane, Ricks, and Field (n. d.) sheds some light on why people who know what to do often fail to act. They explain that people fail to act when:

“The risk is too high and/or the costs are too great at a very personal level. As a result, they are completely overcome by their fear and immobilized. When this happens, the personal fears are not intruding on making the best choice but are intruding on acting on the best choice. For example, fear can restrict thinking about all the options. Under the condition of fear, we can be reductionistic and generate only two options: e.g., I can lose like this or I can lose like that" (p. 7).

The challenge, therefore, is to support students to move beyond simplistic binary understandings so prevalent in Western thought (Hooks, 1992; Fook, 1999; Meagher & Parton,

2004; Fisher et al., 2005). We live in a complex world that contains many shades of gray. If we cannot escape the confines of binary thinking in our society, how are we to ever think outside of the box on a larger scale? The end result of binary thinking is to preclude the possibility of the ambiguous options. Thus, ambiguity is a source of discomfort in a culture defined by simple binary oppositions. For this reason, we believe that a critical approach to ethical decision-making requires that students acquire an understanding of the complexity of ethical situations and acquire the critical thinking skills to operate in what Finn (1994, p. 101) describes as “the space between...the space of the ethical encounter with the other as other and not more of the same.” Following Finn, we argue that the role of the field student is to explore that “space between” that puts their beliefs, values, and feelings into question.

About the Process

The use of self-driven ethical decision-making in field education/practice-based teaching is presented as a co-operative inquiry involving both field faculty and students. During the final seminar, students were asked to talk about their experience with the process, and most reported that the self-driven ethical decision-making model had been an important and valuable aspect of their field placement experience. They also indicated that the guiding questions were helpful in their efforts to work through the self-driven ethical decision-making model. However, several recommendations were made to improve both the clarity and effectiveness of the questions. These will be incorporated in future field education classes.

Implications for Structural Social Work Education

A major challenge that must be confronted in schools of structural social work involves the role of field education in the development of critical ethical practice. As highlighted in this inquiry, although systematic guidelines for resolving ethical dilemmas offer social workers a logical approach to the decision-making sequence, it is inevitable that discretionary judgments affect the ultimate choice of action. Through critical self-reflection, social workers can learn to recognize their value preferences (including deferring to someone in a position of authority) and be alert to the ways in which these values unknowingly influence the resolution of ethical dilemmas. Further, this co-operative inquiry process challenged the co-learners to consider their ethical decision-making as linked to other ethical decisions they have made in the past or will make in the future.

A second challenge relates to the obligation of structural schools of social work to provide students with a critical approach to ethical decision-making. This obligation has long-term implications, because most students will be interacting with the community as professionals for the rest of their careers. Students and graduates whose conduct is oppressive or unethical can make it understandably difficult for a school of social work to continue to be a legitimate site of resistance within the community. In moving towards a self-driven ethical decision-making approach to field education, structural social work students are encouraged to accept responsibility for their practice. Through self-reflection of feelings, values, and beliefs, it is possible to explore ethical and practice issues so as to continually inform and reform these practices for the purpose of critical praxis, to confront oppression and, at the same time, to support life-long learning/professional development. However, the challenge lies not only with the students, but perhaps even more so with schools of social work themselves who must meet the challenge head on and figure out the ways to provide students with the tools and the experience they need.

The cooperative inquiry process that we undertook is but an initial attempt to put the question of a self-driven model for ethical decision-making clearly on the table in a fourth-year field education setting. Results indicate that there is a long way to go and justify ongoing research into the application of self-driven ethical decision-making models in shaping critical praxis.

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Managed Care and the Care of the Soul

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Key Words: Managed care, ethical dilemmas, spiritually and care

Abstract

This article addresses the impact managed mental health care is having on the capacity of psychotherapists to work with people on the most salient issues of living. For nearly one hundred years clinical social work has been charged with the healing and caring of the souls and hearts of millions. Managed care, with its reductionistic, medical model philosophy, threatens this mission. This article discusses ethical dilemmas inherent in a system that is driven by corporate dictates rather than emotional and spiritual health. The authors conclude that entrusting for-profit managed mental health care conglomerates, with their focus on maximizing shareholder profit on preserving the mental health, is at best a risky proposition.

Key Words: Managed care, ethical dilemmas, spiritually and care

Introduction

I was told that I was not sick enough to see my therapist anymore. Ten sessions was enough. They said I did not have a problem that they could diagnosis me as having. They told me that being abused by my husband, day in and day out for years, was not in and of itself treatable. I had to be sicker in order to get help. Since I have no money to pay for therapy, I guess I'll have to wait until I get worse. I feel sick inside. I feel like I need help sorting out my life; I need help finding myself again. I don't know what I am going to do now. God help me.

Client of managed mental health care

Unfortunately, anecdotes such as this are not uncommon in the new reality of managed mental health care. Managed care is threatening to turn clinical social work into simply another medical intervention, void of the essence that makes it potentially transformative and liberating (Furman, 2001). Ethics, patient care, and economics have become nearly inseparable, whereas previously the needs of clients were seen as the driving force for health and mental health care.

Clinical social work in the age of managed mental health care is at risk of losing its focus on the human spirit and soul. In fact, some have questioned whether clinical social work can even survive in a managed care-oriented environment (Herron, 2001). Models and theories that focus on true change and transformation, and on the nature of humanity itself, are being negated by managed care corporations' mandate that clinical social work merely focus on the reduction of problematic symptoms. By so doing, therapists neglect the real problems of living that often lie underneath, or at the very least, compound many emotional and psychosocial disorders.

For nearly one hundred years, clinical social work has been charged with the healing and caring of souls and hearts of millions (Saakvitne, 2005). This article will address the value considerations and potential impact that managed mental health care is having on the capacity of clinical social workers to serve people with needs in the important issues of living. When such issues are left unresolved, they often lead to depression, anxiety disorders, and other disturbances, along with increasing levels of chronicity. Prior to this exploration, a short introduction into the history of managed care will lend context to this discussion.

The role of clinical social work in caring of the soul

Traditionally, the care of the soul has been the domain of community structures and spiritual/religious institutions. However, the industrial revolution, and now the current hypertechnological, post-modern revolution, have challenged and altered traditional means of coping, healing, and growth (Kreuger, 1997; Postman, 1992). The ushering in of modernity has introduced new mechanisms to care for the emotional life of those suffering from the alienation and spiritual malaise exacerbated by the social dislocation associated with rapid social transformation. Clinical social work has become one of the keys means by which modern, technologically advanced societies have attempted to cope with the socioemotional and behavioral pains of post-modern existence. At its best, clinical social work is a journey toward growth, wholeness, and self-actualization. It allows people to discover their own truths and connect more fully to others.

Since its advent, many proponents of clinical social work have been concerned with the soul, with the deepest parts of ourselves that make us fully human. From its inception, practitioners have understood that clinical social work is part art, part science. The quality and scope of a human

being's soul, of his or her inner representation of the universe, has long been understood as unquantifiable.

However, these are not the concerns of managed mental health care. Emotional issues and behavioral problems are seen not as part of the gestalt of our being, but as phenomena in and of themselves that can be separated from all intrapsychic and contextual factors. Its medical model philosophy, hidden under the guise of a pseudo-scientific worldview, and its economic bottom line, threaten to reduce clinical social work to a process that is as alienating as the experiences that necessitate its use in the first place. This is the darker side of clinical social work; it becomes a process of social control in which people are treated as broken cars with faulty parts to replace, not as beings with hopes, dreams, and aspirations. In this model, clients are not merely given diagnostic codes that guide the provision of services; they become the diagnoses themselves. Patients in such environments are referred to as their diagnoses. Specific technical interventions are delivered based upon these diagnostic categories to ameliorate behaviors that are seen as problematic, or clients are given medications to treat the symptoms that they are experiencing. The etiology of these disorders is assumed to be biological in nature. Problems that arise from past traumatic experiences, or from difficulties in the match between a person and the environment, are reduced to a numerical code divorced from the meaning that these events hold. A managed care patient is not understood as a spiritual being with goals or a life mission, but as a broken machine to be fixed as quickly as possible. To understand why managed mental health care and its reductionist, medical model has proliferated, it is necessary to understand its historical and political context.

History of managed care in mental health

Before exploring the history of managed care, it is important to position the phenomenon within the international political/economic agenda of neoliberalism. Placing it within this frame helps contextualize what may appear to be a largely North American institution yet is often part and parcel of the global trend toward the dismantling of social provisions for the poor and needy. According to the neoliberalist agenda, eliminating governmental expenditures on health and human services means that more resources will be available for investment, thus creating more opportunities for the poor. According to Walton (2004), neoliberalism is the trend toward a more "vigorous embrace" of market forces and the shift of social provisions from state provisions to the

realm of the market. Through the pressure of international lending and aid organization, neoliberalism has eliminated the opportunity for health care and other social services for some of the most vulnerable groups throughout the world (Inter-American Development Bank, 1997; Munch, 2004). Whereas managed care has yet to make inroads in many countries, it is anticipated that the spread of corporate capitalism under neoliberalism will pave the way for managed care entities as governments turn toward the market as a means of managing social resources (Furman, 2003). Whereas the trend toward managed care in the United States did not begin with a push toward privatization, it is highly congruent with this agenda and has largely been co-opted by corporate entities.

Whereas managed care is a complex amalgam of institutions and strategies designed at cost containment of health, mental health, and more recently other social services, these strategies have been co-opted by corporate managed care organizations. In theory, managed care cost containment strategies would eliminate waste through carefully managing the provision of services. Since managed care organizations are paid a given amount to treat individual members of the population, they should be invested in the health and wellness of all their constituents. Yet, as shall be explored later in this essay, other cost containment strategies have become the mainstay of managed care organizations and have led to a decrease in services for many populations.

In the 1980s, indemnity insurance plans began to offer increasingly generous mental health and substance abuse benefits, and for-profit psychiatric hospitals took full advantage of this trend (DiNitto, 2000). For example, from 1980 to 1986, adolescent admissions to private psychiatric hospitals increased fourfold. By the late 1980s, managed care was called on to reign in what was often perceived to be excessive and often inappropriate admissions. Jellinek and Nurcombe (1993) characterize this irony well: "it was profit that filled psychiatric beds in the 1980s, and it is profit that empties them in the 1990s" (p.1741). This perceived need for the cost containment of mental health services, occurring within the context of the privatization movement of the Reagan era presidency, was one of the most immediate factors that led to managed mental health care's corporatization of mental health services (Dorwart & Epstein, 1993).

While few would disagree with the need to place limits on escalating hospital costs, outpatient psychotherapy and clinical social work practice consisted (and continue to consist) of a fraction of the total mental health costs (Dumont, 1996). However, in their desire to cut costs and

increase profit whenever possible, managed care companies have successfully propagated erroneous myths about psychotherapeutic services--first, that they are ineffective in dealing with mental health disorders and medication should be the treatment of choice; and second, that therapists are seeing clients far longer than necessary, thus robbing clients and the health care system of scarce and needed resources.

The first myth is rationalized by the assertion that most mental health concerns are medical conditions. It is ironic that in managed mental health care, one can be considered either too well or too sick to qualify for services. For example, conditions that are known to be biological in nature, such as bipolar disorder and schizophrenia, are seen as requiring pharmacological interventions only. It is argued that these clients have a medical condition and only need medical interventions. The irony is that persons with persistent mental health concerns are often in the most need of supportive clinical services to assist them in achieving or maintaining healthy functioning. Conversely, managed mental health providers will deny services to someone who defies diagnostic codes. In spite of how they may be feeling, they are seen as too healthy in behavioral terms.

In regard to the second myth, therapy in this country has often not been a long-term process. In his review of research on psychotherapy, Miller (1994) notes that the average length of therapy prior to managed care has been found to be between 8 and 16 sessions. Most therapists know when it is in a client's best interest to terminate treatment. Managed care's limiting of treatment only serves to create anxiety in the treatment process and to risk the health of clients who may need longer-term care.

In addition to limiting the number of sessions, managed care has developed other sophisticated strategies to control the cost of outpatient therapy (Gorin, 2004). The gatekeeping function is one of the most popular approaches. Many managed care organizations utilize "care managers" who screen clients seeking care through a telephone interview. During this interview, clients are required to tell the anonymous voice over the telephone personal problems that many clients are not able to share until after several sessions with a therapist. These initial screenings discourage many people from discussing the full nature of their problems, and they are subsequently denied care because of lack of severity. Managed care gatekeepers are trained to look for problems that are considered "social" in nature, and to refer clients with these non-medical problems to self-help groups.

Further, many clients who are experiencing severe psychological stress may not be capable or willing to jump over all the administrative hurdles that managed care gatekeepers require. Years of research on the importance of accessibility of services have been turned upside down by managed care organizations. They understand that by increasing the number of obstacles that clients have to overcome, merely to be accepted for treatment, many will simply stop seeking care.

Other managed care strategies focus not on the client, but on the providers of clinical social work themselves. For example, one California-based managed care organization pays clinicians a flat rate for three sessions and then a small flat rate for all sessions beyond these initial three. Clearly, this not only sets up a disincentive for more than four sessions, but a disincentive to go beyond the first session of treatment. This has a significant impact on the mindset of therapists. Clearly, many therapists will choose not to work with managed care organizations with such draconian policies. However, others will seek to cooperate with the dictates of the company. It is a sad fact that many social workers have become so dependent upon managed care organizations for their own survival that their values and ethics, indeed, their whole way of practice, has begun to neglect the needs of the client.

The making of therapists

The very training of therapists has been rapidly changing over the last decade in response to managed care (Brandell, 2002; Herron, 2001). Graduate schools in many disciplines have been altering their curriculum to meet the demands and “realities” of managed care. Courses in short-term interventions have begun to proliferate in graduate programs. In fact, many schools are shifting their whole model of pedagogy away from theoretical frameworks that are based on research or practice wisdom to those that are congruent with managed care-oriented practice.

The rationale is simple: since the movement toward privatization and managed care has begun to accelerate, graduate programs must train students to function within the new behavioral health care conglomerate. Few graduate programs seem to be questioning the growing hegemony of managed care corporations. Even in social work programs, which tend to have a strong emphasis on social policy analysis, managed care is often accepted as a reality of practice; rarely are the very principles of managed care and managed mental health care questioned. Ethical discussions seem to center on ethical dilemmas within the context of managed mental health care, not on managed

mental health care itself. This seems to be a clear indication of the tail wagging the dog; neither research nor theoretical considerations are guiding changes in training.

Graduate programs are now focusing too much energy on producing technicians. Efforts toward developing the whole person of the nascent therapist have been fading. This can be seen as a direct result of managed care's philosophy of treating illnesses, not people. Why develop a person, if all that is needed is a technician?

Training is moving toward teaching students how to utilize specific interventions for specific types of problems. What is neglected by the proponents of this new trend in training and practice is the fact that unlike a physician, who administers healing powers through a pill or injection, social workers are the vehicles for treatment. Without a highly developed sense of self, without the ability to understand and work through emotional reactions to client issues, no degree of technical proficiency will matter. Without the requisite work on oneself, therapists will not be able to successfully establish and maintain helping relationships with challenging clients.

This work is essential, because clinical social work's ability to facilitate growth and healing is dependent on a caring and trusting therapeutic relationship. In countering the alienation and disenfranchisement of social dislocation or healing wounds caused by past trauma or pain, the client/therapist relationship is possibly the most clinically important variable in the helping process. Trust, empathy, and caring are requisite components to client change.

Yet, in the new managed care environment, the establishment of such a relationship is often compromised. Therapists are trained to see clients as needing structure and boundaries. Clients who seek additional services are seen as manipulative and are often labeled as being "borderline" or "overly dependent." Needy clients are seen as being troublesome. As a result of its for-profit nature, managed care seeks to provide as little treatment as possible. Therapists cannot entirely insulate themselves from the tension that this creates; relationships with clients will assuredly suffer.

Perusing many journals or magazines geared toward therapists shows the growth of workshops and training in short-term, time-limited, and outcome-based treatment. While few would argue against focusing on successful outcomes for clients, many of these workshops focus on teaching methods of symptom reduction or temporary change. What does a therapist who is trained to perform ten sessions of treatment do with a client who is depressed as a result of a lack

of meaning in his or her life? How does a therapist trained in symptom reduction work with a client who is seeking to decrease anxiety caused by a lack of spiritual connection? In ten sessions, and with the help of medication, a client can be distracted from existential issues and can have some presenting symptoms decreased. Feeling less depressed, yet no more fulfilled or whole, the client leaves therapy with a false sense of security, assured by the “professional” of his or her stability.

No happier, they are at least temporally out of risk. What happens the next time life’s stressors trigger their angst and meaninglessness? Clearly, this is hardly the worry of for-profit managed care firms whose main responsibility is not the care of clients or therapists, but the maximization of profits in each fiscal quarter. Managed care companies are frequently bought and sold, with each new owner expressing disbelief at the prior company's ineptitude, making promises to improve the quality of care that are rarely met.

The care of the therapist, the disposable producer

This paper has thus far discussed how these changes affect the training of therapists and the consumers of clinical social work. But how are therapists themselves affected? How will therapists feel at the end of the day when the quality of the helping relationship may be as deep and anonymous as callings across cyberspace? One of the major effects of managed care arrangements is the alienation of therapists. Therapists are becoming alienated from their clients, from their professions, and most significantly, from themselves. Therapists find themselves caught between the needs of their clients and their communities, the clinicians’ own agencies, managed care utilization staff, and the very dreams and hopes they had for themselves and their profession. Even new therapists, taught to provide symptom-related treatment, cannot help but to feel the effects of what therapy has become for them, an assembly line job without the opportunity for creativity and meaning. How isolating it must be to spend countless hours with clients and not connect to the deepest parts of their psyche. The dehumanizing process of treating people as symptoms will continue to cause many therapists loneliness and anomie. In the past, many left other professions to become social workers to fulfill deep longings for creativity and to fulfill dreams of service. Today, managed care threatens to cause therapists to leave the field to actualize their higher selves.

Conclusion

Below is a list of some of the potential biopsychosocial consequences of limiting access to services. Focusing on symptom amelioration only can have profound consequences for individuals and families.

- Increased homelessness.
- Increased numbers of divorces.
- Children with more problems in schools ill prepared to handle them.
- Pockets of communities plagued with lower socioeconomic status and mental health issues combined.
- People experiencing inadequate nutrition and thus, greater health needs.
- A greater burden on medical services when those with mental health needs are unable to seek assistance with their own health care needs.
- Increased unemployment.
- A greater burden on community police services, because there are no services available to treat those with mental illness and/or those individuals who have maximized their service capacity.
- Increased litigation when practitioners “miss” an important diagnosis because of an inability to adequately provide services to those in need.
- Under-diagnosing in order to avoid labeling decreases even further the number of sessions one can access.
- Over-diagnosing in order to maintain third-party payment status guarantees more sessions but the effects of the label can be lifelong and negative.
- Increased medicalization of conditions keeps drug companies flourishing.
- Quick fixes overlook the long-term side effects (as in drug research); and finally,
- All of these combines into the overall sense of consumerism that begins to dictate life in post-industrial society.

As managed care becomes the dominant model of mental health delivery, clinical social work is in danger of becoming a process similar to fixing a car. We diagnose problems, apply prescribed technical solutions in a time-limited manner, and return the “functioning machine” back to its programmed tasks. However, contrary to the philosophic underpinnings of managed mental health care, mechanistic metaphors are wholly inaccurate: people are not, and do not function as, machines. Human health is intricately related to the quality of our mind-body relationship. Persistent emotional and behavioral problems do not lend themselves to quick fixes. They are rooted in the fit between the essence of who we are, our souls, and our physical environments. Managed care’s insistence on framing the problems of living in medical terms negates both personal and social reasons for our difficulties.

There is no shame in seeking help. There is no shame in admitting that one is having problems adapting. The post-modern world is a complex one. Finding meaning within its ever-changing landscape requires levels of social support and help that are often no longer available to many. Clinical social work, as practiced by those who have strived for the healing of lives and souls, has been a powerful way of helping people cope with these changes. Entrusting for-profit managed mental health care conglomerates, with their focus on maximizing shareholder profit, is a risky proposition.

If psychotherapy and clinical social work liberating activities are to survive, social workers must begin the process of challenging the hegemony of managed mental health care. One of the most salient means by which social workers can affect policy and practice changes is through consumer advocacy. This strategy has the capacity to overhaul the system to listen to the voice of the consumer. It empowers people to take charge of their own healing. It helps to eliminate the person-is-the-diagnosis syndrome. In addition, it helps to maintain the accountability of professionals to their clients instead of to the managed care corporation. It helps to demystify mental illness and can reintegrate/integrate those with mental illness into society. Economic efficiency and the social construction of illness are the focus of this strategy, and it has the potential to shift from issues of mental illness to those of mental health. Finally, social workers are uniquely and logically positioned to undertake this strategy.

Using evidence-based practice and recognizing the constraints of managed care need not combine to further reduce the capacity of people with mental health issues to succeed in obtaining and utilizing services. Evidence-based practice has the potential to assure the consumer that the “best” treatment for the particular situation is being provided. This has the potential to decrease the cost and demonstrate cost effective treatment. The practitioners employing evidence-based practice should always be mindful of the holistic nature of their clients and not succumb to the person-is-the-diagnosis syndrome. Evidence-based practice also has the potential to, particularly across time; demonstrate less need for managed care to dictate severe restrictions in the number of sessions. Practitioners can join with their clients in asking for intervention combinations including pharmacological and psychotherapeutic components.

Policy makers should be made aware that the medicalization of many mental health issues ignores the complexity of people’s lives. A person with schizophrenia and taking medication may

still need assistance with tasks of daily living in order to function maximally in society. While medications are certainly helpful in reducing the symptoms of mental illness, there are sociopsychological manifestations in the state of “having a mental illness” that require the support of trained professionals to aid in adjustment. An analogy would be the inpatient treatment of a person with alcoholism without concomitant work with the family and significant others in the environment. When the patient goes home, back to a system that hasn’t changed, the likelihood of relapse is great. The inpatient treatment (pill) may temporarily “fix” the “problem,” but without support upon return to the environment, both the family and the patient may return to the former way of living and being.

Schools of social work should recognize that the potential for training technicians exists within the evidence-based practice and managed care-based curriculum. Teaching to the needs of the environment can result in practitioners who fail to see the person in a holistic manner. This is most definitely a balancing act, because the coursework certainly must include awareness of a managed care environment and the needs that environment presupposes. To accomplish this task, schools should recognize the necessity of maintaining the person in the environment, ecological perspective while teaching the deliberation process of assessment and intervention. If social work ever strays too far from the person- in-the-environment perspective, there is little to separate us from other mental health professionals. Further, we fail to support one of the fundamental components of our *Code of Ethics* when we do not recognize the uniqueness and integrity of every single human being.

There are many ways for clinical social workers to get involved. Some may choose to join professional organizations that are advocating for change in the current mental health system. Others may wish to do research on the effects of managed care. Yet, others may choose to help empower their clients to seek systemic change. Regardless of what one does, acquiescence and accommodation will only lead to an increase in one's subjective sense of alienation and disillusionment. Our souls, and those of our clients, deserve more.

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Applying NASW Standards to End-of-Life Care for a Culturally Diverse, Aging Population

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Abstract

The National Association of Social Workers (NASW) developed eleven standards for social work practice in end-of-life care. This review examines these standards and their relationship to current bioethical literature. Recommendations are made for training, research, and policy initiatives that support quality care at the end of life.

Key Words: Code of Ethics; Ethical Guidelines; Social Work Practice, Aging, Cultural Diversity

Introduction

In response to increasing numbers of elderly with chronic illnesses and advances in medical technology that extend life spans, NASW (2004) issued standards for practice in end-of-life care. Eleven basic standards have been compiled to guide social workers in assessment, treatment, resource linkage, advocacy, and leadership in work with the dying.

NASW asserts that social workers in all practice settings must be aware of the skills, knowledge, values, and methods needed to work effectively with clients and their families in end-of-life situations. At the same time, social workers need to be able to apply these standards within the context of an aging population and culturally diverse families and communities who may hold different beliefs about illness, wellness, and medical care. The purpose of this article is to examine in greater detail the NASW standards and their relationship to current medical and bioethical literature and social work practice with older adults and diverse populations.

Standards

Standard 1: Ethics and Values

The first standard for professional practice with end-of-life care expects that social workers be guided by the values and ethics of their profession as well as contemporary bioethics. They should be familiar with social and legal issues, able to address questions confronting modern medicine, and show special consideration to vulnerable populations. As such, social workers require a minimum knowledge base and understanding of the ethical principles of justice, beneficence, nonmaleficence, understanding/tolerance, publicity, respect for the person, universality, veracity, autonomy, confidentiality, equality, and finality.

United States bioethics and healthcare, based on European-American values, emphasize patient autonomy and informed consent (Candib, 2002; Crawley, Marshall, Lo, & Koenig, 2002; Drought & Koenig, 2002; Kagawa-Singer & Blackhall, 2001; Luptak, 2004; Turner, 2002; Werth, Blevins, Toussaint, & Durham, 2002). This is reflected in the Patient Self-Determination Act (PSDA) of 1990, which mandates that patients admitted to healthcare facilities be provided with a statement of rights related to healthcare decisions and asked whether or not they have advance directives. It gives patients the right to be informed about their condition and to refuse life-sustaining treatment (Kagawa-Singer & Blackhall, 2001; Luptak, 2004; Teno, Lynn, Wenger, Phillips, Murphy, Connors, Desbiens, Fulkerson, Bellamy, & Knaus, 1997a). Whereas only 15 percent to 20 percent of all Americans have completed advance directives (Luptak, 2004), those of European descent are more likely to have written advance directives than persons from other ethnic backgrounds (Werth et al., 2002). Furthermore, the elderly and members of some cultural groups may eschew completing an advance directive, believing that their physician is best able to make health care decisions in their interest (Werth et al., 2002).

Autonomy and self-determination have been criticized as culture bound and insensitive to individuals from other cultures that are less individualistic, more family centered, and less disclosing of medical information to patients (Candib, 2002; Crawley et al., 2002; Drought & Koenig, 2002; Kagawa-Singer & Blackhall, 2001; Luptak, 2004; Turner, 2002; Werth et al., 2002). Disclosing diagnoses or talking about the possibility of death with patients from some cultures may even be viewed as malevolent (Candib, 2002; Turner, 2002). Drought and Koenig (2002) note the lack of empirical evidence supporting the autonomy paradigm of patient "choice" in end-of-

life (EOL) decision making. They state that the choice model is flawed because one cannot choose not to die of a terminal illness and because one's choice is based on the interpretation and presentation of information from the clinician. Studies have shown that even with advance directives in place, patients' wishes are not always followed (Bern-Klug, Gessert, & Forbes, 2001; Galambos, 1998; Teno et al., 1997b). Broadening the meaning of autonomy to include different ways of understanding health and illness and giving greater latitude to patients and their families in how they respond to illness and the end of life is merited (Turner, 2002). For example, Candib (2002) suggests the use of "autonomy-in-relation" (p.225), a concept that incorporates family context into end-of-life decision-making.

Standard 2: Knowledge

Understanding the theoretical and biopsychosocial domains of end-of-life care is an important component to effective social work practice with the dying. This standard requires social workers to be knowledgeable about medical and social systems, including the socioeconomic, cultural, and spiritual dimensions in family life, and barriers to healthcare that may impede access to services. They must also be aware of the tenets of palliative care, whereby the control of pain and other physical symptoms along with meeting the patient's psychosocial needs are emphasized, rather than lifesaving measures (Kart & Kinney, 2001). Social workers apply their knowledge in direct work with families and as members of interdisciplinary treatment teams.

The need for further education and training in EOL issues for social workers has been well documented (Csikai, 2004; Kramer, Pacourek, & Hovland-Scafe, 2003; Luptak, 2004; NASW, 2004). Results from a survey by the Social Work End-of-Life Care Education Project revealed that 54% of health and hospice social workers had had no EOL content in their coursework, and only 31% of hospice social workers reported having adequate EOL preparation in their MSW programs (Csikai & Raymer, 2003). Ethical content, particularly principles of biomedical ethics and emerging ethical issues, received little attention. To assess the quality and scope of EOL content in social work textbooks, Kramer, Pacourek, and Hovland-Scafe (2003) examined 50 texts. They found that only three percent of the total pages reviewed were related to EOL care. Similarly, Luptak (2004) states that "references to care of older people at the end of life are more noticeable by their absence than by their presence in the social work literature" (p.12), adding that social workers need both a comprehensive knowledge base of practice and policy issues and finely tuned

skills related to end-of-life concerns. They further suggested that social work textbooks, like those of nursing and medicine, be revised to include more current information and citations on issues such as social workers' roles in pain management, equity and social justice, and advocacy.

In addition to a basic understanding of the biopsychosocial aspects of EOL care, social workers need to be aware of disparities in and barriers to medical care. The use of hospice and other palliative care services varies by age (Buntin & Huskamp, 2002), location (Virnig, Moscovice, Durham, & Casey, 2004), insurance coverage (Krakauer, Crenner, & Fox, 2002), and across populations (Candib, 2002; Crawley et al., 2002; Krakauer et al., 2002). Issues of mistrust, language differences, and lack of diversity in health care staff further complicate the ability to provide appropriate care to patients with values and beliefs different from the mainstream (Candib, 2002; Drought & Koenig, 2002; Kagawa-Singer & Blackhall, 2001; Krakauer et al., 2002; Reese, Ahern, Nair, O'Faire, & Warren, 1999; Werth et al., 2002).

Standard 3: Assessment

The third standard requires that social workers include relevant biopsychosocial factors and the needs of the client and family, as expressed by the client, in a comprehensive culturally competent assessment. Several frameworks for assessment sensitive to cultural competence have been developed.

Panos and Panos (2000) provide a model for culturally sensitive assessment in health care settings that may be useful for EOL assessments. Their model includes six domains. The first domain requires social workers to examine their own cultural identity. The second and third domains stress the importance of assessing the patient's level of acculturation and its accompanying stresses. The fourth domain discusses assessing the patient's support systems. The fifth domain recommends that the patient's concepts and definitions of health, disease, healthcare utilization and healing be understood. Each of these components must be addressed before completing the final step of care planning.

Another approach for evaluating the level of cultural influence for patients and families uses the mnemonic ABCDE. Practitioners must evaluate the attitudes of patients and families toward truth telling and death and dying; beliefs related to death, afterlife, or miracles; context; decision-making style; and environment (Kagawa-Singer & Blackhall, 2001).

Candib (2002) likens her assessment to a conversation that assesses the patient within the context of family. Culturally competent practice requires that clinicians first show their interest in understanding their patient's culture and beliefs before proceeding with structured questions.

Finally, the World Health Organization Quality of Life (WHOQOL) instrument is a tool that can be used to assess quality of life for the dying (Saxena, O'Connell, & Underwood, 2002). Developed for use in a wide range of cultures, the WHOQOL assesses six domains believed important to quality life. These domains include physical well-being; psychological well-being level of independence; social supports and activities; environmental factors; and feelings about spiritual, religious and personal beliefs.

Standard 4: Intervention/Treatment Planning

It is imperative that social workers are competent in intervention and treatment planning. This standard notes several skills essential to successful practice with the dying, including preparing families for impending death of a loved one, facilitating communication, integrating grief theories into practice, and advocacy. Social workers must be able to effectively work with patients and families from different age groups, cultures, socioeconomic and education backgrounds, lifestyles, and states of mental health.

EOL interventions are complicated by the fact that more than half of those that die in a given year have never been considered to be terminally ill (Bern-Klug, 2004). The signs and symptoms of impending death are not easy to define even for physicians, let alone social workers. Covinsky, Eng, Li-Yung, Sands, and Yaffe (2003) concluded that frail elderly "have an end-of-life functional course marked by slowly progressive functional decline, with only a slight acceleration in the trajectory of functional loss as death approaches" (p.492). Bern- Klug (2004) suggests that social workers can honor patients' self-determination during this period of ambiguity. On a client level, social workers can help patients and families understand the medical situation and its potential impact on their lives. Using active listening skills, clinicians can normalize common feelings of doubt, frustration, and sadness. Finally, advance care plans can be made within the parameters of an uncertain death. At a societal level, social workers must advocate for policy level changes that acknowledge the ambiguity of end-of-life situations.

Standard 5: Attitude/Self-Awareness

Social work attitudes and practices that convey empathy, sensitivity, and compassion are central to this standard. In their daily activities, clinicians must be flexible, respect the primacy of the patient and family in all aspects of care, be able to work with team members, act as advocates, be aware of compassion fatigue, and be secure in their professional identity and roles.

NASW (2004) recognizes the controversy of end-of-life issues related to multicultural value systems, and, whereas the organization does not take a position on the morality of these issues, NASW affirms the right of individuals to determine the level of their care. Issues such as assisted suicide, truth-telling, euthanasia, health care rationing, futile treatment, medical racism, and the right to refuse, withdraw, or withhold life-sustaining therapies (Bern-Klug et al., 2001; Crawley et al., 2002; Csikai, 2004; Ditillo, 2002; Krakauer et al., 2002; NASW, 2004; Reese et al., 1999; Turner, 2002; Werth et al., 2002) can pose ethical dilemmas. Social workers need to deal with these situations thoughtfully and with awareness of how their own beliefs and values influence their practice (NASW, 2004).

Standard 6: Empowerment and Advocacy

This standard describes social workers' responsibilities to empower and advocate for their clients. Social work knowledge and skills in communication, group process, systems, social justice, values and ethics, and spirituality add a unique and important role to end-of-life care. On an individual level, social workers need to link clients with resources, support caregivers and families, address quality of life issues, and monitor and manage symptoms. On a broader level, social workers need to advocate for special populations, such as minorities, those with physical, mental or emotional disabilities, the elderly, and those in institutions (NASW, 2004).

Recommendations for empowering and advocating for clients can be found in much of the current literature. Bern-Klug, Gessert, and Forbes (2001) recommend that social workers advocate for their clients by helping them access medical care where they want to receive it, pursuing aggressive pain relief, securing financial support, negotiating with authority figures, and assisting with mental health and spiritual services. Luptak (2004) and Candib (2002) suggest that, in view of escalating controversy about the high cost of health care and the possibility of rationing, social workers need to advocate for the elderly by speaking out against the use of age as a criterion for withholding treatment in a culture that values youth. To eliminate barriers to hospice and palliative

care, social workers are encouraged to provide public education programs and to work with respected community members (Reese et al., 1999; Turner, 2002).

Standard 7: Documentation

The seventh standard emphasizes the importance of documenting all aspects of social work services rendered. It further requires compliance with agency policies and all federal and state laws, particularly those with regard to confidentiality and privacy of medical information.

Standard 8: Interdisciplinary Teamwork

The eighth standard acknowledges that the complex issues associated with end-of-life care frequently require the work of interdisciplinary teams. Social workers, with their expertise in group work and communication, play a pivotal role in the functioning of interdisciplinary teams, fostering team collaboration and being leaders in identifying biopsychosocial issues. While the strength of the team lies in the ability of diverse professionals working together, therein also lie challenges. Role blurring, differing professional values and theoretical bases, power differentials, and lack of knowledge about other professions' roles can act as barriers to effective inter-professional collaboration. To be successful, team members must recognize the expertise of other disciplines, communicate without professional jargon, clarify their roles, develop procedures for appropriate referrals, assign tasks on the basis of strengths, rotate leadership, and maintain a client-centered focus (Reese & Sontag, 2001).

Standard 9: Cultural Competence

This standard reinforces the need for social workers to respect and understand how the history, culture, values, beliefs, and traditions of patients and their families affect their views about palliative and end-of-life care. Current literature about palliative and end-of-life care pays much attention to issues related to cultural competence and sensitivity. Areas of particular focus include the history of medical racism and unequal access to health care (Bern-Klug et al, 2001; Candib, 2002); ethnocentric values and ethics (Candib, 2002; Kagawa-Singer & Blackhall, 2001); communication, language barriers, and use of interpreters (Crawley et al, 2002; Office of Minority Health, 2001); and stereotyping individuals on the basis of their ethnic or cultural identity (Candib, 2002; Kagawa-Singer & Blackhal, 2001; Mazanec & Tyler, 2004; Panos & Panos, 2000).

To improve the medical care and eliminate racial and health disparities of the increasingly diverse U.S. population, the Office of Minority Health (2001) established fourteen national

standards for culturally competent care. The aim of these standards is to educate and familiarize health care providers and organizations with ways to understand and respond appropriately to the cultural and linguistic needs of their patients. Three standards are federal mandates, whereas the others are recommendations. The mandates require organizations to provide services that are compatible with their patients' values, beliefs, and traditions; to have a diverse staff representative of their service area; and to offer staff education and training in culturally competent care. Recommendations include providing language services through bilingual staff and interpreters; having written materials and signage in the language of commonly encountered groups; and maintaining current demographic, cultural, and epidemiological profiles of the community.

Standard 10: Continuing Education

This standard requires social workers to stay current in their knowledge of the rapidly growing field of end-of-life care, participate in research, and collaborate with other organizations and institutions. Csikai and Raymer's (2003) assessment of social workers' educational needs noted that 87% of respondents received their continuing education units (CEUs) through seminars and conferences. They recommend a CEU curriculum that enhances competence in skills such as conducting bioethics consultations, assessing pain and suffering, and facilitating family communications. Because end-of-life issues are especially cogent for the elderly, educational efforts should be made that address the needs of this group (Luptak, 2004).

Standard 11: Supervision, Leadership, and Training

Standard 11 requires social workers with expertise in palliative and end-of-life care to assume leadership roles. In addition to taking leadership in interdisciplinary teams as addressed in Standard 8, social work specialists can provide mentoring experiences for students and new social workers, advocate for and offer training, and develop and participate in research projects (Bern-Klug et al., 2001; Csikai, 2004; Reese & Sontag, 2001).

Conclusion

Social workers play a significant role in meeting the complex psychosocial, economic, and medical needs of the dying. As an already aging population grows even larger with the addition of the baby boomer generation, the demand for social workers with expertise in palliative and end-of-life care in health and social services is expected to increase (Occupational Outlook, 2004). At the same time, the increasingly diverse older population will require that social workers be

prepared to deal with their clients' cultural values and traditions that, at times, may be in conflict with those of the profession.

In preparation, NASW developed eleven standards for social work practice in end-of-life care. These standards provide a useful framework to guide and inform social workers of the skills, values, and knowledge needed to practice effectively and ethically; however, the social work profession needs to take responsibility for ensuring that these standards are met. As evidenced in this review, several areas require continued attention and strengthening.

Assuming a strong leadership position in palliative and end-of-life care requires specific actions on the part of social work educators, practitioners, researchers, policy makers, and advocates. At all levels of social work education, there is a need to increase the amount and type of EOL training provided. Continued and added emphasis on ethics, multidisciplinary collaboration, aging-related education, and multicultural understanding is warranted. Practitioners must facilitate cooperation and collaboration with members of interdisciplinary treatment teams. As individual clinicians, they must provide exemplary psychosocial care – developing appropriate and effective treatment plans, counseling patients and their families, and providing bereavement support. Social workers would also benefit from a strong research agenda whereby interventions, pain management, quality-of-life, and other issues important to psychosocial care are examined. Finally, social workers must be active in policy development, advocating for policy changes that affect funding of and access to care at the end of life.

In conclusion, it is vital that social workers be prepared to assist our rapidly growing elderly and diverse populations as they enter the final stage of their lives. Utilizing these standards in combination with the Code of Ethics (2000) and a framework for cultural competency (NASW, 2001) all social workers will be able to practice responsively, appropriately, and ethically in ways that respect, honor, and acknowledge the values, beliefs, and customs of their clients.

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Appendix

The full text of the NASW Standards for Social Work Practice in Palliative and End of Life Care can be found at:

<https://www.socialworkers.org/LinkClick.aspx?fileticket=xBMd58VwEhk%3D&portalid=0>

Teaching Ethics through Self-Reflective Journaling

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Abstract

This article introduces and explores the usefulness of Self-Reflective Journaling (SRJ) as a means of actively engaging social work students in the learning process of ethical resolution. After a brief review of the literature on self-reflective writing, the article outlines the approach adopted by a second-year assistant professor at a small, rural, undergraduate program. Passages from students' reflective writing assignments for this course are provided to illustrate how they approached the assignments and their overall view of the course experience. The article concludes that this approach to teaching ethics and moral philosophy is beneficial from both an instructor and a student perspective, because it encourages active student participation, critical thought and application, and writing skills development.

Key Words: Self-reflective journaling; social work; ethics; SRJ

Introduction

Social work courses focus on preparing students for the field practicum experience and, ultimately, for professional practice. Infused in these courses are content areas on values, ethics, spirituality, research, policy, human behavior, theory, and practice skills. Implicit in the development of practice skills and ethical responsiveness is a degree of self-awareness. Social work students, academicians, and practitioners must be aware of their ethical code, moral boundaries, attitudes, and value system so that they may effectively work with diverse populations. The social work curriculum is structured to enhance and encourage this self-awareness. Students are expected to develop the ability to reflect on their value systems, models of practice, theoretical frameworks leading their practice, and their own moral struggles.

The social work profession is built upon an ethical code that sets forth a standard of practice. The Code of Ethics of the National Association of Social Workers (NASW, 2000) focuses

primarily on ethical practice within our profession at the micro, macro, mezzo, and international levels. As such, this Code guides the professionalism of our practitioners.

According to Marsh (2003), our “profession is defined by the tasks we accomplish; the problems we solve; as well as the knowledge, skills, and values we bring to bear to solve those problems” (p. 5). Reamer (1998) points out that “ethical issues have always been at the foreground of social work practice and that throughout our historical development we have been concerned with matters of right and wrong and matters of duty and obligation” (p. 489). Advances in technology and information dissemination have also fostered an evolution of the profession’s Code (Reamer, 2001). As a result, the educational experience addressing such ethical issues as client confidentiality, Internet messaging, e-mail retrieval and submission, and fax machine usage, is also evolving. A review of the literature shows that social work ethics curricula focus on preparing our students to identify ethical dilemmas, apply appropriate theoretical frameworks, and protect themselves as practitioners from complaints and legal recourse (Dickson, 1998; Loewenberg, Dolgoff, & Harrington, 2005; Madden, 2003; NASW, 2000; Osman & Perlin, 1994; Reamer, 1999, 2001a, 2005; Stein, 2004). Black, Congress, and Strom-Gottfried (2002) have also published a curriculum resource guide on various approaches for including ethics content in the curriculum, course assignments, classroom exercises, handouts, and reading lists. In addition, NASW (1998) also provides a book with examples of ethical controversies and considerations in resolving them. These available resources provide educators with a variety of models of ethical decision-making methods from which to choose to engage the student (Congress, 1998; Joseph, 1985; Lowenberg & Dolgoff, 1996; Mattison, 2000; Reamer, 1993).

Sadly, though, even with these available resources, there remains a great divide between the conventional and the creative lecturers regarding ways to enhance the learning experience. The conventional method of instruction is the “I lecture-you listen” approach. The creative method of instruction incorporates a multitude of approaches: modified lecture format, problem-based learning, case vignettes, writing assignments, small group discussion, journaling, role-playing, student-led presentations, and critical debate. To be honest, however, the mode of information delivery is useless unless the student actively engages in the learning process. What is useful is how the instructor utilizes those available resources to engage the student to achieve the learning objectives. According to the research, social work academicians are not utilizing these resources

to the best of their ability. Boland-Prom and Anderson (2005) point out that “while progress has been made in social work education and training on ethics, more effort is needed” (p. 495). Dodd and Jansson’s (2004) research also points out two pivotal findings in their review of ethics curricula in social work programs: 1) whereas social work practitioners are trained in how to recognize ethical dilemmas and become involved in their resolution, they are not fully invited to participate in the process as equals, and 2) the training they received did relate to their awareness and desire to participate in the ethical resolution process, but they had not been trained in *how* to engage themselves in the resolution process.

To train students in how to engage themselves in the resolution process, we must train them first in the classroom. One effective method that actively and responsibly engages students in the learning process is the Learning-Centered Paradigm (McManus, 2001). This method has proven effective in situating students at the center of the learning experience, motivating and empowering students to assume responsibility for their own learning. The instructor also takes responsibility by adopting teaching techniques specifically designed to encourage students to see themselves as active thinkers and problem-solvers. Clinchy (1995, p. 100) posits that in conventional pedagogy (I lecture, you listen) students are often pressured to “defend their knowledge rather than exhibit their thinking.” King (1995) contends that students need to learn how to think critically by constantly questioning, analyzing, and reviewing the world and environment around them. Seeler, Turnwall, & Bull (1994) encourage academicians to integrate innovative teaching techniques in the classroom that take students out of the passive role and place them in an active, thinking mode during their learning experience. One way to achieve active learning is through the use of SRJ.

Self-Reflective Journaling Defined

Dewey (1933) defines reflective thought as “an active, persistent, and careful consideration of any belief or supposed form of knowledge in the light of the grounds that support it and the further conclusions to which it tends” (p. 9). Dewey contends that the purpose of this type of thinking is to achieve a goal and that the thought process is active and purposeful. An important and implicit element in learning is the capacity to be reflective. Studies show that learning is likely to be deeper or more connected to practice when it includes reflection, the ability to connect new information with personal meaning or past experience (Smith, 2005). Johns (1995) considers reflective writing part of the learning process, and both Andrews (1996) and Durgahee (1996) posit

that reflective writing encourages critical thought and application. Gardner's (2001) research also found that reflective writing is indeed effective with social work students, increasing their ability to recognize and articulate their own values and attitudes and exposing them to new ideas, new knowledge, new avenues of critical thought, and new ways to critically problem solve. Tsang (2003) also found that self-reflective journaling as a coursework assignment fostered critical reflectivity over time and promoted understanding of theory.

Self-reflective journaling (SRJ) compels the student to actively think about a feeling, event, behavior, emotion, or action and to record those thoughts. SRJ writing focuses on the process of learning rather than the product of learning, providing valuable educational benefits (Conner-Green, 2000; Croxton & Berger, 2001; Hyers, 2001). This method of writing increases student awareness of both *what* they are learning and *how* they are learning (Voss, 1988). Dart, Boulton-Lewis, Brlwolee, and McCrindle (1998) found that as students practiced introspective writing, their reflection and insight become more analytical and the quality of their writing also improved.

Benefits of SRJ include presenting students with an opportunity to make sense of their own personal histories, stories, and life events (Hedlund, Furst, & Foley (1989), and the increased ability to remember concepts they have learned in the classroom for a longer period (Croxton & Berger, 2001). Additional benefits included improved exam and research paper scores (Connor-Greene, 2000; Hyers, 2001), increased awareness and knowledge of critical analysis and application (Hettich, 1990), increased levels of student-teacher trust (Lohman & Schwalbe, 1996), and increased cognitive development and affect (Lohman & Schwalbe, 1996).

Paul and Elder (2005) propose that in order for reflective writing to be effective, guidelines must be followed, and students must be disciplined in their efforts. They state, "if students are to learn, they must write" (p. 40). They suggest that instructors provide a brief overview of the foundations of substantive writing, explain the idea of self-reflection, provide examples to the students of entries written by the instructor, and discuss appropriate topic areas for the writing assignment. They also stress that a student cannot be both "a skilled thinker and a poor writer" (p.40) and that it is the instructor's responsibility to help the student transition from the perspective of learning to write to the perspective of writing to learn.

Self-Reflective Journaling in the Profession

In many areas of practice, clinicians ask clients to keep logs and journals, preparing narrative accounts of their activities, thoughts, emotions, and feelings. Clients find that keeping a journal or log helps them “increase their understanding and awareness of the factors contributing to their presenting problem” (Berlin & Marsh, 1993, p. 99). The same is true for the social work student. CSWE (2003) mandates graduates of social work programs be able to:

- 1) apply critical thinking skills within the context of professional practice.
- 2) understand the value base of the profession and its ethical standards and practice; accordingly,
- 3) become aware of their own personal values and possess the ability to analyze ethical dilemmas and the ways in which they affect practice, services, and clients (pp. 33-34).

In many programs of study, students are required to keep a journal or daily log during their field practicum experience. This student journal serves the same purpose as the client journal: to increase understanding and awareness through critical and reflective thought on events, thoughts, feelings, and emotions.

Case Study

The purpose of the integration of SRJ in a social work core course was threefold: 1) to help students learn the process of ethical problem solving, 2) to help students explore the dimension of ethical dilemmas and how personal biases are related to the problem-solving process, and 3) to provide a safe environment for students to explore ethical issues. Upon Institutional Review Board Approval, the course selected to integrate SRJ was Social Work with At-Risk Populations in the fall of 2004, with 24 students enrolling (17 social work majors, 3 business majors, 2 education majors, and 2 interdisciplinary studies majors). The course focused on cultural competence and ethical practice with diverse populations, discrimination, prejudice, oppression, social and economic justice, distributive justice, and theory. Key objectives spelled out in the Learning Outcomes (see Table I) encouraged students to become actively involved in this classroom experience, rather than passively reacting to the information at exam and research paper time. The content of the course, examination of different approaches, perspectives, and ideologies, also made the SRJ approach possible. The teaching/learning pedagogy adopted for this class was based on lectures as the key mode of delivery and a structured bibliography. Lectures were prepared and delivered using PowerPoint presentations, and WEBCT was used to support the course.

On successful completion of this course, students should have:

1. Knowledge and understanding of the main ingredients of ethical, strengths-based, generalist approaches to social work practice,
2. Understanding of the value base of the profession and its ethical standards and principles,
3. Knowledge of practice methods which do not discriminate,
4. Respect, knowledge, and practice skills related to clients' age, class, color, culture, disability, ethnicity, family structure, gender, marital status, national origin, race, religion, sex, and sexual orientation,
5. Ability to use communication skills differently across client populations,
6. Awareness of personal values and ability to develop, demonstrate, and promote values of the profession,
7. Knowledge of methods to analyze ethical dilemmas and the ways in which these affect practice, service, and clients,
8. Understanding, affirmation, and respect for people from diverse backgrounds,
9. Ability to recognize diversity within and between groups,
10. Knowledge of methods to identify ways group membership influences access to resources,
11. Understanding of distributive justice, human and civil rights, and the global connectedness of oppression (CSWE, 2003, p. 33-34).

Students were instructed to process through self-reflective writing: 1) feelings and emotions, 2) thoughts, 3) behaviors leading to and following the incident, 4) their personal value system, 5) approaches they would utilize now to work toward resolving the ethical dilemma, and 6) an overall analysis of the incident, drawing from their classroom discussion, a review of the *Code of Ethics*, and their increased level of knowledge and/or maturity since the incident. This process usually took about 45 minutes. The journals were then submitted to the instructor for review, with the understanding that grading was to be based on critical thought and application, not technical presentation.

The purpose of this course was to focus the students on studying material throughout the semester, rather than reading for exam purposes only. Each week, they were to work through an ethical dilemma which focused on the population-at-risk we had just discussed. After students had prepared for classroom discussion through readings and participated in class discussion and activities, they were then provided with a case vignette on an ethical challenge related to the population we had just discussed. Class was then dismissed, usually about 30-45 minutes early, and they were instructed to go to the computer lab on campus and write for about 45 minutes on 1) their reactions to the case vignette (thoughts, feelings, ideas), 2) applicable standards in the

NASW *Code of Ethics* that would be helpful in working toward resolution of the problem, and 3) reflections on how they synthesized the information from the readings, the lecture, the case vignette, and the *Code of Ethics* to help them become more effective and ethical students for field practicum.

Writing Assignment Structure

At the beginning of the semester, students were told that each week they should be able to complete this assignment independently of other students and that each entry should be no less than one typed page. Students were also provided with a writing assessment rubric to help them understand the content that would be assessed in this writing assignment.

Reflective Writing Evaluation Descriptors

Mark (%) Comment

80–100 This assignment shows an outstanding ability to take information from the readings, lecture, class discussion, and class activities and apply it appropriately when working toward the resolution of an ethical dilemma. Your ability to identify appropriate ethical standards of practice found in the NASW *Code of Ethics* and apply them to a case vignette is exceptionally strong. Your reflective writing exhibits a high level of insightfulness and introspection, explaining how you will use this information (readings, lecture material, class discussion, and *Code of Ethics*) to enhance your professionalism in social work. Wonderful work! I am glad you are learning!

50-79 This assignment shows a strong ability to take information from the readings, lecturer, class discussion, and class activities and apply them appropriately toward the resolution of an ethical dilemma. Your ability to identify appropriate ethical standards of practice found in the NASW *Code of Ethics* is adequate at best. There is room for improvement if you and I work together outside of class. Your reflective writing skills exhibit a limited level of insightfulness and introspection and do not adequately explain how you will use this information (readings, lecture material, class discussion, and *Code of Ethics*) to enhance your professionalism in social work. I know this is not your best work! Let's meet after this class to find out what areas we should work on.

20-49 This assignment shows a weak ability to take information from the readings, lecturer, class discussion, and class activities, and apply them appropriately toward the resolution of an ethical dilemma. Your ability to identify appropriate ethical standards of practice found in the NASW *Code of Ethics* is weak at best. There is room for improvement if you and I work together outside of class. Your reflective writing skills exhibit a serious deficiency in your level of insightfulness and introspection, and do not adequately explain how you will use this information (readings, lecture material, class discussion, and *Code of Ethics*) to enhance your professionalism in social work. A referral to the writing center has been made, and we need to schedule a meeting outside of the class to discuss these matters further.

0 – 19 This assignment shows a lack of understanding of the assignment. This assignment shows an inability to take information from the readings, lecturer, class discussion, and class activities and apply them appropriately toward the resolution of an ethical dilemma. Your ability to identify appropriate ethical standards of practice found in the *NASW Code of Ethics* is lacking. The writing assignment you have completed lacks substance, introspection, and insightfulness. There is no material that is relevant to the topic. The *NASW Code of Ethics* was not reviewed nor was it applied correctly, if at all. A referral has been made to the writing lab on your behalf. No further reflective writing assignments can be submitted until this one is revised and resubmitted. We need to schedule a meeting outside of class to discuss these matters further.

Students were provided with a sample reflective writing assignment that the instructor had developed in order to help them understand how they might set about writing the document.

Student Approach

Most students went to the computer lab directly after class to type their assignments. Students were instructed to use current APA format on the assignment, but the content, style, and approach were left to the discretion of the student. The typical assignment length of entry was about two full pages, double-spaced, and there was no obvious association between quality and length, although the assignments with more introspection were lengthier than those that provided minimal requirements for the assignment.

Each student had his or her own writing style. Some students began their entries with an integration of lecture and reading learned, while others wrote directly about the case vignette. Other students began their entries focusing on the case vignette and then drawing on lecture and reading material to work toward resolution, and then concluded with reflections on the overall experience. From the instructor perspective, reading the different student writing styles was both frustrating and refreshing, but free style writing also encourages students to express what is most important for them in their learning experience.

Students also varied the style format, as they had varied both content and structure. The majority of assignments were written in present tense, active voice, placing the student in the here and now. Students were reminded throughout the semester that they were able to write in any style, on any content areas, and with whichever structure they felt most comfortable. Very few students deviated from their original assignment style, unless encouraged to do so by me as a result of their low performance.

Content

Students were given great freedom in their choice of what content they thought most appropriate to write about from the lecture, readings, and class discussions. Some students wrote about what they found interesting in the lecture or the readings, while others wrote more information on the ethical standards of practice. Many students wrote about their struggles to work toward resolution of the ethical problem, as they were now more aware of populations-at-risk and becoming culturally competent. Many students wrote that they felt unprepared and unqualified to apply ethical standards to problems, but this mindset quickly changed as the course progressed. Students were encouraged to write about the content areas they had the most problems with and explain why they found that content difficult to master. These entries proved insightful to the instructor in that a review of material, along with additional readings and examples, was then placed on WEBCT for further study. Students also wrote honestly about particular client populations with whom they would feel uncomfortable practicing (gays, transgenders, disabled). For example, Student A wrote, "I could never work with gays or lesbians, because I don't believe it is a moral lifestyle." This provided me with an opportunity to review cultural competence and values of the profession.

Students also wrote honestly about challenges with other students. For example, Student B wrote, "I don't understand some of the things that Student ABC says in class...she definitely has a chip on her shoulder about men. She male bashes all the time. I hope she doesn't have to work with any men in her job or have any male clients." Students also wrote about difficulties with stressful events they themselves had experienced pertaining to ethical decision making. Student C wrote, "About a month ago, I really needed money to fix my car, and there it was, \$180 in the petty cash drawer at my office. We are supposed to use that money to buy clothes and things for the children at the shelter...but there it was...right there in front of me." These entries also allowed me to visit the values of the profession and address these issues in the next class meeting. From this perspective, reflective writing offered an opportunity for further self-examination. Students were able to write about the event, reflect on their actions, and move past them.

Self-Reflective Writing Excerpts

The writing assignments themselves provided an in-depth explanation of: 1) approaches to writing tasks, 2) ability to assimilate course content, 3) ability to critically apply course content to

ethical problem solving, and 4) reflection on the learning process. The following writing assignment excerpts provide an overview of student reactions to the course, the case vignettes, and their overall learning experience.

As this course was an open elective, and some students had no prior experience with reflective writing, some were able to grasp the concept of reflective writing more quickly than others. Social work majors and education majors were familiar with this type of writing assignment, as it is often used within their profession (client logs, journaling). Business majors, however, struggled diligently throughout the first weeks of the semester.

Students were often frustrated in the beginning, because learning how to write their thoughts and feelings down in an academic manner (meaning that there had to be clarity, conciseness, and cohesiveness to the thought process just so that it would make sense to the reader) was a learning process itself. As one student (D) suggested, “Self-reflective writing is hard work--I had to learn how to write down my thoughts so they would make sense to someone other than me.” Students explained that during class discussions, self-reflection was difficult because primarily they had to figure themselves out to begin the assignment. The most interesting assignments I read were those written by students who were working through frustration of learning who they were and who they were becoming.

Their transformation was happening on paper. Student E wrote, “My next-door neighbor asked me to tell her some ‘gossip’ about a client of mine at DHS. I didn’t really know what to say and so I lied and told her I didn’t know anything. Now I understand that the ethical code protects my clients, and now I can explain that. It’s like I have my profession backing me up. Now I feel like *I* can protect my clients.”

Students initially reacted to the weekly reflective writing assignment with both fear and excitement. Most students explained that they had kept journals in courses before, but nothing quite this structured. Many students asked for specific directions on how to set up the assignment so that the format would be correct from the very beginning of the course. Over the course of the semester, the majority of students developed their own unique writing style, usually very effectively.

Initial discomfort was voiced in a number of ways. Sometimes it reflected uncertainty about what was required—Student G, for example, wrote on his first assignment, “I am unsure

exactly what I should be writing. I just know I am supposed to be focusing on my readings, class lecture, and this case vignette---and exactly how honest am I supposed to be? What if I thought the lecture was boring...do I actually write that?" Student H wrote, "I think I know what I am supposed to be doing.... writing about how the lecture and the readings help me understand how to resolve the ethical problem in the case study. I think I can do this." After the first assignments were graded and returned to the students, apprehension decreased considerably. Student I wrote, "I am now able to understand how the discussions in our class help me see the discrimination other cultures experience and how an ethical problem needs to be looked at with cultural consideration." Student I also provided a more in-depth analysis. "Now I know what I need to be doing.... taking what I read before class, apply that to the lecture, then apply all that information to understanding why the ethical dilemma is a dilemma and using the *Code* to help me resolve the issue. Then I am supposed to reflect back on the entire experience of this week. It actually brings everything I have learned together in my mind. I enjoy it now--it's like a pre-study guide."

The instructor also encouraged students at mid-term time to sit down and review all their assignments, making sure that they were learning what they felt they should be learning, reflecting on the experience of education itself, and determining if they were more comfortable with ethical challenges and methods used to resolve them. This reflection on their assignments was also to be graded. Student F recorded, in a mid-term reflection on her assignments, "Now I know that I do have knowledge and I can go to the *Code* to help me solve ethical problems. I think I started out not really knowing what to do, but now I feel like I'm an expert. I have learned how to take information that I have learned in this class (as well as my other social work courses) and bring it all together in my mind and see how it applies to social work!" At the end of the semester, the same student wrote, "Now I have all this information that makes more sense to me in my mind and I feel more prepared to go into field. Before these assignments, all the classes would get mixed up in my mind. Now, I think I understand how it all fits together."

Overall Feedback from Students

Completing this type of weekly assignment was a new experience for the majority of students in this course. Many explained at the end of the course that the overall experience was painful but productive. Typical student responses that were written on end-of-the year evaluations were: "I dreaded this type of weekly assignment because it really did entail me preparing for class

and paying attention” (Student J). Student K wrote, “I think this is a good thing to do in the class because it really made me read and then think about how to apply everything I was learning. It did take a lot of time, though, a lot more than 45 minutes reading the book. It’s a lot of work but in the end, it really helped me learn.” Some students had mixed reviews of the assignment structure. For example, at the end of her learning journal, Student L wrote, “This assignment allowed me to vent about the frustration of some of the lectures--especially when a construct was hard for me to grasp. It was also nice in that you then addressed student concerns in the next lecture. Most instructors don’t care. They would have just continued on with the schedule.” The majority of students documented that the assignments required a lot of work, but that their learning experience was enhanced as a result of having to keep track every week. Others reported that being dismissed from class 30-45 minutes early was really nice, so they put extra effort into completing the assignment.

The last day of class, students were asked to write an anonymous review of the course (outside of completing the end-of-the year evaluation) and to focus specifically on the learning outcomes that had been specified in the syllabus. Students documented again that the learning outcomes, according to them, had been met. Student M wrote, “When I first read through the learning outcomes, I thought I would never be able to complete those in one semester. But with the reflective writing, I was able to target which outcomes I was not working on and then focus some of my studying on those areas which would help me learn or master that outcome.” Student M also wrote, “This type of reflective writing has helped me learn not only about my class but also how to organize my thoughts a lot better.” On the end-of-the year course evaluations, most students reflected back on the assignment and gave very good feedback.

Year-End Course Evaluation Student Comments.

1. “The reflective writing was interesting.”
2. “The once a week writing assignments were sometimes boring but helped me learn.”
3. “The writing assignment really helped me apply all the information in the course and helped me do better on exams.”
4. “Writing every week on a case vignette really helped me understand the *NASW Code of Ethics*.”
5. “The cases on ethical problems were interesting and scary---especially when I found out these were real cases.”
6. “The writing assignment comments from you were really good and helped me pass the course. I wouldn’t want to do them all over again, but I learned.”
7. “The writing assignments took up too much time--I have 4 other classes to do work in.”

8. "I will use reflective writing in my other courses to help me bring all the information together."
9. "Ethics I now understand---but only because every week I had to write about them."
10. "I never knew about the NASW *Code* but now I know it front to back."
11. "If I never see that green *Code of Ethics* book again, I'll be happy."
12. "Now I understand about how to solve a problem from a professional standpoint, not from a value/judgment standpoint."
13. "I never knew social workers had all these ethical problems to deal with--the reflective writing assignment really helped me see how social workers solve these problems."
14. "The writing assignment--it was helpful but I'm glad it's over!"

Case Vignette and Student Application Example

The following case vignette was assigned the seventh week of class, after discussing confidentiality, rights of partners, and the Tarasoff case.

You staff a support group for HIV-positive adults. During one of the group meetings, Gary Damian relates that he continues to engage in unprotected sexual relations with his wife. When challenged by a group member, he admitted that he was not being fair to his wife but that he was afraid she would leave him if she found out he was HIV-positive (Lowenberg, Dolgoff, & Harrington, 2000, p. 228).

Student I wrote in response to this vignette:

After getting through the emotion of anger on behalf of the wife, I tried to look at the situation from the perspective of the social worker, the male group member, and the wife. In the lecture we learned that as social workers we must "start where the client is" and also about the Tarasoff case. Obviously, this client needs help in working through his HIV-related issues. He is worried that if he tells his wife he has HIV, she will leave him, and he will have to be alone while struggling with HIV. He has already practiced in his mind telling his wife. But in order to be an ethical social worker, I have to figure out what is more important-- telling the wife about the danger of having unprotected sex with her husband who has HIV or respecting the wishes of the client and allowing the dangerous acts of unprotected sex to continue. Personally, I would say, "Of course tell the wife," but professionally I have an obligation to my client. The NASW Code of Ethics, (2000, p. 10), Ethical Standard, 1.07.c requires that the social worker break client confidentiality in cases of "serious, foreseeable, and imminent harm" is unpreventable to an identified person (p.10). The *Code* also points out in Social Workers Ethical Responsibilities to Clients, Ethical Standard 1.01, that we also have an obligation not only to our clients but to the larger society, and this obligation may supersede the loyalty owed to clients and that we should explain this obligation to our clients (NASW, 2000, p. 7). When I first read the vignette, I got mad and thought that the wife needed to know--this reaction came from emotions. The *Code of Ethics* then showed me that the dilemma is really not an emotional one, but one of education, obligation to see the bigger picture, and ultimately to help the client see and understand the larger picture. I think I would be able to explain to this client that 1) I understand his hesitation to tell his wife, 2) the importance of confidentiality, 3) instances when confidentiality may be broken, and 4) the assistance I could provide in helping him talk with his wife about his HIV status.

In this self-reflective journal exercise, the student obviously struggled with personal feelings and emotions versus professional obligations, a common occurrence within this course. Evidenced in this excerpt, the student was able to successfully integrate lecture material, personal reflection, the NASW *Code of Ethics*, and was able to provide sound resolution decisions based on this information. Many students often experience an emotional first reaction and then transition into a more professional reaction once they begin researching the case in the NASW *Code of Ethics*. It is obvious that this student wavers back and forth between emotion and professional, but ultimately defers to the *Code*, the information learned from the readings and the lecture, to help her further understand the most ethical way to critically analyze the ethical dilemma.

Limitations and Strengths

There are several limitations to integrating this approach. The first limitation is the deficiency in writing skills possessed by students, which leads to frustration in the journaling assignment. Instructors considering using these methods in their classrooms may experience frustration with the lack of writing skills possessed by their students. This can be a vicious cycle that detracts from the original learning objectives. One method used to circumvent this frustration is the explanation that journal entries are not graded on technical presentation but solely on critical thought and application. A second limitation is that the experience is labor intensive on the front-end, with in-depth explanations and instructions often being repeated throughout the class. Learning a new way to “learn” or a different teaching approach other than “I lecture-you listen,” may increase student insecurity, which results in requests for validation and assuredness throughout each stage of the assignment. A third limitation in integrating this approach in the classroom was the lack of empirically driven data to support the claims that SRJ is beneficial and that students became more skilled in the integration of classroom materials and readings to case vignettes. Our conclusions are based solely on excerpts from the SRJ and anonymous feedback that was provided. These excerpts indicate that the students' *perceptions* are that they became more skilled in the SRJ process, but no other data are used to support this claim, as this was the instructor's first endeavor in using SRJ. Further research in this area showing a correlation between test scores and SRJ would be most useful.

Strengths, however, outweigh the limitations. Students actively participate in these processes and report that they have a more thorough understanding of ethical application at the

conclusion of the assignment than they have from any other assignment. End-of- semester student evaluations are also consistently positive, with students reporting that these exercises helped them appreciate the struggles that social workers often encounter on a daily basis.

Conclusion

According to Reamer (2001), most social work students receive a basic introduction to ethical issues. Improving the classroom environment by providing a more competent and comprehensive approach to ethical decision making is pivotal to social work education, with both CSWE and NASW charging academia to integrate ethics throughout the curriculum. Educators have many models of ethical decision making from which to choose (Congress, 1998; Joseph, 1985; Lowenberg & Dolgoff, 1996; Mattison, 2000; Reamer, 1993). Building on this professional mandate as well as existing models, the authors integrated SRJ in an attempt to stimulate student learning.

The use of SRJ in Social Work with At-Risk Populations was beneficial, and the instructor will continue to use this approach in future courses. The case vignettes may be modified, as ethical dilemmas continue to change and evolve over time. The instructor hopes to use more WEBCT and interactive on-line activities to stimulate student competency with computer applications, and plans to form writing groups, so students can help each other with critical thought and applications through reflective writing, hopefully also increasing the cohesiveness of the students. The instructor also tried to have social work guest speakers visit the class to discuss ethical problems within their agencies, but, as this class meets during normal working hours (at 4:00 p.m.), has been unsuccessful with this venture. Providing students with exposure to an actual practitioner early on in the course could help them become more involved in the reflective writing process. Also, by providing a real-world practitioner to the class, students would receive firsthand knowledge of current ethical challenges within the profession. A guest speaker would also provide a different point of reference for the students and an opportunity to discover different approaches practitioners take in resolving ethical problems. This teaching methodology worked well for this instructor, and the course evaluations are positive. The most rewarding aspect of this approach is that students document that they actually learn throughout the course, enjoy the experience, and, for some, will continue to use this approach in other courses.

The information collected from this one-semester course in the form of this case study does show support for the integration of self-reflective writing in the ethics curriculum. The excerpts indicate that 1) students actively engaged in the learning process, 2) students became more skilled in the integration of classroom materials and readings to case vignettes, and 3) students were able to effectively synthesize the information through reflective writing. Students reported that, overall, the reflective writing assignments were enjoyable. It is important to note, however, that a few students did not find the assignment enjoyable. These students were also passive throughout the course, refusing to take notes during lecture presentation, showing up late for class, and handing in assignments past the due date.

This approach encouraged students to actively engage in the learning process and take responsibility for their classroom experience. From an instructor perspective, this approach to the teaching of ethics and moral philosophy provides valuable feedback on student learning methods, study habits, integration of material, critical thought, and application. According to students, this assignment also improved writing skills. The challenge for the instructor, however, is the time it takes to read and provide feedback on these assignments. For an instructor considering integrating this type of assignment, the time evaluating and responding to the weekly assignments must be considered.

The intent of this article is not to criticize anyone teaching method used in social work to enhance student interest in a topic area, but to provide an example of innovative approaches that have proven successful with undergraduate students in a rural two-year program. It is hoped that this article will motivate academicians to identify creative teaching techniques that will enhance the learning experience for social work students.

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A Part Versus Apart: The Relationship Between Social Workers' Political Ideology and Their Professional Affiliation

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Abstract

This article explores the relationship between social workers' political ideologies and their sense of professional affiliation. Using a randomly distributed mailed survey, both quantitative and qualitative data were collected from 294 licensed social workers. Study findings are mixed on this relationship. Implications for the profession are also forwarded.

Keyterms: Political ideology; values; professional affiliation; diversity; social workers

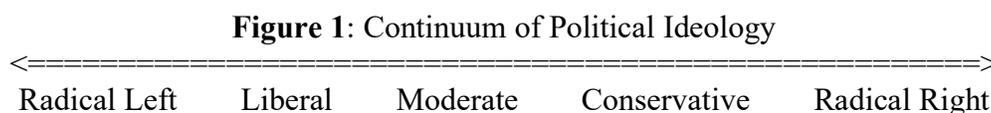
Introduction

The social work profession includes social workers that subscribe to a variety and range of political values. Studies of social workers' political ideologies, whether examined as political party affiliation or political philosophy, are mixed in their findings. Overall, social workers tend to be liberal and Democrats (Abbott, 1988, 1999; Koeske & Crouse, 1981; Reeser & Epstein, 1990; Rosenwald, 2004). These beliefs reflect the "liberal" policy statements in *Social Work Speaks* that are the profession's official policy statements (National Association of Social Workers, 2000); they are liberal because the content of these statements correspond to values inherent in liberal political ideology including support for a welfare state, support for civil rights, and pro-choice regarding abortion) (Brint, 1994; Lowi & Ginsberg, 1994; McKenna, 1998). The few other studies relating to political beliefs in the literature, several quite dated, found more support for social workers identifying as moderate more than liberal (Varley, 1968) or moderately liberal (Henry, Sims, & Spray, 1971, Hodge, 2003). Conservative social workers comprised from under ten to a quarter of the sample in some studies (Henry et al., 1971; Hodge, 2003; Rosenwald, 2004).

This diversity in social workers' political views is to be respected according to National Association of Social Workers (NASW) Code of Ethics (1999) and, therefore, room for all “voices” should be allowed. Yet how do social workers who subscribe to different, and often competing, political ideologies, feel about affiliating with a profession that through its largest membership organization (NASW) officially reflects liberal political ideology (NASW, 2000; O’Neill, 2003)? A discrepancy, then, may exist between the NASW’s respect for political diversity in its *Code of Ethics* (NASW, 1999) and its liberal policies as espoused by its policy statements. This discrepancy may even affect social workers’ sense of affiliation with the profession, and social workers who are more liberal might feel more professional affiliation than those who are not. Because the existing literature did not examine this aspect, this article expands on the literature by exploring: “How do social workers’ political ideologies affect their professional affiliation?” It is important to note that NASW policy statements represent social work policy within the United States and may have limited application for social work policy in other countries where other issues may take precedence (NASW, 2000).

Political Ideology and Professional Affiliation

Political ideology refers to a group’s views on how policy decisions ought to be made in response to the economic, moral, and social concerns of society and can be conceptualized among a complex, multi-layered continuum from “radical left” and “liberal” to “moderate,” “conservative,” and “radical right” (Brint, 1994; Knight, 1999; Lowi & Ginsberg, 1994; O’Connors & Sabato, 2000). This continuum is depicted in Figure 1.



“Radical left” political ideology emphasizes that the solution for social problems, such as class and other conflicts, lies in some form of societal conversion to socialism (Longres, 1996; Wagner, 1990). The “liberal” perspective emphasizes governmental protection of the disenfranchised, separation of church and state, and institutionally based change (Brint, 1994; Dolgoff & Feldstein, 2003; Lowi & Ginsberg, 1994; McKenna, 1998). “Moderate” political ideology combines conservative and liberal ideologies depending on the particular issue and emphasizes planned incremental change (Berman & Murphy, 1999; McKenna, 1998).

“Conservative” ideology stresses for-profit and voluntary sectors’ abilities to address social problems, maintenance of the status quo, and typical favoring of socially traditional values (e.g., pro-life stance, anti-gay rights) (Dolgoff & Feldstein, 2003; Lowi & Ginsberg, 1994). Finally, “radical right” political ideology draws on biblical literalism, the moral defense of capitalism, and the “pro-family” movement (Diamond, 1989; Hyde, 1991).

How, then, might the range of social workers’ political ideologies correlate with their feelings about the profession? Differences in political ideology manifest in all professions. Although professions attempt to create a “seeming unity” to the public (Bucher & Strauss, 1966), such unity is “not necessarily evidence of internal homogeneity and consensus but rather of the power of certain groups: established associations become battlegrounds as different emerging segments compete for control” (Greenwood, 1966, p.192). These segments, represented by different professional associations with different political ideologies, compete with each other. These differences also have implications; for example, the professional association that holds the most power (NASW) emerges as the dominant “expert” professional voice (Derber, Schwartz & Magrass, 1990) and can restrict alternative political ideologies from gaining power.

Therefore, examining professional affiliation can be helpful in understanding their perspectives. On the mezzo level, professional affiliation is the degree to which professions are successful in maintaining commitment among their members; on the micro level, it is the degree to which a professional feels a sense of belonging to her or his profession. One way to explore this relationship between political diversity and professional affiliation is by examining the role of professional membership associations (Vollmer & Mills, 1966). Considering the professional affiliation of its members is important to a profession because a profession’s legitimacy and strength critically depend on the support (through continued membership and pride) of its members via formal membership organizations (Greenwood, 1966; Dolgoff & Feldstein, 2003).

For social work, NASW is the largest professional organization; aspects of its liberal policy statements may strongly resonate with some members yet may be construed as too conservative or too liberal by others. Examples of these policy statements include support for a minimum wage, support for pro-choice options regarding abortion, opposition to the death penalty, and reluctance to report “welfare fraud” (Abbott, 1988). For those expressing a radical left critique of liberalism, their subscription to an alternative *Code of Ethics*, challenge to the capitalist system, and

deconstruction of the hierarchical power arrangement in the client/social worker relationship, are reasons they may feel excluded from the liberal social work mainstream as represented by NASW (Longres, 1996; Wagner, 1990). Parallel and yet in contrast, social workers who espouse a more conservative or radical right political ideology may also not feel aligned with NASW based on political differences. For example, addressing the moral context of conservative political ideology, Hodge (2002, p. 406) argues that traditional religious values' importance to social work are compromised and even superseded by the profession's "ideologically inspired drive to control the parameters of the debate by excluding divergent voices." Additionally, Rubin (1999) discourages the profession's pervasive liberal political ideology when it is not supported by research. In summary, the degree of social workers' professional affiliation may depend on their particular political views.

Method

The study's guiding research question is: "How do social workers' political ideologies affect their professional affiliation?" This question, part of a larger study conducted by the author, was explored quantitatively with supplemental qualitative analysis.

Measures

The exploratory variable of professional affiliation was partially derived from Epstein (1969), Evans and Jarvis (1986), and Keyton's (1991) scales on, respectively, professional participation, group membership, and group satisfaction. The four questions that address professional affiliation are: 1) How strongly do you feel a part of the profession? 2) How strongly do you feel that the National Association of Social Workers (NASW) represents you? 3) How strongly do you believe in the National Association of Social Workers' (NASW) *Code of Ethics*? and 4) How strongly do you believe that the social work profession should only accept social workers with a liberal political ideology? Questions one and two directly relate to the mezzo-operational definition of professional affiliation. Questions three and four assess professional affiliation by the micro-operational definition of professional affiliation provided with respect to commitment to NASW's Code of Ethics and political ideology. The response categories are four-point Likert scale items with "1" being "Very Strong," "2" being "Somewhat Strong," "3" being "A Little Strong," and "4" being "Not Strong at All." Each question also provided a section for participants to write comments, which served as the basis for a qualitative data analysis.

The independent variable of political ideology was principally measured by the 40-item *Professional Opinion Scale (POS)* (Abbott, 1988, 1999, 2003) which is a comprehensive and reliable scale that examines social workers' values. It is divided into four value dimension subscales: *Respect for Basic Rights (BRSS)*, *Commitment to Individual Freedom (IFSS)*, *Sense of Social Responsibility (SRSS)*, and *Support of Self-Determination (SDSS)* (Abbott, 1988). These subscales reflect both economic and social components of political ideology (Abbott, 2003; Brint, 1994; Lowi & Ginsberg, 1994). Specifically, Abbott's four *POS* subscales reflect the following:

Basic rights encompass the concepts of equality and respect for individual rights...Social responsibility incorporates the concept that society has a responsibility to develop legislation, funding and programs which promote and improve the well-being of its members...Individual freedom includes a measure of approval (or disapproval) of the use of punishment or rules as a means for promoting desired behavior.... Self-determination refers to respect for individuals' abilities to make their own decisions regarding life's alternatives. (1999, p. 457-8).

Based on a five-point Likert scale with '1' corresponding with more conservative views and '5' reflecting more liberal views, the *POS*'s higher scores correspond with greater liberalness (Abbott, 1988, 1999). To compensate for three contemporary policies not addressed in the *POS* (Abbott), the author created a *Professional Opinion Scale Plus Three (POS+3)* with the addition of the following three items: 1) "Faith-based delivery of social service is an effective method of helping people in need," 2) "Special laws for the protection of lesbians' and gay men's equal rights are not necessary," and 3) "Social services should be provided to illegal immigrants." These three items used the same five-point response categories and increased the *POS*' Cronbach's alpha of 0.85 from this study to 0.86, suggesting continued good internal consistency reliability.

A second single-item measure of political ideology, commonly used in the literature (Knight, 1999), asked participants to identify their political ideology (*Self-Ranked Political Ideology [SRPI]*) on a seven-point Likert scale: Radical left (1); Very liberal (2); Liberal (3); Moderate (4); Conservative (5); Very conservative (6); Radical right (7). Participants were also surveyed on demographic characteristics (e.g., gender, age) and professional characteristics (e.g., primary work setting, primary social work function).

Data Collection and Analysis

A pilot test completed by ten practicing social workers revealed no substantive problems (Dillman, 2000). The sample was collected from the 2003 membership list of one mid-Atlantic

state's social work licensing board. Proportional random sampling was employed to ensure licensed social workers from all four licensure levels were represented (Rubin & Babbie, 2001). Five hundred and fifty-eight participants received a cover letter, questionnaire, self-addressed stamped envelope, and a dollar bill as an incentive. They also received a follow-up reminder postcard a short time later (Dillman, 2000). Data from 294 questionnaires was analyzed; this resulted in a 52.6% response rate, which is considered a fairly good response rate for mailed questionnaires (Rubin & Babbie, 2001).

The four professional affiliation items were independently analyzed with descriptive statistics (means, standard deviations, frequencies, and percentages) and the Spearman correlation statistic. These four items had a low Cronbach's alpha, which precluded their combined use as a scale (Rubin & Babbie, 2001). The participants' written comments were analyzed using "analytic induction" (Huberman & Miles, 1994). This method incorporates an iterative process by which themes from the data are inductively and repeatedly identified and verified (Huberman & Miles, 1994). Additionally, themes were identified if at least twenty percent of participants addressed each theme. This author analyzed the data with the assistance of the co-chair of his dissertation committee.

Quantitative Results

The sample was largely white (80.1%), female (85.6%), 35-46 years old ($M = 45$), Protestant (36.1%), and somewhat to strongly religious/ spiritually affiliated (72.2%). In addition, participants averaged an income range between \$40,000 and \$49,999; were mostly Democrats (78.1%) and heterosexual (93.7%). The majority of participants possessed master's degrees in social work (83.6%), worked full time (72.9%), and held their state's advanced clinical social work license (59.8%). Participants tended to work in public settings (36.6%), as well as non-profit settings (35.5%). They had about 13 years of licensed experience and a slight majority (52.6%) worked in clinical/direct social work practice. Finally, with respect to political ideology, the participants self-identified as (in descending percent): liberal (40.6%), moderate (34.4%), very liberal (12.5%), conservative (9.7%), radical left (2.1%), very conservative (0.7%), and radical right (0.0%).

Range of Professional Affiliation

The distribution for professional affiliation is presented in Table 1. Many participants felt somewhat strongly (38.1%) or very strongly (35.7%) about being a part of the profession. Participants felt differently about NASW's representation; their responses tended to fall into approximate thirds-- 33.7% felt somewhat strong, 31.5% felt a little strong, and 30.0% felt not strong at all. The vast majority of participants (91.9%) believed in the NASW *Code of Ethics*, with over two-thirds (65.0%) stating they strongly believed in the *Code*. Finally, a majority of participants (82.3%) did not think that the profession should limit entrance based on a social worker's liberal political ideology. However, a minority (17.7%) felt at least a little supportive that the social work profession should exclude those with non-liberal political ideologies.

Relationship between Political Ideology and Professional Affiliation

Table 2 provides the correlation of professional affiliation with the seven measures of political ideology. Aside from self-ranked political ideology, participants' feeling part of the social work profession was significantly correlated with every political ideology measure, suggesting that being more liberal leads to feeling more a part of the profession, whereas being more conservative

Table 1: Distribution for Professional Affiliation

Item	n	Percent
Feel part of the profession		
Very strong	104	35.7%
Somewhat strong	111	38.1%
A little strong	55	18.9%
Not strong at all	21	7.2%
Feel represented by NASW		
Very strong	13	4.8%
Somewhat strong	91	33.7%
A little strong	85	31.5%
Not strong at all	81	30.0%
Believe in the NASW Code of Ethics		
Very strong	184	65.0%
Somewhat strong	76	26.9%
A little strong	19	6.7%
Not strong at all	4	1.4%
Believe in liberal political ideology req.		
Very strong	4	1.4%
Somewhat strong	15	5.3%
A little strong	31	11.0%
Not strong at all	233	82.3%

corresponds to feeling slightly marginalized from the profession. Participants' sense of feeling represented by NASW was related to Self-Ranked Political Ideology ($r_s = .208, p = .001$) and the Commitment to Individual Freedom ($r_s = -.146, p = .024$). More conservative thought was slightly associated with feeling less represented by NASW. Participants' belief in the NASW *Code of Ethics* was significantly correlated with every political ideology measure except Commitment to

Individual Freedom. More conservative political ideologies were associated with a weaker belief in the code. Finally, participants' belief in requiring a liberal ideology for social workers to be accepted into the profession was significantly correlated with the Professional Opinion Scale, Professional Opinion Scale+3, Support of Self-Determination, Sense of Social Responsibility and Self-Ranked Political Ideology. The results suggest that those with a more conservative political ideology did not favor such a requirement.

Table 2: Spearman Correlations of Professional Affiliation and Political Ideology

Item	SRPI	BRSS	IFSS	SRSS	POS	POS+3
Part of Profession n	.122 (287)	-.178 ^b (275)	-.169 ^b (255)	-.204 ^b (266)	-.178 ^b (260)	.279 (225)
Represented by NASW n	.208 ^b (266)	.017 (255)	-.146 ^a (239)	-.056 (248)	-.083 245	-.087 (211)
Believe in Code of Ethics n	.151 ^a (279)	-.258 ^c (266)	-.110 (248)	-.184 ^b (253)	-.197 ^b (219)	.204 ^b (217)
Believe in Liberal Requirement n	.215 ^c (278)	-.008 (269)	-.109 (251)	-.139 ^a (259)	-.177 ^b (222)	-.183 ^b (220)
^a p < .05 (2-tailed); ^b p < .01 (2-tailed); ^c p < .001 (2-tailed)						

Qualitative Results

The four questions used in the quantitative data analysis were also used in the qualitative data analysis by asking participants to “please comment on your answer.” The variation in the quantitative findings echoed within the themes from the qualitative data. The themes of diversity and representation emerged from the professional affiliation items. Participants' self-ranked political ideology and their corresponding questionnaire numbers are incorporated into their comments.

Diversity

The majority of participants who responded believed that a broad range of political ideologies should be reflected in social work. With respect to diversity, one participant [moderate, 103] stated, “I believe there is room in the profession for people of various ideologies – [it] keeps us all on our toes” and another [liberal, 148] felt, “There should be no ideological litmus test.” Anchored in the ethical standards, one participant [liberal, 111] reported, “As long as *Code of Ethics* are followed, political ideology shouldn't matter.” Within this theme of diversity, some participants believed that identifying with more moderate and conservative political ideologies

was still compatible within social work's political ideological range. One participant [moderate, 119] stated, "We need diversity of opinions. I find it highly objectionable when the profession asserts, we should all be liberal thinkers!" Recognizing her own ideological shift, another [moderate, 84] said, "With age, I have moved from liberal bleeding heart to moderate. I still serve our profession well," whereas a third [liberal, 82], reflected "I find myself leaning more to the right (becoming somewhat more conservative) as time passes."

Some participants appeared to favor one ideology over another within this goal of diversity. A number of participants were comfortable with social workers subscribing to a liberal political ideology. For example, one [moderate, 39] suggested that, "Based on the tradition of social work, I am more comfortable with the idea of more liberal thinking people in the profession..." A second [very liberal, 290] participant believed, "By learning about social policy and inequalities that exist in society, an intelligent person may find it difficult to avoid becoming liberal." Finally, one [liberal, 165] wrote, "I think liberals are sufficiently unselfish to be social workers."

Paralleling this favoring of liberal political ideology by some within the profession was skepticism of the compatibility between conservative political ideology and the social work profession. Specifically, some participants questioned the match between the inclusion of conservative ideology and the profession's demand to exhibit empathy and respect. One participant [moderate, 82] stated, "It helps to have empathy [working in social work]. If one is too far to the right, there goes the empathy." A second participant [liberal, 156] believed, "If a social worker has a conservative ideology, he or she needs to be sensitive to and respectful of – and even value the differences of others so that they do not wrongly impose their beliefs on others." Another [very liberal, 132] explicitly remarked, "I don't think conservatives have social work values." Finally, with slightly more subtlety, one participant [moderate, 237] believed that although "even conservative people may have something beneficial to contribute to the profession...It doesn't mean that a conservative person has to inflict his values on the client."

A few participants disagreed with this liberal critique of conservatives and professionalism. One participant [moderate, 16] believed aspects of liberal ideology may have dire consequences in practice, stating, "Many 'liberal' views work against client empowerment and personal responsibility. Certain views assist clients to remain dependent and weak." A second participant [moderate, 114] stated, "The assumption is that a 'good' social worker holds to/ supports the

‘liberal’ ideology,” whereas a third [moderate, 227] said, “I am disappointed in most social workers and agencies. Social workers tend to reject anyone not ultra-liberal.” Finally, a fourth [conservative, 280] succinctly opined, “You don’t have to be liberal to care.”

Representation

Beyond diversity, the importance of representation was important to participants. This theme examined social workers’ feelings of being personally represented by their profession with respect to their political ideologies.

Participants held mixed views about the congruence between their own political ideologies and NASW’s. One participant [very liberal, 107] responded, “I am pleased with the NASW’s efforts to strengthen the profession and advocate for legislation that supports social work values.” A second participant [moderate, 84] depended “on it to represent our basic core values and ethics” and a third [liberal, 152] believed that “NASW does fairly well in matching [my] political agenda.” Other participants questioned NASW’s careful representation of its members’ political ideologies and referenced general disaffection with the organization’s overall political stance, as well as disagreement with specific policies. For example, for some, NASW’s bias was seen as problematic. One [moderate, 227] stated, NASW is “too liberal and political – excludes moderate views and conservative views.” Another [moderate, 100] reported, “I am a moderate in my opinion and NASW in my mind is more liberal, politically motivated.” Interestingly, coming from two opposing political ideologies, which recalls this study’s guiding research question, two participants shared their extreme dissatisfaction with NASW. One [very conservative, 57] wrote, “I dropped my membership [in] NASW due to lack of variety of members and agenda – seems to be far left,” whereas the other [very liberal, 239] said, “I dropped my membership last year. [NASW] needs to be a more radical [left] organization [and] inspire more activism among its members.”

Participants, particularly from more moderate and conservative perspectives, also disagreed with NASW’s specific policy positions, with respect to both economic and social issues. One participant [conservative, 281] stated NASW is “not an effective organization – politically liberal and advocates for the government to provide more and more – what about personal responsibility? No room for discussion/differing views.” Another participant [moderate, 168] stated, “NASW’s political agenda is much too liberal and has shifted away from the original mission to represent the poor and disenfranchised.” With respect to moral issues, one participant

[conservative, 6] felt, “NASW is very liberal in its platform ideology (e.g., abortion, women’s right to choose); my religious convictions are counter to the spirit of NASW...I don’t believe any discrimination is right; however, I see homosexuality as a choice – which is a sin in God’s eyes. NASW seems to validate a homosexual lifestyle as okay, one not to be discriminated against – I have a problem with this.”

Other participants did not feel represented by NASW because the organization was too conservative in its ideologies and believed it needed to play a larger role in addressing inequality and correcting economic and social injustices. One participant [moderate, 178] stated that "NASW is too conservative in its focus. It does not promote [the] plight [of] the disenfranchised within the USA." A second [radical left, 86] said, “My beliefs, particularly around economic justice/ the need for redistribution of wealth, ‘narrowing the gap’ aren’t addressed in the more radical manner I hold them.” Echoing this sentiment, a third participant [moderate, 16] believed, “Social work needs to focus more on income inequality stemming from government bail-outs; estate, capital gains, and other benefits that protect the wealthy; and subsidies to farmers and others to not produce. Too much emphasis is placed on the poor without getting at the root causes of poverty and income disparities.”

Discussion

From an organizational perspective, as the social work profession continues “to rise within the professional hierarchy, so that it, too, might enjoy maximum prestige, authority, and monopoly” (Greenwood, 1966, p. 19), NASW provides a prevailing political ideology that attempts to unify and rally the professional workers. This seeming united front, espoused by NASW in its policy statements and legislative agenda (National Association of Social Workers, 2000; O’Neill, 2003), directs the profession in terms of practice, education, policy, and research. Yet, as Bucher and Strauss (1966) observe, this unity is “spurious” and, therefore, does not reflect the complexity of social workers’ political ideologies that can affect their sense of professional affiliation. Social workers who embrace different political ideologies may experience varying levels of professional affiliation based on the degree to which their respective political ideologies resonate with the official liberal ideology of the profession.

This exploratory study’s findings showcase the complexity of political ideology’s relationship to professional affiliation. On one hand, the descriptive statistics and some of the

participants' comments suggest that political diversity is welcomed. Indeed, incorporating political diversity reflects the natural growth of a profession as competing ideological fragments (competing political ideologies) are created (Bucher & Strauss, 1966; Greenwood, 1966). Many social workers agree with the liberal components of social work's policy statements (National Association of Social Workers, 2000) and tend to support the profession's stances on welfare state, basic system commitments, civil rights, civil liberties, and moral issues (Brint, 1994). For them, their private political ideology mirrors NASW's political ideology. Additionally, most believe that incorporating political diversity strengthens the profession. On the other hand, the Spearman correlations and other participants' comments indicate that more liberal social workers have somewhat greater political affiliation. Further, the findings suggest that participants, who are more liberal with respect to social policies, are slightly more connected to the profession, to NASW and its *Code of Ethics*, and slightly favor a liberal political ideology requirement for social workers.

The finding that 17.7% of participants believed that social workers should be excluded, to some extent, from the profession if they subscribe to a non-liberal political ideology is interesting. Although these sentiments were not strongly held beliefs, their mere existence suggests that despite the inclusion of diversity of political beliefs in the *NASW Code of Ethics* (National Association of Social Workers, 1999), a significant minority of the participants were reluctant to embrace social workers of a larger range of political beliefs. This leads to the question: Is prejudice against non-liberal social workers an acceptable prejudice for social workers to hold? This is a significant question when considering that hardly any social worker would admit that the profession should only admit women or individuals who are white. This prejudice, by some, was particularly directed toward social workers with conservative political ideology. This attitude may be somewhat attributable to the skepticism about whether more conservative social workers are able to truly care and empathize with their clients. Thinking specifically of the extreme conservatism ("radical right") of social workers who espouse fundamentalism, Dinerman (2003) asks social workers, "Can truly fundamentalist social workers maintain the needed separation between their own beliefs, strongly held, that they know what is true and right yet respect and accept a client with sharply different beliefs to help the client to find his or her own goals and beliefs?" (p. 250).

Some of the more moderate and conservative social workers refuted that sentiment, based on the qualitative data, stating that they subscribed to professional standards and ethics, and were skilled in professional caring and empathy. In addition, these social workers believed liberal social workers disservice their clients because their ideologies promote financial dependency instead of empowerment, and immorality on some social issues. This critique reflects disagreement with NASW's position on welfare state, as well as its stances on civil rights (i.e., pro-lesbian and gay rights) and moral issues (i.e., pro-choice).

Conversely, a few social workers who subscribed to more liberal and radical left political ideologies found the profession's "liberal" yet status quo views on basic system commitments and the welfare state reducing their professional affiliation. This split in political ideology is understood as social workers balance their stated mission of helping clients, organizations and communities with working within the capitalist structure (Ehrenreich & Ehrenreich, 1977) and pursuing professional prestige (Greenwood, 1966).

Therefore, these findings provide a beginning framework to discuss how agreement with the different components of the profession's political ideology affects social workers' professional affiliation. This discussion also highlights the need to move beyond the "conservative-liberal" debate and provide attention to what a "moderate" social worker is. Those with moderate ideologies, who represented over a third of the sample, aligned at times with both conservative and liberal political ideologies.

Study Limitations

Several study limitations exist. The limit to external validity prevents generalizability beyond licensed social workers in one particular state (Rubin & Babbie, 2001). Although these participants' reflections on the profession and NASW are important, it is equally important to understand this key limitation. Additionally, an overrepresentation of social workers who are interested in the topic of political ideology may have responded to the questionnaire and biased the results (Dillman, 2000). Social desirability may have existed in situations in which participants wanted to appear more "open" to political diversity than they really were (Rubin & Babbie). An additional question addressing the exclusion of non-conservative social workers would have balanced the professional affiliation question asking about excluding non-liberal social workers.

Finally, the low internal reliability of the professional affiliation “scale” suggests a need for further scale development, which would include a confirmatory factor analysis.

Implications

This study suggests that, whereas many supports the profession and NASW, those who are more moderate, and conservative may feel more marginalized from the profession, because they feel that NASW does not represent them. Similarly, a few of the participants’ comments suggest that those “left” of liberal might also feel marginalized based on a parallel reasoning of feeling excluded when participant political ideology does not fully match NASW’s policy statements. In addition, some stereotypes of what it means to be “conservative” or “liberal,” for example, shape social workers’ view of their own efficacy and the professionalism of their peers. Therefore, creating a discussion around the diversity of social workers’ political ideology would perhaps assist the state chapter of NASW, in this particular state, in more fully meeting the needs of its members (The author did write a column on key findings from the larger study for this state’s NASW newsletter.)

Specifically, the NASW chapter could sponsor a forum on political ideology that explicitly addresses the relationship between social workers’ political ideology and their perceptions of how different policies and laws should be. Finally, this discussion can extend into political ideology’s impact on practice (Rosenwald & Hyde, 2006).

Although immediate implications are confined to the particular state of focus, this study provides food for thought on what implications might occur for NASW and the profession at large. A national forum on political ideology, at a conference for example, along with editorials on the diversity of social workers’ political ideology, might be useful to explicate the debate that occurs every three years within the Delegate Assembly as *Social Work Speaks* policy statements are established and modified. The creation of such a forum honors the spirit of the respect for diversity of colleagues’ political belief in the NASW Code of Ethics (1999) and might result in moving beyond superficial sound bites of the “other” to greater understanding of those along the political spectrum without fear of instant dismissal or reprisal.

This inclusion of voices, representing the full range of political views, could increase NASW’s membership. As more social workers feel increasingly a part of both the profession and NASW, they may be more inclined to support the profession’s mission and ethics. Consequently,

the profession's occupational legitimacy, as measured by member support, could be strengthened (Vollmer & Mills, 1966).

Conclusion

It turns out that the stereotypes of social workers, as identified by Dolgoff & Feldstein (2003, p. 301), as “‘bleeding hearts,’ radicals, captives of and apologists for ‘the establishment,’ organizers of the poor, and servers of the middle class” are held not only by the public but by social workers about each other. These stereotypes originate, in part, from the varied political ideologies held by social workers, as detailed in the data, and their conceptions of what a social worker should be. They also provide a foundation upon which social workers make judgments about themselves and one another regarding the degree of fit between political ideology and the profession.

This study expands on others (Abbott, 1988, 1999; Koeske & Crouse, 1981; Reeser & Epstein, 1990) that examined political ideology by exploring the relationship of political ideology with professional affiliation in social work. Understanding the economic, social, and moral dimensions of political ideology (Brint 1994; Lowi & Ginsberg, 1994) provides insight into how some members' political ideologies are accorded dominant status in the profession, whereas other members might feel their ideologies are a basis upon which they are excluded.

Professional affiliation depends, in part, on the congruence of social work's espoused political ideology with the political views of the profession's members. But this political ideology is not monolithic; put more succinctly, does political diversity “threaten” the profession in terms of its cohesion? It is within this context that the social work profession and NASW need to weigh the alleged benefits and risks of incorporating political diversity and to decide how explicitly supportive a climate for such diversity it desires to create. This article is an initial step in that conversation.

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Sexual Harassment or Consensual Sexual Relations? Implications for Social Work Education

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Abstract

Although there is consensus regarding the most egregious forms of sexual harassment in academia, the acceptability of consensual relationships between professors and students remains a subject of some debate. The issue may have special significance for social work educators, who are charged with modeling and inspiring awareness of oppression and exploitation. It is argued here that sexual relationships between students and professors represent a dual relationship and cannot be truly consensual because of the inherent power disparities that exist. Implications for schools of social work are offered.

Key Words: Sexual harassment, boundaries, social work educator, teacher, consensual sexual relations, higher education

Introduction

Sexual harassment emerged as a social issue during the 1970s as the women's movement and the sexual revolution gradually altered society's perception of the genders (Dziech & Hawkins, 1998). Evolving in the U.S. employment arena under Title VII of the 1964 Civil Rights Act, definitions of sexual harassment in the workplace have been clarified and refined over the past quarter century, as courts across the nation have ruled on the issue. Sexual harassment gained worldwide media attention in 1992 when, during Clarence Thomas' U.S. Supreme Court confirmation hearings, Anita Hill accused him of sexual harassment.

Sexual harassment is defined by the United States Equal Employment Opportunity Commission (EEOC) as unwelcome sexual advances, requests for sexual favors, and/or other verbal or physical conduct of a sexual nature. These behaviors usually fall into one of two categories that are recognized as a result of landmark legal decisions. Quid pro quo harassment is

described as sexual behavior that is exchanged for a promised benefit or avoidance of punishment (Landis-Schiff, 1996). Hostile environment harassment refers to sexual conduct that creates an intimidating or uncomfortable atmosphere (Landis-Schiff, 1996).

The publication of *The Lecherous Professor: Sexual Harassment on Campus* (Dziech & Weiner, 1984) provoked heightened awareness of sexual harassment in academia when the authors reported that 30 percent of undergraduate women revealed they had experienced sexual harassment from at least one of their instructors during four years of college. Feminist author Michele Paludi's book *Ivory Power* (Paludi, 1990) drew further attention to the problem of sexual harassment in academic settings as she explored the dynamics of power in relationships between students and professors. Studies have revealed that 60% of female graduate students reported at least one incident of sexual harassment (Schneider, 1987), and that most perpetrators are male, and most victims are female (Singer, 1994; Strauss, 1992).

These statistics may underrepresent the scope of the problem. Less than five percent of academic sexual harassment incidents are estimated to be formally reported (Fitzgerald, Shullman, Bailey, Richards, Swecker, Gold, Ormerod, & Weitzman, 1988). The reasons for this lack of reporting are varied and include fear of not being believed, fear of retaliation, lack of knowledge of reporting procedures, and feelings of embarrassment or shame (Rubin, Borgers, & Tollefson, 1996). Women are more likely to report harassment than men, and the likelihood of reporting decreases with the lesser severity of the incident (Rubin et al., 1996).

In the 21st century, most academicians acknowledge the existence of sexual harassment, and increasing numbers of reported incidents have led to University policies and procedures to address the pervasiveness of the problem and its effects (Dziech & Hawkins, 1998). While there is agreement on the most egregious cases, definitional ambiguity continues to exist. For example, *quid pro quo* sexual harassment -- threatening or bribing a student in exchange for sexual favors -- is widely accepted as improper (Dziech & Hawkins, 1998). Hostile environment (Sandler & Shoop, 1997). Even less clear is whether "consensual" relationships between students and teachers constitute harassment.

Some guidance is offered in various ethical standards and guidelines although complete clarity on the issue remains elusive. The National Association of Social Workers (NASW) *Code of Ethics* (NASW, 1996) specifically includes a provision that social work educators should not

engage in dual relationships with students that create a risk of exploitation or potential harm. Furthermore, Section 2.08 of the Code states: “social workers should not sexually harass supervisees, students, trainees, or colleagues. Sexual harassment includes sexual advances, sexual solicitation, requests for sexual favors, and other verbal or physical conduct of a sexual nature.” The NASW *Code of Ethics* does not state that the sexual behavior must be non-consensual or uninvited, and in fact seems to imply by that omission that any and all sexual behavior between supervisees, students, trainees, or colleagues is unethical. However, it will be assumed, for the purpose of this paper, that the *Code* intended to include those unwelcome or exploitative sexual behaviors consistent with the EEOC description of sexual harassment, and to exclude consensual sexual relationships between colleagues of equal status. The Council on Social Work Education (CSWE) more explicitly describes sexual harassment as any sexual conduct between students and teachers that involves a power differential, including either consensual or forced sexual contact (Schank, 1994).

Other mental health professions also publish professional ethical standards offering guidelines about maintaining appropriate boundaries and the mixing of multiple relationships (American Association for Marriage and Family Therapy, 1998; American Counseling Association, 1996; American Psychological Association, 1995). Evans and Hearn (1997) constructed a matrix of dual relationships assessing the ethics of a wide range of potential additional relationships (e.g., social, sexual, business) that could affect the primary professional roles of therapist, instructor, supervisor, and researcher. They suggested that a sexual liaison with a student while in the primary professional role of instructor was indeed a dual relationship, though they did not explicitly label this type of behavior as harassment (Evans & Hearn, 1997).

Little has been written about sexual harassment in social work education, but the problem has been identified as one worthy of consideration (Congress, 1996;2001). Social workers strive to empower others, to promote social justice, and to protect vulnerable individuals from discrimination and oppression (National Association of Social Workers, 1996). Although the NASW code of ethics refers primarily to work with clients, it also describes more broadly our ethical responsibilities as professionals, and, specifically, as social work educators.

It is perhaps the issue of consent that is the salient feature in this debate. It will be suggested here that sexual relationships between students and professors cannot be truly consensual because

of the dual relationship that exists and its inherent power imbalance. The debate may have special significance for social work educators, who are charged with modeling and inspiring awareness of oppression and exploitation.

Social, Cultural, and Political Context

Feminist scholars (Brownmiller, 1975; Dworkin, 1974; Russell, 1984) have long theorized that various types of sexual aggression exist in the context of a patriarchal society in which male domination and female submission are continuously reinforced. Socially, economically, and politically, it is argued, females lack power relative to males. This power disparity creates a vicious cycle in which males continue to be socialized in gender-specific traits such as strength, aggressiveness and independence, and females are taught passivity, patience, and dependence (Lips, 1981). Likewise, organizational models suggest that women, in general, have less status, power, and income than men (LeMoncheck, 1997). Indeed, although 79 percent of the social work profession is made up of females (National Association of Social Workers, 2002), male social workers hold a disproportionate number of managerial and administrative positions and earn more money than female social workers (Gibelman & Schervish, 1993). As well, in academic settings, a larger percentage of males hold higher rank positions than do females (Council on Social Work Education, 2000).

Some feminist theorists argue that economic forces make heterosexual relationships compulsory for women, because women have less earning power than men and therefore depend on men for financial support (LeMoncheck, 1997). From prostitution to marriage, consent to sex is not truly given freely by women, some feminists maintain, but as payment in exchange for their survival. These radical feminists suggest that sexual relationships that begin in the workplace are inherently involuntary and unequal because men have more power, income, and status (LeMoncheck, 1997). Students cannot consent to sex with professors for these same reasons, it has been argued, and student-teacher sex is another example of sexual exploitation.

An opposing feminist viewpoint contends that women should be able to enjoy sexual freedom as do men, and that restrictions on sexual expression are another form of oppressive and discriminatory practices (Chancer, 1998). Gallop (1999) asserted that to deny a female student the right to consent to sex is harassment in and of itself. She analogized sexual harassment to policies prohibiting consensual sexual relations: "Common to both," Gallop wrote, "is the assumption that

women do not know what we want, that someone else, in a position of greater knowledge and power, knows better” (p. 392).

Some feminist scholars theorize that sexual harassment in academia is part of a larger and more general misogyny (Paludi & Barickman, 1998). Sexual harassment of male students by female teachers appears to be relatively rare (Sandler & Shoop, 1997), although Gallop (1999) wrote vociferously about her numerous seductions of male students. Research studying the impact of sexual harassment on students has seemed to focus on females (Paludi & Barickman, 1998). Whereas 15% of men have been found to have experienced harassment in the workplace, that figure cannot be generalized to academic settings because there is limited research on male students and faculty (Dziech & Hawkins, 1998). The consequences of sexual harassment for male victims are often overlooked, say Dziech and Hawkins (1998), because of the prevailing belief that men respond favorably to being propositioned by women. This thinking has also been common in society’s reaction to male victims of sexual abuse by women – young girls get abused; young boys get lucky. In reality, some researchers on child sexual abuse have suggested, boys are less likely to report molestation due to distorted perceptions of their role in their own victimization (Hunter, 1990). Perhaps the same is true when male students are harassed by teachers. The acknowledgement of harassment of males by females notwithstanding, the problem of sexual exploitation of women by men does seem to be more widespread and represents a pervasive power disparity in our society. This vulnerability of female students may be especially important in social work programs, where 80% of MSW students are female (Congress, 1996).

As well, the U.S. Supreme Court has ruled that same-sex harassment is a form of discrimination that is protected under the Civil Rights Act ("Oncale v. Sundowner Offshore Services, Inc.," 1998). Students may be particularly reluctant to report same-sex harassment, however, because of fears of labeling or discrimination (Fineran, 2002).

From a macro point of view, sexual harassment affects not only individuals, but also the atmosphere and climate of an organization (Nicks, 1996). In a study of 56 faculty members at Oglethorpe University who were surveyed about their concerns about being accused of sexual harassment, 68% indicated some concern about being falsely accused, and 45% reported that they had changed their behavior because of that concern (Nicks, 1996). Male faculty members were more likely to be concerned and to have changed their behavior toward students.

Feminist theories describe how disparities in power between men and women have historically contributed to the sexual exploitation of women. Similarly, power differentials exist between social workers and clients, as well as between professors and students. It may be that this power disparity renders such sexual relationships intrinsically nonconsensual and potentially exploitative.

Consent

Unwanted or forced sexual activity clearly exemplifies a context in which consent is not given and would presumably be agreed upon as unacceptable by virtually all educators. Unlike sexual assault, however, sexual harassment implies a lack of consent which is murkier and more insidious. In fact, sexual abuse does not always occur in the absence of verbal consent (Freeman-Longo & Blanchard, 1998), but rather often represents a much more subtle form of coercion. Freeman-Longo (1998) distinguished consent from compliance, suggesting that one may submit to sexual activity for a multitude of psychological reasons, including as a desire to please, or to feel attractive, special and important. Thus, it becomes crucial to explore the meaning of consent, the capacity to consent, and the effect of a power differential on the legitimacy of the consent.

The meaning of consent

According to Merriam-Webster's dictionary, consent means "to give assent or approval; to agree." While this definition seems unambiguous, it may be more complex than it seems at first glance. In the case of child sexual abuse, for instance, it is commonly agreed that children cannot consent to sex with an adult (even when they agree to have sex), because they do not fully understand what is it they are consenting to (Finkelhor, 1984). Similarly, Freeman-Longo and Blanchard (1998) suggested that consent to sex implies an understanding of intimate relationships and their emotional impact, as well as knowledge of the possible range of positive and negative consequences that might result from engaging in sexual behavior. To consent, one must have true freedom to agree or decline, and the consent must not have been manipulated (Finkelhor, 1984).

Informed consent is discussed in NASW's *Code of Ethics* as including, among other things, a discussion of purposes, risks, limits, reasonable alternatives, the right to refuse or withdraw consent, the time frame covered by the consent, and an opportunity to ask questions (National Association of Social Workers, 1996). While this section of the *Code* refers to work with clients, informed consent can also apply to formal or informal contracts with students. The purpose of

informed consent in any context is to allow an individual to make an intelligent, informed choice after considering possible outcomes and alternative options (Parsons, 2001).

Thus, informed consent to a sexual relationship between student and teacher implies that the professor (being the professional and the more powerful partner) has explicitly informed the student of the purpose of the sexual relationship, the possible negative and positive outcomes of such a relationship, the limits of the relationship, the student's right to refuse or withdraw agreement, the alternatives that exist, and the potential effects of the relationship on the student and others (e.g. classmates). The informed student has been given ample opportunity to explore the possible ramifications of entering into this sexual relationship and to weigh the pros and cons of the decision.

Capacity to consent

The capacity to give informed consent requires competence (Lowenberg & Dolgoff, 1992). Competence refers to one's ability to make informed decisions in one's own best interest (Parsons, 2001). Age is one measure of competence, and in general, the law does not recognize minors as competent to give consent or enter into contracts. More specifically, all states have laws prohibiting sexual contact with minors. Although most college students and graduate students are chronologically and legally defined as adults, a student's adulthood does not by definition imply capacity to consent because of the power disparity between student and teacher (Paludi & Barickman, 1998). Age can, however, be an additional source of power differential when seduction of a young adult by a much older professor occurs.

Competence can also be impaired by emotional factors (Parsons, 2001). Students experiencing sexual attention by professors are clearly faced with the stress of coping with the potential array of threats or gains they envision as a consequence to their positive or negative response to the faculty member's affection. This stress may interfere with the ability to make a sensible decision. On the other hand, the euphoria created by infatuation may also interfere with a student's ability to make a sound decision.

Legitimacy of the consent

Legitimate consent is given freely, without manipulation or pressure (Finkelhor, 1984), and may be compared to the social work value of self-determination (National Association of Social Workers, 1996).

Self-determination refers to autonomy and emphasizes the client's right to actively participate in decision making (Parsons, 2001). Despite the appearance of a student's self-determination in consensual sexual relationships, however, Congress (1996) states, "often a veiled element of coercion exists, and the presence of knowledge and volition can be questionable" (p. 333).

It has been argued that relationships between teachers and social work students are always ultimately coercive (Congress, 1996). Stamler and Stone (1998) concurred that because faculty-student relationships are not between equals, they cannot be consensual, although students may perceive relationships with professors to be mutual and consensual. Glasser and Thorpe (1986) found, in their survey of psychology graduate students, that 51% of those who had engaged in sexual relations with a faculty member reported, in retrospect, seeing some degree of coercion in the relationship.

Students are fundamentally vulnerable to coercion as a result of their dependency on professors for grades, evaluations, recommendations, and support (Congress, 1996). Furthermore, the classroom is a hierarchy in which the teacher holds the power and there exists a culture of deference (Stewart, Bridgeland, & Duane, 1998). Because the teaching relationship is a helping relationship, it is unbalanced in both power and dependency, creating the potential for exploitation.

Students may feel powerless to resist sexual advances and assert the right to say no. Because the professor's intentions may initially be unclear, the student may passively resist by attempting to ignore the seduction or, in some cases, blame oneself for unintentionally inviting or encouraging the advances (Paludi, 1990). Students may fear retaliation and go along with the seduction, and it has been found that the potential for retaliatory harassment increases when the relationship ends (Paludi & Barickman, 1998). In the majority of cases, students avoid confronting the professor or reporting the incident (Paludi & Barickman, 1998; Sandler & Shoop, 1997).

In general, the dynamics of these relationships call into question the legitimacy of consent. Can an individual who is dependent on another truly and freely decline to participate in some aspect of the relationship? Or does the dependency, by definition, negate the ability to equally participate in relationship decisions? Does what appear to be consent therefore more closely resemble, in many cases, acquiescence? Sexual harassment rarely involves violence or overt force and professors may need not threaten or bribe students to attain compliance. The dynamics of most

sexually exploitative encounters are much more insidious, and, in the case of the professor and student, the relationship, ironically, may be meeting important student needs for attention, validation, and acceptance. This grooming of the student by giving special attention, confirmation, and affirmation can easily manipulate the student into compliance and may create only a false illusion of consent.

Furthermore, because these relationships are often kept secret, they isolate the student and limit social support when the relationship ends (Stamler & Stone, 1998). Often, other faculty or students are aware of the sexual relationship but look the other way because of their perceptions that both parties are consensual adults. These secretive sexual relationships are sometimes analogous to incestuous molestation in which family members know about child sexual abuse but ignore it or refuse to intervene (Congress, 1996). The notion that some young women feel powerful because they have seduced their teachers (Gallop, 1999; Stewart et al., 1998).

The other side of the consensual-relations debate

The relatively recent movement to include consensual relationships as part of the definition of academic sexual harassment has been met with some resistance (Paludi & Barickman, 1998). For example, a survey of deans of U.S. schools of social work reported that most social work deans did not feel that CSWE should play a role in managing sexual relationships between students and faculty (Singer, 1994). Perhaps the most vocal advocate of consensual relations between students and educators has been Jane Gallop, a feminist researcher and professor who was herself accused of sexual harassment. While she conceded that students and teachers are unequal in their power in the educational relationship, Gallop questioned whether it necessarily follows that the student is unable to consent to a sexual relationship (Gallop, 1999).

It is true that in some cases, students do welcome sexual attention and perceive themselves as consenting to an amorous relationship with a professor. Contrary to the stereotypical “lecherous professor,” a recent study (Marchen & DeSouza, 2000) seemed to support Gallop’s assertion that students are often the initiators in sexual relationships with faculty members. In their survey of 54 faculty members, Marchen and DeSouza (2000) found that about 53% reported experiencing sexual advances by students. Although female faculty reported more unwanted sexual attention than males and seemed to find these experiences more threatening or uncomfortable, both genders reported sexual overtures with about the same frequency.

Reflecting on her seduction of two of her own graduate school professors, Gallop (1999) suggested that their power over her was not by virtue of their institutional position, but of their knowledge and intellectual passion. She maintained that she initiated the sexual affairs to see them "as other men" (p. 393), and that far from disempowering her, the seduction allowed her to feel the power of her own sexuality. Gallop proposed that these experiences offer students opportunities to neutralize power imbalances, to be "bold and forceful," to feel "desirable," and to view the world as a place of "diverse possibility" (P. 396). Desire can increase a student's drive and energy, Gallop wrote, and she added that being an "object of desire" can make one feel "wanted, worthy, and lovable" (p. 396).

Gallop (1999) agreed that true sexual harassment creates an environment that is hostile to a student's education. She countered, however, that consensual sex between teachers and students can be conducive to one's education and create an atmosphere in which intense personal contact can enhance the desire to learn and excel. Sharing the passion of mutual intellectual exploration, the couple develops a depth of intimacy that ultimately is expressed in sexuality. The student becomes even more driven to impress the professor, Gallop (1997) argued, perhaps providing additional motivation and inspiring creativity and, ultimately, success.

Other critics of sexual harassment policies argued that universities have begun to take sexual behavior more seriously than they do other forms of professional misconduct, distorting both the prevalence and importance of the problem (Dilger, 1998). Roger Howe, a Yale professor (quoted in Dilger, 1998), suggested that in most sexual harassment cases, professors cross a "gray line" without understanding the seriousness or the implications, and that once it is brought to their attention, most will not repeat the behavior. Many professors accused of sexual misconduct in academic settings believe that they were denied due process and viewed as guilty until proven innocent (Dilger, 1998). As with most sex crimes, an "acquittal" does not undo the presumption of guilt, and allegations may continue to affect an academic career long into the future, regardless of the circumstances of the alleged incident or the investigative findings. Criminalizing love affairs, some say, inadvertently results in the victimization of those identified as perpetrators (Dilger, 1998).

Toobin (1998) discussed the costs of policing consensual sex between teachers and students. Of utmost concern, he suggested, is the application of rules of misconduct to what he

calls a victimless crime. Other considerations include the fiscal costs of litigating consensual sexual relations cases, both in administrative hearings pertaining to the disciplinary action against the professor as well as in lawsuits that professors may initiate against the university that sanctions them. Moreover, the potential losses incurred by the university that suspends or fires a productive research professor may outweigh the risks of recidivism. Finally, the identity of the “victim” may be exposed by universities that take action against faculty members, causing more emotional distress than was caused by the sexual behavior itself (Toobin, 1998).

Gallop further argued that prohibitions against consensual relations between students and instructors are based in the puritanical philosophy of sex as inherently bad. The ban on consensual sexual relations is dehumanizing, Gallop (1999) suggested, because it limits and restricts individuals' interactions. Others concur that regulation of consensual personal relationships threatens our right to privacy and "reflect[s] the childish belief that there is a political solution, and a public policy, for every interpersonal problem" (Kaminer, 1995, p. 141). Dilger (1998) reported that many agree that consensual relations restrictions are draconian, because they apply to graduate students who are old enough to consent. The interference between two adults who are attracted to each other is seen as moralization about sexual behavior rather than as a genuine attempt to protect vulnerable individuals from conflicts of interest.

These arguments might be seen as consistent with the social work value of self-determination. As social workers, it could be argued, we empower clients (and students) to make informed choices, and institutions that eliminate choice through oppressive or inflexible policies infringe on the right to self-determination. Sandler and Paludi (1993) argued, however, that whenever one person, by virtue of the nature of the relationship, exerts power over another, the potential for abuse and exploitation is high, and therefore protections must exist. The disparity of power is what renders the relationship, by definition, non-consensual (Sandler & Paludi, 1993).

Sexual Relations Between Faculty and Students: A Dual Relationship

Whether or not we believe that students have the capacity to consent to sex with a teacher, it seems clear that romantic relationships between faculty and students create a conflict of interest and constitute a dual relationship. Dual relationships are described as those in which the professional has two or more overlapping roles (Parsons, 2001). Dual relationships lead to boundary confusion because roles become unclear, and any departure from accepted professional

roles can become problematic (Parsons, 2001). The inappropriate sexualization of an otherwise non-sexual relationship violates the safety of the relationship by altering the boundaries and creating ambiguous expectations (Peterson, 1992). Boundary violations undermine the primary relationship and permit an abuse of power (Kagle & Giebelhausen, 1994). Furthermore, boundary violations create a situation in which the professional's needs are being met at the other's expense (Peterson, 1992).

Perhaps nowhere in academia are the issues of dual relationships more salient than in social work education. Teachers influence students with their behaviors as well as their instruction (Congress, 1996) as they model empowerment, self-determination, advocacy, and other social work concepts referred to throughout the NASW *Code of Ethics*. The *Code of Ethics* (National Association of Social Workers, 1996) charges that professional social work educators should "...not engage in any dual or multiple relationships with students in which there is a risk of exploitation or potential harm to the student ... [and] are responsible for setting clear, appropriate and culturally sensitive boundaries" (section 3.02). Congress (1996) noted that it is always the responsibility of the professional to critically assess the risk of harm in dual relationships.

Interestingly, Congress (2001) reported that although most social work educators (98.9%) reported that sexual relationships with current students are unethical, less than 30% believed that sexual relationships with former students was unacceptable. It may be that many respondents did not believe that the ethical standard prohibiting sexual relations with former clients applies to relations with students, who have completed their education and are therefore unlikely to return to seek further services from the faculty member (Congress, 2001).

Conflicts of interest are inherent in extracurricular teacher/student relationships. The issue of fair grading by the professor of the student is one potential problem, as is the perception of favoritism and nepotism (Paludi & Barickman, 1998). Although graduate education has become less formalized and more collegial, any dual relationship, particularly a sexual one, will likely hinder an educator's ability to evaluate and grade impartially (Congress, 1996). This loss of objectivity may also create feelings of resentment among other students in the classroom.

Some students may enter into relationships with faculty because they are flattered by the attention from an older professor for whom they have high regard (Sandler & Shoop, 1997). Paludi and Barickman (1998) asserted, however, that a faculty member's relationship with a student

involves emotional complexities not unlike those that occur in a therapist/client relationship. Most powerful are the dynamics of student vulnerability that occur as a result of the professor's capacity to enhance or diminish students' self-esteem (Stamler & Stone, 1998). This analogy to the therapist/client relationship is especially meaningful to social work educators, because they strive to help students understand the importance of establishing and maintaining worker-client boundaries that promote healthy interpersonal patterns. Because helping relationships are client centered, and teaching relationships are student centered, the parallel process can be an important experiential learning tool and model for students.

The nature of the relationship between student and professor is that the student is dependent and therefore vulnerable. Students, like clients in helping relationships, look to the professional to establish the boundaries of the relationship in order to maintain trust (Stewart et al., 1998). Peterson's (1992) definition of boundary violations in higher education is strikingly similar to our concept of such violations in the helping professions: they are acts that breach the core intent of the relationship. When professors or social workers use the professional relationship to meet personal needs rather than student or client needs, the integrity of the relationship is compromised. Although it could be argued that the student (or client) also has sexual needs to which he or she may be responding, Stamler and Stone (1998) maintain that any personal interactions that create ambiguity and confusion are considered boundary violations.

In the context of education, sexual relationships confuse roles and alter the instructional atmosphere (Stamler & Stone, 1998). Rupert & Holmes (1997) asserted that dual relationships occur whenever individuals try to simultaneously fill two or more different roles, including non-sexual roles. The demands of role multiplicity create conflicts of interest and potential exploitation of the nonprofessional member of the relationship (Rupert & Holmes, 1997). Interestingly, despite the seemingly obvious conflicts involved, Rupert and Holmes (1997) found that out of the 239 universities they surveyed, more than 55% reported that they encouraged friendships with students, compared to only 6.3% that reportedly encouraged business relationships with students.

Implications for Social Work Education

In general, it seems prudent for social work faculty members to resist the temptation of engaging in sexual relationships with students. Social work professors, perhaps more than in other disciplines, inspire and motivate students largely by example, and should be held to a standard that

consistently demonstrates an appropriate degree of professionalism. In fact, an important skill for social work students to learn is the ability to convey genuineness, warmth, and compassion without inaccurately misrepresenting the relationship as something other than professional. Arguably, although the CSWE Curriculum Policy Statement (Council on Social Work Education, 2002) emphasizes the integration of social work values and ethics in the curriculum, the social work professor teaches these skills largely through interpersonal process rather than curriculum content.

While instructors are human, and learning is enhanced when students perceive teachers as genuine, students must be able to expect and trust that professors will set and maintain reasonable boundaries. At best, consensual sexual relationships create the appearance of impropriety, and at worst, they blatantly violate the professor's duty to the student, the university, and the community.

Because professors praise, criticize, evaluate, and recommend students, an inherent power differential exists within the context of the relationship. This power differential transcends other apparent equalities such as age, gender, ethnicity, and socioeconomic status, but in some cases, power disparity may be further exacerbated by those same characteristics. The asymmetric nature of the teaching relationship renders a student vulnerable to exploitation, and thus, as with clients in helping relationships, a student's voluntary consent to sex is intrinsically suspect.

Through the exploration and resolution of the ethical dilemmas that present themselves in professional practice, social work educators assist students to understand the importance of reaching solutions that recognize the needs of the client as paramount. A similar type of transference and countertransference that occurs in social worker-client relationships may occur in interactions between professors and students. In other words, students may attribute to professors' qualities that they admire in others or aspire to hold themselves. To use the student's awe of the professor's status or authority to suit the instructor's own needs contradicts the notion that social workers help others to process feelings rather than act on them.

Of course, there may be cases in which mature graduate students and their professors truly fall in love. In such instances, perhaps the sensible solution is to remove the potential conflict by terminating the teaching or supervisory relationship prior to consummation. It would be advisable, for example, for the student to withdraw from the course, or for the professor to resign from the advising committee.

The issue of dual relationships between faculty and students is particularly salient for social work educators, although there is a lack of research specifically addressing sexual harassment in social work education (Risley-Curtiss & Hudson, 1998). Dual relationships, which are unethical for social workers in general, create conflicts of interest that limit the professor's objectivity, confuse expectations for the student, and increase resentment for classmates. Because it is incumbent upon social work educators to help students understand the nature and conflicts of dual relationships, to engage in a dual relationship with a student would seemingly be contradictory. The ambiguity of the sexual relationship between teacher and student threatens the integrity of the educational process and diminishes the authority and accountability of the faculty member. Ultimately, these relationships undermine the spirit of mentorship and detract from the primary role of the educator, which is to facilitate the achievement of the students' learning objectives.

Professional social workers should be especially sensitive to the implications of oppression, exploitation, and victimization. We are trained to recognize and respond to abuses of power and to advocate for and empower vulnerable individuals. Although we are not, of course, above reproach, we should model for our students the type of responsible and fair authority with which we expect them to serve their clients.

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Book Review

Reamer, Frederic G. (2006). *Ethical Standards in Social Work: A Review of the NASW Code of Ethics, 2nd Edition*. Washington, DC: NASW \$40.95

Reviewed by Stephen M. Marson, Ph.D.

Within the context of social work values and ethics, Frederic Reamer has become a household word. For example, during six years of committee meetings, we often discussed ethical dilemmas. Often a committee member began the discussion by saying, “Well, Reamer’s says....” With that in mind, I wanted to quantify Reamer’s influence on the study of social work values and ethic. Since its inception, *The Journal of Social Work Values and Ethics* has published 24 refereed articles (this count excludes books reviews, forum articles, editorials, and letters to the editor). Of these, Reamer is cited within 13 articles and not cited within 7. Of the articles that *do* mention him, Reamer is cited 77 times. He is cited more times than any other single author. Thus, we can conclude that Frederic Reamer is the ideal person for the National Association of Social Workers (NASW) to select as the author of *Ethical Standards in Social Work: A Review of the NASW Code of Ethics*.

Ethical Standards in Social Work: A Review of the NASW Code of Ethics reviewed herein is the second edition. The first edition was published in 1998. After the NASW Delegate Assembly approved major changes within the *Code*, NASW asked Reamer to compose a volume that would address the major revisions. It was apparent that the 1996 revisions of the standards were more complex than the previous standards. In addition, practice in the social work environment was becoming more and more litigious. What is the need for a second edition?

There are three primary reasons for the second edition. First, in 1999, the NASW Delegate Assembly made a modest but critical revision. Standard 1.07c was changed. The following phrase was deleted: “when laws or regulations require disclosure without a client’s consent.” According to Reamer, this change has brought forth a great deal of confusion regarding disclosure of information affecting undocumented workers. The second edition addresses the concerns of practicing social workers regarding Standard 1.07c.

Second, litigiousness has increased since the first edition. I doubt that the increase in lawsuits is a reflection of increasingly bad social work practice, but rather a change within our social structure.

Third, in Reamer's own words (page x):

This edition updates the literature and examines a number of emerging issues in more depth (for example, boundary issues, social workers' use of computer technology, and involvement in end-of-life decisions). It also includes a new appendix that provides readers with an opportunity to apply the *Code of Ethics* to case scenarios.

The second edition includes most of the passages found in the first edition. One way to assess changes in the second edition is to scrutinize the citations. The first edition includes 280 citations, while the second edition cites 286. Reamer deleted 23 citations and added 29 in the second edition. A few of the citations were meant to update information from the first edition, but most of them include new information that was not addressed or unavailable for the first edition.

The book is like a roadmap for clarifying the standards so often misinterpreted. For example, I heard a social worker note that the *Code* states that practitioners should never accept gifts from clients. This is not what the *Code* says, but a cursory reading of the *Code* could easily be interpreted in this manner. Reamer's major contribution is his clarity. He demonstrates that professionals need to understand the *Code* for the betterment of their clients and as a standard to avoid a malpractice suit.

I can identify only two ethical issues that lack clarity within this book. The first is Reamer's discussion of *Tarasoff v. Board of Regents of the University of California*. Simply stated, this California decision mandates that a clinician must breach confidentiality if a client threatens to kill another person. In particular, the California court demanded that the clinician must warn the potential victim – not merely the police. Some social work textbooks treat *Tarasoff* as universal. It is not. Some state supreme courts and state legislators actually prohibit the clinician from warning the potential victim. Reamer's explanation of this is weak. All social workers must check

their local jurisdiction for determining their legal responsibility. As a side issue, research demonstrates that warning the potential victim does not have the intended effect.¹

My second concern relates to the ethics of computers and electronic media utilization. Most of the issues addressed within this volume are well cited, but not computers and electronic media. Even though a number of publications address the ethics of technology and social work practice, Reamer did not cite as he does in other ethical issues in this volume. With the rapid growth of clinical practice on the Internet, one would expect more. For example, the simple art of password selection and password change has ethical implications for social work practice. These issues are absent.

Even with the two weaknesses, I strongly recommend the second edition of *Ethical Standards in Social Work: A Review of the NASW Code of Ethics* be adopted at every academic library that has holdings for accredited BSW and MSW/Ph.D. programs. Faculty members need to read this volume and to require their students to do the same. Every social work practitioner should read it and have it available on the shelf in times of ethical conflicts.

¹ See: Furlong, A. (2003). The why of sharing and not the what: Confidentiality and analytic purpose. In C. Levin, A. Furlong and M. K. O'Neil (Eds.), *Confidentiality: Ethical Perspectives and Clinical Dilemmas*. (pp. 40-49). Hillsdale, NJ: Analytic Press.