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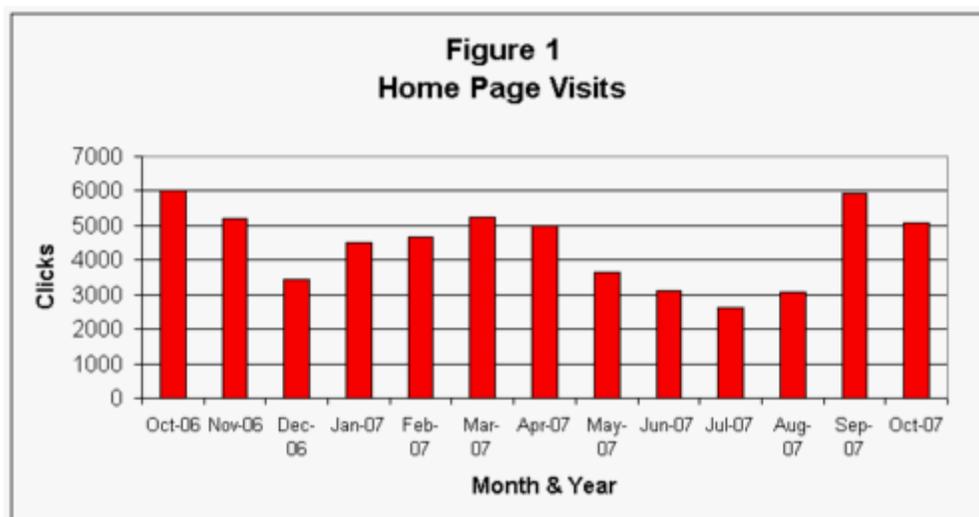
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Editorial Comment: From Our October 2007 Editorial Board Meeting

Stephen M. Marson, Ph.D. Senior Editor & Linda Grobman, MSW, ACSW, LSW Publisher, White Hat Communications

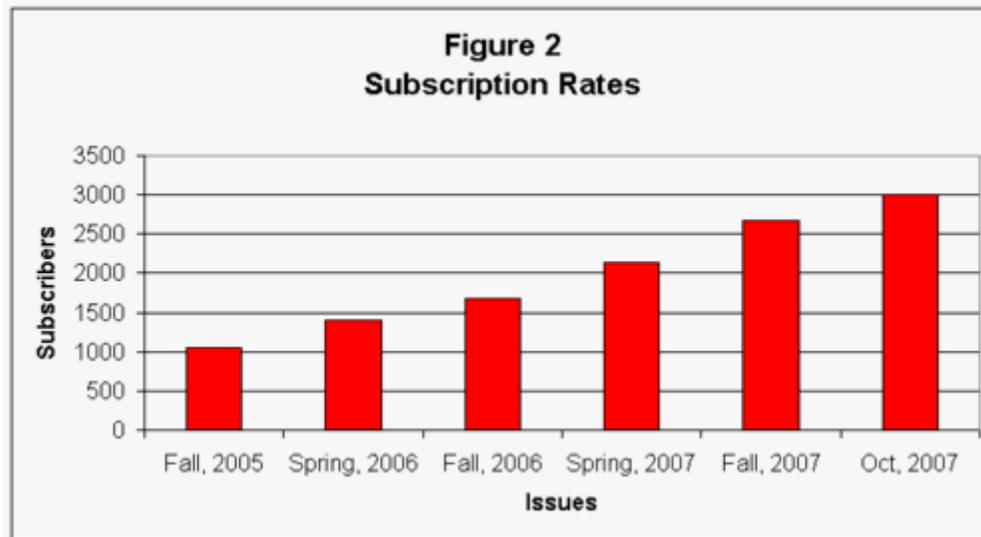
Following is data that was presented during the last editorial meeting.

Figure 1 represents the number of people who view the journal's Web page. For the past four years, we have seen this ascending and descending pattern. Subscribers and other interested parties will review the journal soon after an issue is published. After the journal has been online for a while, we see fewer visits. During the summers, we note the biggest drop in home page visits. Clearly, this is attributed to fewer courses being taught during the summer. The pattern suggests that students and faculty are using the journal during the academic year. If this is true, it means that *The Journal of Social Work Values and Ethics* is being used by faculty and students. Since the journal is abstracted in *Social Service Abstracts* (published by ProQuest) and *Social Work Abstracts* (published by the National Association of Social Workers), as the journal becomes older, we will witness greater growth.



Electronic abstracts often lead the researcher directly to a specific article rather than the journal's home page. Visits directly to articles is commonly twice the frequency of visits to the home page. From January 2007 to September 2007, we have a range of 19,017 to 8,475, with a mean of 13,982. Direct clicks to articles fall into 6-digit numbers except in the summer. In July

and August of 2007, we have the lowest number of direct clicks to articles (8,475 and 8,918 respectively).



Our subscription rates do not follow a seasonal trend but illustrate slow growth. The subscription rates also suggest that social workers have a growing interest in values and ethics. Based on experience with other journals, we felt that a subscription rate of 600 would be very good. Thus, the entire editorial board is delighted by the interest in our work!

Letters to the Editors Winter 2007-2008

Dear Editors:

Congratulations on trying to use video as a way of extending the journal, I think it is important that we extend the range of media available to further discussion of ethical issues in the profession. Your observations about the difference in teaching between Britain and the USA were interesting, although I do question whether we should generalize in this way when there are such a range of approaches used in each country. For the future, I would like to see shorter and more focused video content, as I found I was drifting off after about 8 minutes. Certainly, our experience of using podcasting and video podcasting has been that we need to keep it short and snappy. All the best.

Andy Sumpter
Senior Lecturer in Social Work University of Wolverhampton

Dear Editors:

Wow!
Harris Chaiklin

Dear Editors:

Personally, I found it tedious; I could not see the whole poster comparing the British and US teaching models. It takes too long to listen vs. reading a hard copy, which can be more quickly scanned for relevance, points of interest, and coherence.

Carol F. Kuechler, MSW, Ph.D., LISW
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What is Sacred When Personal and Professional Values Collide?

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Abstract

Recent contentious and, at times, radical positions dominate our societal debates. Within social work, these same value-based debates occur between Evangelical Christians and progressive writers. In both instances, these personal worldviews are the basis for their respective positions. To move the debate forward, the authors propose a six-stage model for addressing value conflicts between personal worldviews and the *Code of Ethics*.

Key words: value conflicts, ethical decision making, *Code of Ethics*, homosexuality, Christianity

Introduction

At this particular moment in our history, the social work profession finds itself embedded in a larger societal context in which public debates, some call culture wars (Stetson & Conti, 2005; Walsh, 2000), are reflected within professional dialogues. Contentious or radical positions appear in many professional journals, newsletters, and other forms of communication (Potok, 2006; Ranney, Gee, & Merchant, 2006; Sable & Galambos, 2006; Wallis & Jacoby, 2005). Certain threads appear to make up the tapestry of these shrill encounters. First, people who hold these radical positions believe they have arrived at truth (with a capital or authoritative “T”). Second, these “Truths” are based on personal belief systems typically rooted in religious or philosophical traditions. Third, when professional codes of ethics conflict with personal worldviews, personal worldviews are used to reinterpret the *Code*, thereby taking precedence because they are understood to represent an ultimate or higher truth. Fourth, given the belief that one has the “Truth,” there is little need for self-reflection related to the consequences for clients when we impose our “Truth” on them.

In social work, where values have long been acknowledged as central to understanding practice with clients, arguments have been put forward that apply concepts like diversity, social justice, and self determination to professionals rather than to clients (Hodge, 2005; Melendez & LaSala, 2006; Ressler & Hodge, 2000). The authors propose that the NASW *Code of Ethics* (1996) provides the framework or screen through which professional social workers' personal worldviews must be drawn to determine their acceptability in social work practice. Few current writings (Canda & Furman, 1999) on professional ethical decision- making frameworks emphasize ways to examine conflicts between personal worldviews and the *Code of Ethics*. To move the debate, forward this article examines: (1) the context of social work practice; (2) value tensions between some types of Christianity and social work as an example of personal worldviews colliding with the *Code of Ethics*; (3) the nature of professional relationships and the use of the *Code*; and (4) a model for examining congruence between personal worldviews and the *Code*.

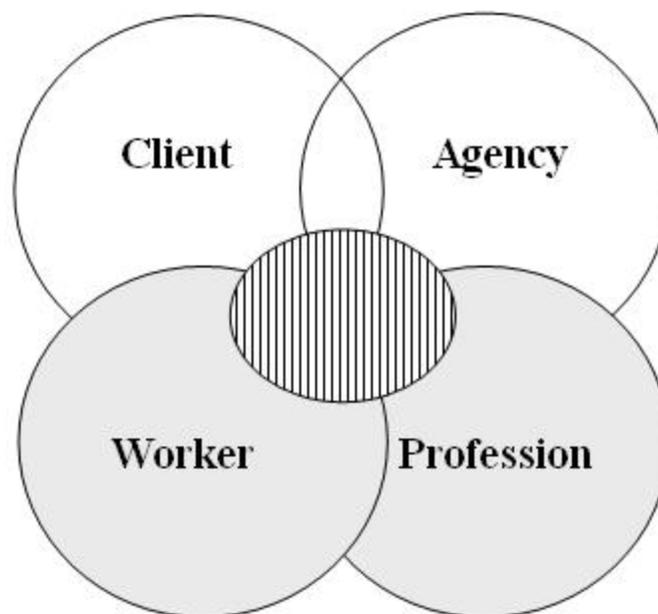
Context of practice

There is a long-standing tradition in social work literature acknowledging the complex challenges faced by social workers as they interact with clients. The person-in-environment focus of social work has been central to our conceptions of practice for nearly a century (Hollis, 1964; Perlman, 1957; Pincus & Minahan, 1973; Richmond, 1930; Smalley, 1967; Taft, 1962). This systematic examination of the nature of social work practice continues in the work of Shulman, who uses Schwartz's ideas to more fully develop his "mediating model" (Schwartz, 1961; Shulman, 2006). In this model, the definition of the social worker's professional function is to facilitate a process through which individuals and society reach out for each other in mutual need for growth and self-fulfillment. Shulman then uses a triangular model to diagram three key elements of practice--client(s), worker, and agency/family/peers. He acknowledges that the mediation among these systems can include a broader range of behaviors, including activities like advocacy and confrontation.

The richness of this conceptualization is quite useful to social workers, because it provides a way to include multiple system foci as we work with clients (e.g., individual, family, group, and community). It also incorporates the idea that there are often value conflicts among these systems and that conflict resolution is endemic to practice. Unfortunately, it leaves out an important system—the profession. Social work writers, with the exception of those focusing on spiritually sensitive social work practice (Canda & Furman, 1999; Derezotes, 2005), typically identify

professional values and the *Code of Ethics* as part of their discussion of practice (Hepworth, Rooney, & Larson, 2002; Kirst-Ashman & Hull, 2001; Miley, O'Melia, & DuBois, 2001), but they presume that there is a fit between the worker's personal values and the profession's values. Consequently, value conflicts are typically described as between workers and their agencies or workers and their clients. In contrast, we propose the following schematic as a more useful representation of the context of practice in which the potential for values conflicts between workers' personal values and the profession's values is directly acknowledged.

Figure 1: The profession as the fourth element of practice



By adding a fourth component, we draw attention to potential conflicts that exist in other conceptualizations, but explicitly identify the role of the profession as separate from the other systems. Practice occurs in the shared area (i.e., oval with lines) at the center of the diagram. What this suggests is that each system (i.e., client, worker, agency, and profession) has a life and a set of values that may compete with the needs and values of other systems within a specific practice encounter. For example, agencies' interests exist beyond their individual clients, their workers and the profession, e.g., the agency may constrain client choices because of policies established by funding sources. Workers have personal lives and values that may compete with their employment in an agency, e.g., their professional membership. Finally, clients' values may conflict with

workers' personal values, e.g., client and worker may disagree on views of marriage or homosexual behavior.

The vast majority of ethics writings focus on the management of ethical dilemmas or values conflicts occurring between workers and their agencies or workers and their clients. Only a few authors have more directly addressed the conflicts between workers' personal values and the *Code of Ethics* (Canda, Nakashima, & Furman, 2004; Keith-Lucas, 1985; Letendre, Nelson-Becker, & Kreider, 2005; Levy, 1976; Rhodes, 1992; Sherwood, 2002). More specifically, we focus on conflicts between personal worldviews held by workers (i.e., some types of Christianity) and professional ethical obligations outlined in the *Code of Ethics*. By examining the nature of the relationship between Christianity and social work, as well as the nature of the profession, we identify areas in which inherent tensions exist and present a model to manage conflicts between workers' personal worldviews and their professional responsibilities.

Christianity and social work

To highlight the current debate about the role of personal values within the social work profession, the authors have chosen to use some types of Christianity as exemplars. Current literature, produced by Evangelical Christians who are social work professionals, puts forward the argument that their particular views of Christianity should be included within the social work profession (Hodge, 2005). For our purposes, Evangelical Christianity is defined as a trans-denominational Protestant movement that emphasizes (1) salvation only through a belief in Christ's death and resurrection, (2) a transformed life that involves improved moral conduct and participation in religious rituals, and (3) relies on the authority of the Bible (Hodge, 2003; Mardsen, 1987, Pellabon, 2000). These Evangelical Christians argue that social work's respect for diversity should apply to an acceptance of *professionals'* personal worldviews that encompass an ultimate divine authority that takes priority over the *Code of Ethics*. This runs counter to the traditional application of respect for diversity as applied to *clients* who have been marginalized as a result of "race, ethnicity, national origin, color, sex, sexual orientation, age, marital status, political belief, religion, and mental or physical disability" (NASW *Code of Ethics*, 1996, 1.05, p. 9).

What some Evangelicals argue for is inclusion of diverse perspectives for *professionals'* personal worldviews without placing that worldview in the context of the *Code* (Hodge, 2005; Ressler & Hodge, 2005). They refer to the *Code of Ethics*, Section 2.01b on Respect (1996, p. 15), which states that "colleagues should avoid unwarranted negative criticism of other colleagues as *Journal of Social Work Values & Ethics*, Spring 2007, Volume 4, Number 3 – page 7

well as avoid demeaning comments that refer to colleagues' level of competence or individual attributes including race, ethnicity, national origin, color, sex, sexual orientation, age, marital status, political belief, religion and mental or physical disability.” We concur with this standard but point out that this does not mean all ideas, whether political, religious, or representing other ideological perspectives, are acceptable within the profession. If one hears ageist, racist, or homophobic comments made about colleagues, this is to be addressed in a respectful manner; nowhere does the *Code* condone discrimination against people. More specifically, the *Code* states, “Social workers should not take unfair advantage of any professional relationship or exploit others to further their personal, religious, political or business interests” (p. 9). What some Evangelical Christians have experienced may be a level of disrespect and dismissive attitudes toward them personally. Such behavior may, in fact, be unethical. However, strong critiques of their perspective based on differences that are anchored with the *Code* (e.g., non-discrimination) are not only justifiable, but essential to maintain the integrity of the profession. Not all perspectives can find a home within the social work profession.

Some of the problems associated with this current Evangelical Christian argument were foreshadowed by Keith-Lucas (1985), who writes about the connection between Christianity and social work (1972; 1962). Amazingly, few current Evangelical Christian writers acknowledge

Table 1. Keith-Lucas Christian Typology

Type of Christian	Human nature	Nature of sin	Serious Sins	Remedies
Christians of Ethics	Needs perfecting, not forgiving; to be self fulfilled	Failure to find self-fulfillment; maladjustment	Injustice, indifference, and violence	Therapy, environmental change, education, and social reform
Christians of Grace	Good, but fallible	State of being or mind, not unlawful acts	Pride, arrogance, and acting autonomously	Grace as divine and human love
Christians of Law	Evil; will naturally cheat, lie, avoid work, and indulge sex	Willful disobedience of the law	Cheating, lying, avoiding work, and having sex outside of marriage	Following literal interpretation of law; involves punishment and rewards
Christians of Morality	Evil, controlled by devil	Willful disobedience of the law	Like Christians of Law; Sins committed by others	I'm saved; preach fear, punishment, and rewards for others

Keith-Lucas' in-depth examination of Christianity and social work. We think it is critical to acknowledge the role Alan Keith-Lucas, as a respected scholar, practitioner, and founder of the National Association of Christian Social Workers (NACSW), played in distinguishing among different types of Christianity. He developed a four-fold typology of Christianity (Keith-Lucas, 1983) which appears useful for our discussion of value conflicts between social workers' personal, Christian beliefs and the NASW *Code of Ethics*. See Table 1 for a summary of this typology.

In a description of his four-fold typology, Keith-Lucas describes two types of Christians (i.e., Christians of Ethics and Grace) as subscribing to values and behaviors in which love for God and others and a nonjudgmental stance are compatible with social work practice and the *Code of Ethics* (Keith-Lucas, 1985; 1983; 1972). However, Keith-Lucas also indicates that certain types of Christians, namely those of the Law and Morality, will have greater difficulties in refraining from judging or imposing their worldviews or Christian values on clients. According to Keith-Lucas, Christians of Morality and Law are characterized by the following beliefs:

- ⇒ Christians of Law cannot allow any knowledge except the Law of the Bible and believe all that is needed to help another person is to follow the Law and preach it to others.
- ⇒ The only way to eternal life is to follow the Law.
- ⇒ If s/he (Christians of Law) could only persuade or exhort a troubled person to make a commitment to Christ, then, that person's problems would be solved.
- ⇒ When dealing with choices made by clients that do not reflect the views of the Christians of Law, the temptation is to reject the client for considering such actions.
- ⇒ Christians of Morality do not see love as necessary for helping people because their objective is to see people act morally.
- ⇒ Christians of Morality are certain of their authority to interpret the Law and substitute control for help. They have no questions about trying to induce belief by any means, i.e., through fear, shame and punishment.
- ⇒ Christians of Morality are quick to forbid, judge and reject the sinner (Keith-Lucas, 1983).

While it is beyond the scope of this article to analyze the totality of his critique of these worldviews, it is quite clear that those individuals holding these Christian views (i.e., many Evangelical or Orthodox Christians) will face significant tensions or value conflicts between their personal worldviews and the ethical principles found in the NASW *Code of Ethics*.

Value conflicts between Christianity and social work

In the *Code*, social workers are admonished to take into account multiple sources of information, including ethical theory, social work theory, research, laws, regulations and agency policies, but recognize that “social workers should consider the NASW *Code of Ethics* as their primary source” (1996, p. 3). Further, the *Code* directs us to be aware of the impact of personal values, cultural, and religious beliefs on ethical decision-making processes in our practice. Among those areas in which we see value conflicts or tensions between Christians of the Law/Morality and our professional *Code of Ethics* are the ethical standards related to the social workers’ responsibilities to clients. For example, in the section on “Commitment to Clients,” we are responsible for promoting the well-being of clients and that, in general, clients’ interests are primary (1.01, NASW *Code of Ethics*, 1996). The NACSW, as a Christian social work organization, has put forward an interpretation of this standard (Ressler, 1997). It equates “abortion, sexual behavior, gambling, and control of pornographic material” (p. 7) with child abuse. In doing so, they significantly expand the idea of *harm to self or others* (Tarasoff, 1976) to justify the suppression of a broad range of client behavior based on a perceived threat to the well-being of the larger society. This interpretation supports a sweeping, judgmental stance toward others that is reflective of a Christian of Law or Morality perspective.

In another example, the NASW *Code of Ethics*, Cultural Competence and Social Dignity section (1.05c) states that social workers should obtain education about and seek to understand the nature of social diversity and oppression with respect to race, ethnicity, national origin, religion, and mental or physical disability. The NACSW interpretation of this standard (Ressler, 1997, p. 9) is as follows:

An historic orthodox Christian worldview is supportive of this standard. It suggests that increased educational attention be given to religion, especially those with orthodox worldviews. There are a number of ethical dilemmas that emerge when various diverse groups are juxtaposed. Especially difficult are questions about sexual orientation and orthodox theological beliefs. An historic orthodox Christian worldview believes that the controversy is not about sexual orientation but sexual behavior. Persons with an historic orthodox Christian worldview believe that it is in society’s best interest to have social policies that direct sexual intimacy to heterosexual married adults. While persons with a progressive worldview tend to compare sexual orientation to race or gender, persons from an [sic] orthodox perspective compare sexual orientation to alcoholism.

This NACSW position is articulated by David Hodge (2005), who argues that Evangelical Christians are accepting of homosexuals, but that just as in the case of unmarried heterosexuals,

sexual intimacy is reserved for *married* couples. However, he never addresses the reality that homosexual couples are denied marriage, which he asserts is the basis for sexually intimate behavior, and thus denies gays and lesbians one of the central elements of our human existence. He further fails to see any connection between his statement and the oppression emanating from his interpretation, which is solely based on his worldview (i.e., a Christianity of Law/Morality worldview) with no connection to the *Code of Ethics*.

What is thematic in each of these examples is that these writers start with a stance that their personal worldview, i.e., self-described Orthodox or Evangelical Christianity, provides the preeminent framework for understanding the world and that the NASW *Code* is relegated to serve that larger purpose. Even when empirical knowledge suggests that an approach won't work, i.e., sexual conversion therapy, no mention is made of a lack of empirical evidence to support this approach (Jenkins & Johnston, 2004).

The nature of a profession

Because we are focusing on the relationship between the practitioner's personal worldviews (e.g., Evangelical Christianity) and her or his profession, it becomes important to examine (1) what special responsibilities are placed on practitioners as part of this profession and (2) the role of a professional code of ethics in monitoring personal values.

Special responsibilities of practitioners

As members of a profession, social workers have special responsibilities in their relationships with clients, students, and supervisees. These are fiduciary relationships in which the less powerful client, student, or supervisee places trust in the more powerful practitioner, educator, or supervisor. The practitioner has certain responsibilities and limitations placed on his/her behavior because of the greater power endowed to him or her as a member of the profession. Clients, students, and supervisees trust that the practitioner will do no harm and act in their best interest. Practitioners are called to put their personal worldviews (e.g., Evangelical Christianity), values, and needs second to the interest of those whom they serve. Because of the power imbalance, practitioners can unduly influence or sway clients to change their behavior to reflect the practitioners' views, not clients' views and behaviors. We are not arguing, as some have indicated (Loewenberg, Dolgoff, & Harrington, 2006), for agreement on personal worldviews or values as the best ingredients for growth within professional relationships. On the contrary,

differences between worker/client, educator/student, or supervisor/supervisee values can positively challenge and enhance growth within professional relationships.

The role of the code of ethics

Rather than continuing an unending and irresolvable debate about whose worldview (e.g., progressive or orthodox) captures the “Truth,” which then should be imposed on clients, we argue for the insertion of the NASW *Code of Ethics* as a screen through which competing worldviews must be drawn to create constraints on professionals’ behavior. The social work profession’s long history of acknowledging the central role ethics play in professional practice is carefully documented by Reamer (1998), who traces early twentieth century efforts to develop, revise, and update codes of ethics to reflect emerging practice issues.

What the *Code of Ethics* provides is not final answers regarding what is ultimately “right” or “wrong.” It represents an agreed upon framework within which social workers are expected to formulate their actions in their professional roles. Social workers’ actions may be judged as correct or incorrect within this particular framework, and this is the function of a professional code. It is not designed to address ultimate moral answers as to how the world “ought to be.” In response, we are proposing a six-stage model that builds on some existing literature and adds new elements that focus on ethical dilemmas or value conflicts between professionals’ personal worldviews and the *Code of Ethics*. This model views the social work professional’s thorough understanding of the *Code* as central to competent and ethical social work practice.

Implications: A model for examining personal worldviews and the Code of Ethics

To address tensions between personal worldviews and the *Code of Ethic*, we propose a six-stage model that builds on existing literature and adds new elements. This model views social work professionals’ thorough understanding of the *Code of Ethics* and its professional knowledge base (See Stage 3) as central to competent and ethical practice. This model includes the following components (See Table 2): (1) self-awareness, (2) self-reflection, (3) understanding and applying the *Code of Ethics* within a professional knowledge base, (4) comparing personal worldviews with the Code, (5) ethical decision-making, and (6) professional ethical action.

Stage 1: Self-awareness. Some writers identify the need to examine personal values within an Ethical Assessment Screen (Loewenberg, Dolgoff, & Harrington, 2005; see also Abramson, 1996; Levy, 1976; Rhodes, 1992; Sherwood, 2002). They suggest workers become self-aware in an attempt to minimize conflicts among personal, societal, and professional values. However, they

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offer little guidance about how this can be done or what to do when these values are sufficiently divergent that workers must choose to honor one or the other of these value configurations. What makes sense is for workers in Stage 1 to focus on developing a clear understanding of their personal worldview and the values that undergird that perspective. Without the capacity to develop self-awareness of our values, no other steps can be taken to move toward competent ethical practice (see Spano & Koenig, 2003).

Table 2: Model for Examining Personal Worldviews and the NASW *Code of Ethics*

Stages	Description
Stage 1: Self-awareness	Develop an awareness of one's personal worldview and the values that undergird that perspective
Stage 2: Self-reflection	Use self-reflection skills to examine the implications of and consequences of one's personal worldview on professional work
Stage 3: Understanding and applying the Code of Ethics within a professional knowledge base	Thoroughly examine the NASW Code of Ethics to understand its meaning, historically and currently, as the basis for defining values and principles like diversity, social justice, self-determination, respect for human dignity, and other core elements articulated in the profession's literature
Stage 4: Comparing personal worldview with professional Code	Engage in a process of examining discrepancies between the Code of Ethics and one's personal worldview
Stage 5: Professional Decision Making	Make decisions about what needs to be done to remain faithful to the Code of Ethics (Decisions in practice should never be made solely based on one's personal worldview.)
Stage 6: Professional Ethical Action	Take action and monitor conformity to the <i>Code of Ethics</i>

Stage 2: Self-reflection. The social work profession has a long history that places self-reflection at the heart of competent practice. This skill is most often connected to clinical practice; however, it has great importance in ethical decision-making. In this arena, self-reflection involves examining the consequences of our worldview on our work. The idea of “moral dialogue” involves workers’ examination of clients’ perspectives on ethical dilemmas, and self-reflective questions workers can ask themselves to deal with these value conflicts (Spano & Koenig, 2003). Here, the focus moves toward understanding how these consequences are or are not consistent with the *Code of Ethics*.

Stage 3: Understanding and applying the Code of Ethics within a professional knowledge base. This component of the model diverges from what has been done in the current polemics addressing conflicts between personal and professional values. What many writers do is use their personal worldviews as a basis for interpreting the *Code of Ethics* (Latting, 1995; Parr, 1996; Pellabon, 2000; Ressler & Hodge, 2000; Vanderwoerd, 2002). This approach leads to distortions in meaning that allow writers to impose their personal worldviews on the *Code of Ethics*. Thus, *Journal of Social Work Values & Ethics*, Spring 2007, Volume 4, Number 3 – page 13

some argue that “respect for diversity” as it appears in sections of the Code that relate to clients should be transformed into respect for a diversity of ideas held by professionals (Hodge, 2005; Ressler, 1997). While their argument that social work professionals have a responsibility to understand and respect various worldviews held by clients is valid, to suggest that professionals should be recruited based on the existence of worldviews that are held in the larger society, no matter how those views fit within a professional code, opens the door to the deconstruction of the profession.

Our approach starts with the assertion that the *Code of Ethics* provides a broad framework for professionals to adhere to in their practice. However, the values, principles, and guidelines in the *Code* are sufficiently broad to allow reasonable people to understand and apply principles in different ways. Therefore, we must add another element that moves beyond familiarity with the *Code*. For our purposes, the application of our professional knowledge base provides a way to translate the general principles and values in the *Code* into specific practice situations and suggests courses of action that are most likely to be considered ethical when examined by one’s colleagues or other relevant regulatory bodies. The following excerpt provides a classic example of the application of one’s personal worldview to the *Code*. The NACSW critique (see italics immediately following Section 1.02) of the *Code* states:

1.02 Self-Determination: Social workers respect and promote the right of clients to self-determination and assist clients in their efforts to identify and clarify their goals. Social workers may limit clients’ right to self-determination when, in the social workers’ professional judgment, clients’ actions or potential actions pose a serious, foreseeable, and imminent risk to themselves or others. *An historic orthodox Christian worldview is supportive of this standard. Christian theologies that endorse the concept of human freedom [sic] are compatible with this standard. Persons with an orthodox worldview may reach different conclusions as to what actions are serious, foreseeable, and of imminent risk to persons or others. Among the most controversial is the right of persons to try to change sexual preference or behavior. The Code of Ethics supports this right if so desired by clients* (Ressler, 1997, p. 8).

The professional literature provides very clear guidance on the meaning of self-determination and what constitutes a “serious, foreseeable and imminent risk to themselves or others.” Nowhere in the professional literature is there an argument that suggests sexual orientation or consensual actions related to sexual orientation present circumstances that would warrant invoking *Tarasoff* actions (Tarasoff, 1976). Further, the professional literature and professional associations have *Journal of Social Work Values & Ethics*, Spring 2007, Volume 4, Number 3 – page 14

been clear that “reparations” or “conversion” therapy are in fact harmful, because they do not work (Drescher & Zucker, 2006; Haldeman, 2001; Jenkins & Johnston, 2004). Therefore, one can hold a personal (theological) position regarding sexual orientation but would be practicing unethically if that perspective led to harming clients.

In summary, we are saying that the *Code* provides broad parameters for defining the ethical foundations for practice. However, it does not, nor can it provide the specific formula to apply in a specific situation. It is the interaction of knowledge with values that informs professionals how to behave in a given situation. The majority of this knowledge is drawn from theory and empirical research in the social sciences – and not in theological writings.

Stage 4: Comparing personal worldview and professional code. In this stage, professionals engage in a process of identifying discrepancies between the *Code of Ethics* and their personal worldviews. For example, for social workers who are Christians of Law and Morality, serving gay and lesbian clients or single, pregnant women present challenges to their personal worldviews and run contrary to traditional understandings of sexuality and marriage. Common responses are on a continuum from referral to overt condemnation (i.e., conversion therapy). These responses shift the focus to solving the professional’s conflict with this clientele and further ignore the work (e.g., self-reflection) that the professional needs to do in addressing discrepancies between his/her worldview and the *Code of Ethics*. Clients may also see these referrals as a form of rejection, contributing even further to their experiences of discrimination. To develop and grow as ethical practitioners, social workers need to wrestle with personal worldviews and their congruence with the *Code*. We also think this wrestling should occur in a community of social work colleagues within clinical, administrative, educational, and supervisory settings where personal worldviews can be discussed and weighed against the *Code*. In spite of agency shortages in funding for supervision and ongoing professional training, this process should not be ignored or sidestepped.

Stage 5: Professional decision making. Professionals must make decisions about what needs to be done to be faithful to their professional ethical responsibilities. Decisions in practice can never be made solely on the basis of the professional’s personal values. Instead, decisions must be made in a way that is consistent with the *Code of Ethics*, and when personal values conflict with professional values, the *Code of Ethics*, as understood within the knowledge base of the profession, should take precedence. Social workers must seek to promote client self-determination by assisting clients “in their efforts to identify and clarify their goals” (NASW *Code of Ethics*, 1996, Section 1.14).
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1.01, p. 5). For example, a gay couple may meet with the social worker to strengthen their emotional, spiritual, and physical connections. If the social worker refuses to assist the couple in meeting their goal based on a personal worldview that defines homosexual relationships as inherently immoral, this represents a lack of professional integrity, runs contrary to the *Code*, and is an outright rejection or denial of the clients' expressed goals. For social workers to be faithful to their professional ethical obligations, they must be able to manage their disagreement with clients' worldviews and make decisions that limit the influence of their personal values on professional work.

Stage 6: Professional ethical action. Professionals need to take action and monitor their conformity to the *Code of Ethics*. Practicing ethically involves not only making decisions but acting on those decisions. Once action is taken, social workers have a responsibility to monitor the consequences of their actions on clients, the agency, and others and to pay attention to unforeseen consequences that may present ethical dilemmas or other ethical issues. For example, a social worker who believes that abortion is wrong may work with a single, pregnant woman struggling with whether or not to give birth and keep her baby. Consistent with the social worker's personal worldview, the client may choose to have her baby. However, the client may face unforeseen consequences when, contrary to previously developed plans, her parents are now unavailable and cannot provide childcare. Even though the client made an initial decision that is consistent with the social worker's personal worldview, it is imperative for the social worker to remain involved with the client (and not abruptly terminate services) to help her address difficult decisions about whether or not she can keep and provide for her baby because she must return to work. As consistent with the *Code of Ethics* (Section 1.16), social workers should not terminate services abruptly, but continue to monitor the client's situation even if clients are considering decisions that are not consistent with the social workers' personal worldviews.

In conclusion, our proposed model for managing personal and professional value conflicts stresses the importance of fidelity to the *Code of Ethics* in the context of the power and special responsibilities we hold as professionals in relation to our clients. This model makes the *Code of Ethics* the primary document that sets parameters within which professionals must operate as they delineate their personal worldviews within the context of their professional roles. Furthermore, professional literature, not personal worldviews, becomes a central source for understanding the *Code of Ethics*. When mediating conflicts or dilemmas that arise between personal and

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professional values, our model encourages reliance on the *Code of Ethics* and provides a way to manage the complex process of ethical decision-making. Finally, our model reemphasizes the importance of teaching ethical decision-making in social work programs and amplifies ethical decision-making as a central feature of ongoing professional development for practitioners.

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Promoting Ethical Research

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Abstract

Social work students must gain the knowledge necessary to become critical consumers and producers of research. Research ethics is a core component of students' learning. This study entailed interviewing 16 graduate social work research instructors to identify ethical content covered within the classroom and strategies used to engage students in thinking about ethics. The study findings provide curricular suggestions on how to promote ethical research.

Key words: Ethics, Research, Council on Social Work Education, NASW Code of Ethics

Introduction

Research and evaluation are integral to ethical social work practice. The Council on Social Work Education (CSWE) identifies *research* as a required foundation curriculum content area in its Educational Policy and Accreditation Standards (2004). Section 4.6 in part states that: "Research knowledge is used by students to provide high-quality services; to initiate change; to improve practice, policy, and social service delivery; and to evaluate their own practice" (p. 10). This statement indicates that research is not an isolated activity, but rather is essential across the micro-macro continuum of social work practice. The view of research as integral across the curriculum is reinforced through CSWE's references to research in other sections of the Standards. For example, "evaluating program outcomes and practice effectiveness" is referenced in section 4.5 *Social Work Practice*. According to CSWE, upon graduation social work students must be able to evaluate their own practice and critically consume and apply research findings. As section 4.6 further specifies, research content must also result in students' "understanding of a scientific, analytic, and ethical approach to building knowledge for practice" (p. 10). This article focuses on curriculum recommendations for promoting ethical research.

The National Association of Social Workers (NASW) *Code of Ethics* (1999) contains an *Evaluation and Research* section, which indicates the profession's position on the value and need

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for research, as well as guidelines for ethical conduct. Similar to CSWE, the NASW *Code* indicates the connection between research and practice. The NASW *Code* provides additional information related to research integrity, as it directs social workers to develop study designs in accordance with appropriate ethical policies, as well as outlines key ethical considerations relevant to engaging study participants. These considerations include developing appropriate informed consent processes and protocols to minimize risks associated with confidentiality, dual relationships, and conflicts of interest.

The broader social work literature expands upon the ethical considerations outlined by the NASW *Code*. Research and evaluation texts may dedicate a chapter to ethical considerations or weave the content across multiple chapters. Reamer (2005), for example, provides students with a historical overview related to the emergence of professional codes of ethics and the development of the federal human subjects' regulations. Additionally, Reamer points out how ethical issues occur in all phases of research. At the initial phase, students are prompted to ask themselves "How compelling is the research question in the first place? In light of social work's mission and ethical norms, are the project's results likely to generate important information that will enhance social work's ethical duty to assist people in need?" (p. 36). Antle and Regehr (2003) pose additional questions, which include: "Is the research consistent with social work principles of working toward improving the situation of vulnerable individuals or groups in society?" and "What are the broader risks associated with this research? Could a vulnerable group be disadvantaged by potential research findings?" (p. 142). These questions encourage social workers to consider the study's potential impact, including whether it will contribute to further stigmatizing of already vulnerable populations. Overall, Antle and Regehr urge social workers to expand their ethical focus beyond just individual rights "to embrace a more complex analysis that incorporates the long-standing ethos of social work to support the right to self-determination and the dignity of the individual and the need to promote social justice and equity in the community at large" (p. 136). Others similarly advocate for greater inclusion of social justice in ethical analysis (e.g., DePoy & Gilson, 2003; Massat & Lundy, 1997).

Antle and Regehr (2003) further reflect upon the challenges and benefits related to dual relationships. Given the push toward evidence-based practice and other forces that encourage integration of research and practice, they anticipate increased clinician involvement with research. They acknowledge the benefits of clinician involvement, which includes the design of studies

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directly relevant to practice. At the same time, they write, “The dual role of clinician and researcher, although advantageous, poses risks to the self-determination of clients who are potential study participants” (p. 140). They advocate for heightened sensitivity to potential risks associated with dual relationships and implementation of appropriate measures to minimize harm. The NASW *Code of Ethics*’ stance on dual relationships advises social work researchers to be “alert to and avoid conflicts of interest and dual relationships with participants” (p. 26).

The literature describes other types of ethical dilemmas that social workers might encounter. Royse et al. (2001) define a dilemma as a situation in which “there is a choice between two or more equally balanced alternatives” (p. 45). These authors describe how social workers grapple with ethical issues related to working with people with diminished autonomy, use of control groups, and confidentiality. Some authors advocate that students learn how to apply ethical decision-making models to dilemmas, although oftentimes these models are presented in the context of broader social work practice, rather than specific to research (e.g., Dolgoff, Loewenberg, & Harrington, 2005). Of note, in section 4.0 *Values and Ethics*, CSWE (2004) refers to ethical decision-making, stating that students will learn how to “analyze ethical dilemmas and the ways in which these affect practice, services, and clients” (p. 8).

Other areas covered within the literature pertain to ethics specific to program evaluation. Unrau, Gabor, and Grinnell (2001), for example, offer a set of principles that include: “evaluation and service delivery activities should be integrated,” “involve from the beginning as many stakeholder groups as possible,” and “involve all levels of staff in the evaluation process” (p. 276). They further address appropriate use of evaluation including demonstration of accountability or intent to apply findings to improve service delivery. Cited examples of inappropriate use included “justifying decisions already made” or “mere window dressing” (p. 259).

Descriptions of ethical review committees are also found in the literature. Brun (2005), for example, describes the Institutional Review Board (IRB) and provides a case example of an IRB approved application. Critiques of ethical review committees exist to a lesser degree within the social work literature. Sanders (2003) writes about the challenges social workers can encounter when medical ethics committees review their projects, which include length of time to receive approval and relevancy of reviews. Questionable perceptions of the review process coincide with findings from Shore and West (2005). In this study, the interviewed social workers identified IRB benefits (e.g., encourages researchers to conceptualize their project), yet several interviewees

simultaneously described the potential for the IRB process to be adversarial and/or to provide inappropriate feedback. Melville (2005), however, urges social workers to view the ethical review process as “an intrinsic aspect of good research practice” rather than “simply as a hurdle to be overcome” (p. 381). Consequently, Melville advocates for social workers to increase their understanding of both research ethics and the ethical review process. Increased presence of social workers on IRB committees may help increase the perceived relevancy of the review process and further promote ethical research (Blaskett, 1998; Shore & West, 2005).

The social work literature clearly speaks to the value of integrating research across social work practice. The literature also identifies ethical considerations that surface throughout the research process, from designing the study to disseminating the findings. Given the importance of research, this study’s aim is to provide recommendations on how to promote research ethics within the MSW curriculum. Based upon this aim, the study examines the following areas: 1) what are the core ethical issues presented to social work students in their research courses, 2) what are the activities instructors use to engage students in critically thinking about ethics, and 3) what types of ethical dilemmas do students encounter in the research process.

Methods

This exploratory study’s sample included 16 social work graduate research instructors from different CSWE-accredited schools. Sample size of this exploratory study was determined by saturation guided by the intent to gain an in-depth understanding of these instructors’ experiences. Participants were identified primarily through Web-based searches and via the National Association of Deans and Directors listserv. The average length of time teaching as either an adjunct or full-time faculty member was 12.4 years, with a range of 5 to 30 years. Fifty percent of the sample identified themselves as Assistant Professors. Other interviewees included Associate or Full Professors, Deans, and Lecturers. Nine of the interviewees served on their university IRB. The average length of tenure on the IRB was 4.9 years, with a range of 2 to 8 years.

Interviews were conducted over the telephone and lasted approximately 45 minutes. The primary interview questions reported upon in this article include: 1) what are the core ethical issues covered in your research class, 2) what activities help engage students in thinking critically about ethical conduct, 3) what are the challenges, if any, in promoting quality student research projects, and 4) what types of ethical dilemmas have your students encountered in the context of doing research? All participants consented to have the interviews audiotaped. The audiotapes were

transcribed verbatim and imported into QSR N6, a qualitative data software package. Constant Comparative Method (Lincoln & Guba, 1985) guided data analysis. As an overview of the analysis, the verbatim transcripts were coded line-by-line, moving toward the development of provisional categories. These categories corresponded to the questions asked within the interview guide. The authors of the study independently coded the transcripts and dialogued about the coding decisions to strengthen the analysis. Transcripts were then imported into QSR N6, a qualitative data software package. Each category was then examined to identify what subcategories emerged from the data. The categories and subcategories were compared both within a given transcript and across transcripts, which resulted in further reconsideration of the category structure.

Results

Core ethical content covered within the classroom

Perhaps as a means to heighten students' appreciation and understanding of the importance of research ethics, many of the interviewees introduce ethics content through an overview of historical violations, including attention to the Nazi experiments and the public health sponsored syphilis study in Tuskegee. A historical overview illustrates the extent to which participants can be harmed and demonstrates how the current human subjects' regulations developed largely in response to these violations. Other ethics content covered included information on the IRB and the NASW *Code of Ethics*, working with vulnerable populations, and conducting agency-based evaluations.

Institutional Review Board and the NASW Code of Ethics

Research ethics instruction entails learning about the IRB and how it functions. Some interviewees structure their discussions through an explicit overview of the guiding Belmont Report (1979) principles (respect for persons, beneficence, and justice). An understanding of these principles allows students to appreciate the complexity of ethical dilemmas and the need for ethical decision-making approaches. As one interviewee shares with her students, ethical dilemmas are “not a matter of right or wrong answers, but [are] a matter of sorting out competing principles.” Other interviewees described focusing on the actualization of these principles by raising questions traditionally considered by an IRB, including: 1) does the informed consent adequately describe participation as voluntary, 2) what are the risks and can they be minimized, and 3) do the benefits outweigh the risks?

Whereas many interviewees elaborated upon traditional IRB considerations, one interviewee cautioned that there is a problematic tendency for “ethics [to] become equated with the IRB.” The interviewees moved beyond IRB considerations and pointed to the NASW *Code of Ethics*. Discussion of the NASW *Code of Ethics* entailed reviewing the profession’s core underlying values and how these inform ethical research. For example, one interviewee shared that she takes the value of social justice and asks the students to reflect upon how this applies to the conduct of research. Questions to ponder include: “How is information used? What is the participants’ role in determining, or making decisions about the research project?” Attention is also given to what is missing in the NASW *Code of Ethics*, for example instructors may highlight the fact that the *Code* is silent in the *Evaluation and Research* section in regard to appropriate attribution to collaborators, which may entail giving credit to students working on faculty projects or to community groups involved in the research process. Additionally, instructors might point out how the NASW *Code of Ethics* coincides with the guiding federal human subjects’ regulations. For example, both documents place significant attention on informed consent and individual study participants’ rights. Some students also learn about other relevant policies, such as the Health Insurance Portability and Accountability Act (HIPAA).

Working with vulnerable populations

Students learn ways in which ethical decision-making can be complicated, particularly when a study involves vulnerable populations. One interviewee, for example, discussed the complexity of weighing ethical considerations and how this may affect research design issues. Students are taught the importance of working through this complexity, rather than simply avoiding research with vulnerable populations. The challenge is to create an appropriate research design that minimizes potential harm—for example, not putting participants “at risk of coming to the attention of authorities for some kind of behavior [such as] drug use or abuse.” This interviewee explains to students that at times there is “a real need to conduct research in an effort to help people,” but that one needs to proceed ethically, which can “inhibit the strength of the design or the strength of the questions or the depth of the research.” More specifically, researchers may remove certain questions from non-anonymous studies if the responses pose inappropriate risks.

Discussions regarding vulnerability extend to looking at the impact a project may have on the study participant/population. Students are encouraged to critically weigh the potential benefits and risks of the study, as well as to determine whether the research design is strong enough to

produce valid and reliable results. As one interviewee shared, students interested in examining aspects related to trauma must ask themselves: “Is the design and is the question important enough socially that it offsets the burden?” and “Is the research important enough and going to contribute enough in the field to make it worthwhile putting subjects through this?”

In terms of negative impact, students must think about whether findings may be used to reinforce existing stereotypes. One interviewee encourages her students to consider participatory research as an ethical means of engaging people and producing relevant and respectful research. Culturally sound research is also presented as an ethical issue, which entails paying attention beyond just whether instruments or consent forms have been translated. Students must consider whether there are unique cultural barriers to research participation, which may include thinking about how certain cultural groups have been exploited historically by research and how some projects require attention to community and individual level consent.

Conducting agency-based evaluations

Many of the interviewees described guiding students in discussions regarding potential ethical dilemmas inherent in doing agency-based evaluation. As one interviewee shared, students must understand how evaluation occurs in a “political environment,” where different stakeholders often have their own “vested interests in the outcomes of the evaluation.” Other topics related to agency evaluation included: 1) what to do when the agency director only wants positive findings reported, 2) what to do when the agency wants to disseminate findings and the researcher does not have IRB approval, 3) how to narrow the scope of the agency’s evaluation vision to reflect the available resources to support the work, 4) what are the motivating factors behind the evaluation, and 5) what are the potential risks related to dual relationships when social workers engage clients as study participants. In the context of discussing dual relationships, an interviewee emphasized how “social work clients are typically incredibly vulnerable whether it’s because of substance abuse, mental illness, disability status, poverty, or the fact that they are racially discriminated against.” Consequently, discussions regarding the ethics of agency-based evaluation often include attention to working with vulnerable individuals or groups.

Specifically, in terms of working with potential or actual clients, students are asked to consider whether potential participants will feel coerced into participating, given they are receiving agency services. As one interviewee reflected, students need to be aware that some study participants may feel that “access to services [is] possibly contingent on participating in that

research.” Students must think about how to minimize potential risks around study recruitment and data gathering choices. In some instances, for example, students may be guided toward creating anonymous surveys or identifying a non-provider to recruit study participants.

Time is also spent discussing the motivating factors behind evaluation. At times, this might be to inform practice, but in other instances, funding requirements drive research designs and requirements. One interviewee shared the dilemma related to the push toward evidence-based practice that seemed to encourage the use of randomized trials to assess family-based service organizations. According to this interviewee, “It is really an ethical breach to withhold treatment to injured or suffering or vulnerable populations in order to use them as a control group.” While a project could still offer the control group “services as usual,” this interviewee believes that “to conduct the research in social work environments and in practice settings in particular [is] a real challenge.” The struggle she presents therefore is to produce scientifically sound research, balanced by the need to be ethical and sensitive to the practice context.

Activities to engage students

Activities to engage students in learning about ethics included group exercises, written assignments, Internet-based activities, and conducting evaluation or research projects. Group activities are often structured around vignettes containing ethical dilemmas. These vignettes are hypothetical situations, examples from the instructor’s own experiences, or other research projects riddled with ethical violations. The vignettes might be presented in the form of a research article, a brief case description, newspaper or magazine article, or a video clip. One interviewee described the impact of using vignettes depicting “horrific social justice violations” as causing students to become “pretty incensed” and very engaged in the discussion around the importance of assuring ethical research. Several interviewees specifically mentioned showing a documentary on the public health sponsored syphilis study.

Presented with the vignettes, students are then expected to identify the ethical dilemmas, and at times are guided in the application of ethical decision-making models. One interviewee described how she encourages students to grapple with a dilemma by applying the *NASW Code of Ethics*. This interviewee describes her process as first introducing ethical principles and guidelines, and then presenting her students with a dilemma to “puzzle” through: “Students very often are trying to look for the right answer. And I’m really trying to put exercises together that

really help them weigh the benefits and costs and understand that there isn't a particular right answer—that they have to make very difficult decisions.”

Another small group activity used is “mock IRBs,” in which students review each other's projects. This process allows students to experience a simulated IRB process and to critically assess the ethical issues relevant to their projects. In other instances, “mock IRBs” assess a fictional or actual research proposal. As an example, one interviewee constructed a “mock IRB” using the Milgram Study. To set the context, the interviewee described the “issues around obedience to authority” referencing the Nazi experiments. Students were then expected to apply ethical principles and determine whether as an IRB they would approve the study.

Other student-to-student consultation activities included constructing and critiquing informed consent forms for their own projects. Strategies to encourage students to think about ethical implications included drawing upon historical violations or the instructor's own research experiences, as well as having students envision themselves or family members as potential participants. The intent is for students to realize they need to “appreciate what [potential study participants] are going through” rather than just focus on “hey my sample size is growing, and you know we're getting all this great data.” An interviewee explains to students his own experiences of being approached to participate in a study during a difficult time in a hospital. This experience, as he shares with his class, allowed him greater insight into “the consumer's perspective” and the need for researchers to be sensitive to the context. Another strategy was to have students reflect upon the question: “Would I want my mother or son doing this kind of a thing, and how much information would I want them to have before they made such a decision on [study participation]?” These strategies help students understand that consent is not just paperwork, but rather entails carefully thinking about the consent process and being sensitive to contextual factors, such as whether participants are distressed or feeling vulnerable.

Written assignments

Having students critique research articles represents another strategy to encourage critical thinking about “risk” as it relates to the process and impact of the research effort. One interviewee, for example, assigns articles in which study participants have a mental illness. The students then reflect upon the question: “What is sort of the emotional risk associated with being asked questions about suicide or sexual abuse?” This approach forces students to “critically think about the nature of the questions they are going to be asking in the context of the populations they are involving in

the study.” Similarly, another interviewee has students consider the potential risks related to recruiting individuals experiencing domestic violence. Other examples included asking students to reflect upon the “connection between cultural competence and ethics” as well as comparing ethical considerations relevant to the different research paradigms. These exercises lend themselves to either written assignments or material for group discussions.

Other written activities described included quizzes in which students read consent forms and then completed a multiple-choice test to assess their ability to understand and retain the content. This approach illustrates the challenges in creating consent forms that are comprehensive and comprehensible. The instructor might then prompt students to think about how these challenges are magnified when potential participants are distressed, have limited reading skills, or are unable to comprehend for other reasons.

Internet activities

The Internet provides additional resources to engage students in research ethics, including information related to historical violations, as well as current regulatory requirements. Some students complete Web-based training modules and provide evidence of their certification (e.g., CITI’s Protection of Human Subjects course). Completion of these modules may increase students’ understanding of the seriousness of research ethics and may benefit them as they engage in future research endeavors. Other Internet-based activities included reading Web sites that describe past ethical violations, as well as identifying and debunking marketing research claims. As an example, one interviewee has students research the validity of a product’s claim of effectiveness. This interviewee finds a “stupid product on the market” and goes to its Web site:

We investigate [the claim that] doctor so-and-so, who was a urologist at it doesn’t mention where, says you know my clinical trials which have been published in the journal of yada yada yada, state that this works. And so the students and I go find this doctor and he doesn’t exist, and we also go try to find the journal and it doesn’t exist either.

Conversations related to fabrication and falsification flow from these types of activities. Students also learn the value of being critical research consumers.

Student evaluation or research projects

All but one interviewee stated that their programs required students to conduct a research project, either as part of a small group or individually. The decision not to assign an actual project was based upon such factors as limited time and IRB requirements. Students at the program that did not require a research project instead completed a proposal and mapped out the different

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sections of a research report. For students who complete a project, these frequently are structured as agency-based evaluations. Some interviewees reported that evaluations occur only when an agency requests a particular project or when students have demonstrated the necessary skills. These projects represent a culmination of the skills and knowledge gained throughout the research sequence. At times, these are considered capstone projects, in which students demonstrate their abilities to integrate course material from across the curriculum. Given that research projects are frequently required and represent a means to assure that students are capable of conducting sound and ethical research, the next section summarizes challenges identified in promoting quality student projects.

Challenges in promoting quality student projects

Challenges in promoting quality student projects included low faculty expectations and students' negative perceptions of research, limited time, and difficulty accessing data or resources. As mentioned in Section 3.2.3 of this article, the challenges presented are substantial enough that one interviewee opts out of assigning student projects.

Low faculty expectations and students' negative perceptions of research

A concern was voiced that MSW programs have insufficient expectations regarding students' ability to design and conduct research. Unlike non-social work graduate and even undergraduate programs, MSW programs typically do not require students to complete a thesis. An interviewee reflected on the tendency for social work faculty to be overly concerned about the amount of work expected from students. As a result, "we often claim that they're very busy, they're working, they're in their internships, they don't have the time." By not "demanding enough," the concern is that students lose the opportunity to apply the skills and gain the confidence to integrate research into their social work practice.

Perhaps related to faculty's low expectations are students' negative perceptions of research. Several interviewees described having to address students' phobias about research, which often were attributed to the students' lack of confidence in their abilities to master research content. Additionally, instructors might need to shift students' views of research as a "hoop to jump through," to research as an integral part of social work practice. One interviewee shared that many of his students have a strong clinical focus, and do not "necessarily see themselves as researchers." Consequently, he reflected: "The first challenge is to engage them and to help them understand the

role that they have to play, both as consumers of research and also as individuals who themselves can create knowledge and evidence for evidence-based practice.”

For some students, research does not just represent a “hoop,” but instead is perceived as “something that’s bad, sick, dumb, ugly, and stupid, you know, that they’ve been trying to avoid.” One interviewee counters this by actively highlighting the connection between social work practice and research, and as a result, “it’s amazing how you suddenly have their attention...[research becomes] like one of these hidden treasures.”

Limited time

Another challenge is limited time. Some MSW programs offer only a two-course research sequence, which some interviewees considered insufficient to teach research and then expect students to apply this knowledge to an actual project. One of the interviewees explained that by the time he has addressed students’ negative perceptions of research and is able to equip students with the necessary skills, the semester is almost over and there is little time to complete projects. Ideally, students develop their project idea and complete an IRB application, if needed, in a previous semester. It is challenging for students, however, to conceptualize their projects ahead of time, when they are still gaining foundational research skills. For other interviewees, time is less of an issue, because their research sequence consists of three courses, with the first centering on gaining foundational research skills, the second on completing an IRB application and learning basic statistics, and the third on conducting the project.

Problems with limited time are further compounded when IRB approval is delayed. Of note, not all instructors submit student projects to the IRB. Decisions to submit an IRB application were at times guided by university or school policy, and at other times left up to the research instructor’s discretion. Some interviewees intentionally guide their students to construct projects that are perceived to fall outside the scope of the IRB (e.g., program evaluation or projects for classroom learning only). Other interviewees preferred a process in which all student projects were reviewed by either an internal school of social work ethics committee or by the university IRB. An underlying belief was that an independent review board should determine whether or not a project is exempt. Some of the interviewees reported that their social work program and IRB co-developed a policy regarding IRB waivers for student projects. A separate paper addresses the perceived benefits and challenges of having student projects reviewed by the IRB, as well as guidelines to support research instructors regarding the review process (Shore, 2007).

Access to data and other resources

Challenges for students in completing projects also include access to data and availability of resources. Students in field placements may have greater access to existing data or opportunities to gather data. Of note, interviewees varied as to whether they required any form of written or oral agreement with the field placement agency regarding project approval. For some interviewees, a signed letter of support from the field instructor is required that at times lists the responsibilities of both the student and the agency. For others, the requirement entails a verbal agreement between the student and the agency, or between the school's field liaison or research instructor and the agency. Other interviewees do not require any form of agreement but expressed an interest in implementing some means of assuring agency support.

Even with agency-based evaluation projects, students often have limited or no access to financial support. As a result, they are unable to provide study incentives or cover mailing costs for study materials. This may then translate to low response rates and/or small sample sizes, which can affect the quality of the research projects. One interviewee commented, "It's so much easier when there's financial support for the research...so that you don't have to worry about the cost of a particular study, and so that the cost doesn't drive the methodology chosen."

Student encountered ethical dilemmas

Based upon experiences supervising student projects, interviewees identified several areas in which students encountered challenging ethical situations. Of note, the interview question asked for student encountered ethical "dilemmas," but most of the interviewees provided examples of challenging situations, acknowledging that in most instances, it was clear what needed to occur. The primary ethical challenges encountered included difficulties related to agency politics and expectations, confidentiality, and study participant distress. Instructors work with students to minimize these ethical concerns by encouraging students to develop anonymous surveys, particularly when working with vulnerable populations. For some of the interviewees, this structure is directed by IRB requirements. As one interviewee described, the university policy states, "no student should submit or be doing a project that requires full board review."

Difficulties associated with agency politics

Students often conduct agency-based evaluations, in which they potentially encounter ethical challenges specific to agency politics. Challenges encountered by students included finding themselves in the middle of staff conflict and competing agendas. This can complicate the ability

to identify the stakeholders and to understand the possible motivating factors behind different parties' interests regarding the evaluation. As an example, one interviewee described how a student evaluated the effectiveness of a team intervention. This student became ensnared by departmental dynamics "where one person wanted this study done and one didn't." The student, with her field and research instructors, met to discuss the challenge and to strategize on how to best navigate the agency politics.

Students may also struggle when they question whether the evaluation project reflects the needs of the agency clientele or whether the design is motivated by other factors, such as a desire to uncritically prove an intervention's effectiveness. As a general lesson, one interviewee teaches about the value of objectivity and works with his students "to get over thinking they already know an answer and trying to prove it." Tied to this is the need to recognize the value of less than positive findings—for example, how this information could enhance program planning.

Concerns related to confidentiality

Students may also encounter ethical issues related to confidentiality. Of note, often a need exists to highlight the difference between anonymity and confidentiality. One interviewee exclaimed, "It's amazing to me...what a difficult time people have distinguishing between confidentiality and anonymity." As a means of explaining the difference, an instructor might discuss how anonymity is achieved when a researcher cannot link study information to a particular participant. In regard to confidentiality, the researcher can make this link, but agrees not to publicly share information that would allow a study participant's identity to be known. Some interviewees insist that students use only de-identified information, which at times requires the student to "black out any identifying information." This becomes particularly important when the student is collaborating with classmates who do not work at the same agency.

Ethical considerations have also surfaced related to mandated reporting requirements and the need to breach confidentiality. An example in which a breach occurred centered on a student hearing "credible threats against a third party." After consultation, the student contacted a "mobile crisis stabilization unit" and took other appropriate measures. Some of the interviewees mentioned that they guide students toward constructing anonymous surveys, or they tell students to avoid studies in which disclosures of harm to self or others might occur. An interviewee also cautions students, "What seems like a very bland and simple idea on its surface could end up putting [students] in a situation where they...have to violate confidentiality by making a legally-required

report of child abuse or elder abuse.” The example she provided centered on interviewing “mothers in a parenting effectiveness training.” Other interviewees shared that students are taught about the importance of informing participants up front about limits to confidentiality, allowing participants to determine their degree of study involvement.

3Study participant distress

Challenges also exist related to research that results in study participant distress. For example, one interviewee reported that his students analyzed satisfaction surveys from a “mental health peer support social club.” In response to the survey question, “What would you do if this organization didn’t exist?” some respondents stated that they would “kill themselves.” The student was alarmed and consulted with the research instructor and director of the social club. The question that surfaced for the student was whether respondents were suicidal, and if so, what could be done, given that the survey was anonymous. This is another example illustrating the potential for seemingly non-risky questions to trigger emotional responses. Based upon these responses, future satisfaction surveys began with directions that “emphasized how respondents should contact one of the peer staff if they experience any distress.”

In regard to distress, another interviewee shared, “Some students have found themselves torn between a role of the researcher and the role of a social worker, and not sure quite how to help the research subject who needed other kinds of assistance outside the research project.” Given this possibility, some interviewees teach their students how to anticipate and attend to potential study participant distress. This may entail guiding students to design projects in a way that minimizes risks, which may include decisions regarding sampling strategies (e.g., seeking provider versus client perspectives). Additionally, instructors might review the importance of assessing for participant well-being and having an established protocol to respond to distress that includes providing participants with a referral list and having an adequate debriefing plan.

Harm can also result from students overlooking cultural considerations. For example, one interviewee shared that her student encountered a problem as a result of the use of an uncorrected version of a survey. In this instance, the survey’s demographic questions contained an uncorrected assumption regarding religious affiliation, which offended at least one respondent. The student, with the support of the instructor, addressed the problem that consisted in part of an apology and an opportunity to debrief. As the interviewee reflected, students do not always understand the need to critically examine their instruments and data gathering processes. Perhaps this reflects the

tendency for some students to view research as a “hoop to jump through” without having a full appreciation for the need to carefully consider a research project’s potential impact.

The examples cited above illustrate that students need adequate supervision and support, and underscore the potential risks associated with student projects. An interviewee provided an example of the extent of active involvement needed to support students; in this case, the student wanted to examine issues related to cutting behavior among middle school students. The student met with the instructor to identify potential risks and to design an approach that not only minimized the risks, but also assured that all the necessary layers of approval and consent were obtained. As part of this discussion, the interviewee described talking “about the dilemmas of introducing that kind of risky behavior to students who may not have thought or contemplated [cutting].” The student also was guided on how to develop appropriate resources for the students, in case of any study-related distress. With active support and guidance, the student was therefore able to conduct the study. Ideally, her study findings resulted in strategies to address cutting behaviors observed within the school.

Student-encountered ethical concerns are addressed within the research classroom, at the field placement, and/or in some instances within the student’s field seminar. Depending upon the circumstances, research instructors may also consult with the IRB. Of note, some of the interviewees were unable to identify ethically challenging situations encountered by their students, perhaps because of the way in which the student projects were constructed.

Discussion

The aim of this study was to identify and build upon strategies research instructors use to promote research ethics. The study findings indicate that ethical issues covered within the MSW classroom expand upon traditional IRB considerations. Students are sensitized to ethical issues relevant to conducting research in social work practice settings and are reminded of core underlying social work commitments. This includes gaining critical awareness of the risks and benefits of involving vulnerable individuals or populations and encouraging students to question whether a proposed study is aligned with social work values (e.g., social justice). This line of questioning coincides with Antle and Regher’s (2003) call for ethical analysis to move beyond just considerations of individual study participant rights.

The interviewees provided numerous examples of activities used to engage students in understanding ethics. The described activities promote critical thinking regarding risk and other

ethical concerns, and they often were structured to facilitate dialogue. The use of case examples engages students in “puzzling through” dilemmas and applying ethical decision-making models. These diverse activities communicate the seriousness of ethical conduct and promote the value of group analysis. Although not explicitly mentioned by interviewees, fostering a group approach enhances ethical decision-making through inclusion of different perspectives. Ideally, students are socialized into seeing the benefits of peer and IRB consultation as part of ethical analysis.

As an activity, student research projects can be an incredible learning opportunity. However, interviewees identified challenges to promoting quality projects that must be addressed. Given that many of projects occur at students’ field placements, a need exists to develop guidelines on how to best work with agencies to negotiate approvable projects and to create strategies that minimize potential study-related risks. Guideline suggestions include requiring a letter of agreement with the agency that articulates agency support and outlines the roles and responsibilities of the student, agency, and other involved entities. A second related suggestion is for students to work closely with their field instructors to assure that the project selected represents an area of interest to the agency. Presumably, if the agency is interested in the project, study findings will more likely be used to inform practice. Students may have an increased appreciation for research if they observe that their projects have an actual application or impact. As Unrau, Gabor, and Grinnell (2001) also state, evaluations should have a purpose, which includes intent to inform and enhance practice. Active collaboration with the field instructor also helps to assure that ethical issues relevant to the practice setting are carefully considered. Based upon the study findings, students should be required to discuss with their field instructors at a minimum issue related to confidentiality, participant distress, and informed consent. These conversations must be bolstered by active guidance from the research instructor.

Agency-based projects allow students to experience research grounded in an actual social work practice setting. This type of activity clearly demonstrates how research is directly linked to ethical practice, demystifies the process, and perhaps encourages students to consider research as one of those “hidden treasures” that they’ll carry forward with them post-graduation. Ideally a positive experience conducting these projects will motivate students to continue integrating research into their practice and prompt some students to pursue a doctoral degree.

An overarching recommendation is to integrate research content across the curriculum in order to further promote students’ appreciation for ethics and research in general. Some

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interviewees mentioned that ethical issues are already discussed as part of the field seminar, which is a natural fit, given that many student projects occur in their field placements. A natural fit exists in other courses. Students, for example, can apply their needs assessment skills to inform grant writing and/or program development courses. This integration is clearly supported by CSWE (2004). Designing student projects as capstone events represents a means to celebrate the integration of research, particularly when students are expected to join together their other coursework to inform and support the project. Support from faculty across the curriculum will also convey to students the value and need for ethical research.

Future study directions

This article represents the experiences of 16 graduate social work research instructors. Whereas numerous ideas and recommendations were identified through the interview process, additional ethical considerations and activities might be uncovered if the sample size were expanded. Findings from this exploratory study could inform a survey in order to solicit additional insights regarding how to promote ethical research. Future studies might include seeking field placement instructor and student perspectives on how to promote ethical research and create meaningful agency-based projects.

Social work research instructors may also benefit from sharing ideas with each other, perhaps gathering at conferences. At these gatherings, social workers could strategize on ways to further promote ethical conduct and heighten student appreciation for research. Additionally, social workers could critically re-examine the NASW *Code of Ethics* and consider how to strengthen the section dedicated to *evaluation and research*. A suggestion from the literature and this study entails infusing ethical considerations with a greater social justice orientation. Other suggested discussions could occur within social work programs related to integration of content across the curriculum. As instructors from across the curriculum introduce their students to ethical decision-making models, for example, the value of critically and systematically assessing ethical dilemmas will likely be reinforced and solidified.

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The Ethics of Social Work Practice in the Nursing Home Setting: A Consultant's Dilemma

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Abstract

This article seeks to contribute to the knowledge base of social work in the area of ethics in nursing home settings. A case example is presented, outlining an ethical dilemma confronting a consultant to a nursing home, to illustrate an ethical reflection process. Literature relating to both sides of the dilemma is reviewed. Ethical perspectives are identified and refined, and ethical theories are employed in the analysis of options. The promotion of an ethics committee in the nursing home is set forth, drawing upon organizational ethics literature.

Key Words: Ethics, nursing homes, older adults, organization, health care, moral philosophy

Introduction

Social workers consulting to, or working in, nursing homes deal with complex situations and confront challenging ethical dilemmas. Yet, there is minimal literature regarding the ways that ethical choices are influenced by social workers in health care settings (Conrad, 1982; Joseph & Conrad, 1989; Ross, 1992). This is in spite of the fact that medical developments prolonging life have made health care decision-making more complex (Beauchamp & Childress, 2001; Galambos, 1998; Kaufman, 2004). Furthermore, conflicting expectations of the organization; medical staff; and patient family members must be balanced with the needs of the patient, leading to the potential for ethical dilemmas (Beauchamp & Childress, 2001; Conrad, 1982; Cummings & Cockerham, 1997; Reamer, 1990). Galambos (1998) points out that ethical dilemmas are commonly associated with end-of-life treatment decision-making and emphasizes the importance of policy and practice supportive of client autonomy. According to Schwiebert, Myers, and Dice (2000), clinicians need to be able to utilize ethical models to be able to make suitable ethical decisions in service to older adults.

The need for social workers to competently navigate ethical issues in nursing homes becomes even more critical in light of frequent nursing home abuses. According to a U.S. House

of Representatives (2001) report, nine thousand abuse violations were reported in more than 30% of United States nursing homes between January 1999 and January 2001. There was actual harm to residents, placing them at risk of serious injury or death, in 10% of the facilities. While some of the reports resulted from physical or sexual abuse of residents by a staff person, there were also cases in which a nursing home was reported because it did not shield defenseless residents from other abusive residents (U.S. House of Representatives, 2001).

This article seeks to contribute to the understanding of ethical decision-making processes in nursing home settings through the analysis of a case situation in which the resident presents with non-compliant behavior that can affect his well-being and that of other residents, as well as issues related to the moral responsibility of the social worker. Closely related are ethical concerns regarding the responsibility of the organization to the other residents or, in ethical terms, responsibility for the common good. Joseph's (1985) model for ethical problem-solving is used to illustrate an ethical reflection process that has been helpful in resolving complex moral dilemmas in various health and social service settings.

The essential components of Joseph's (1985) model involve the following steps: presentation of the case, clarification of the ethical dilemma involved in the case, provision of relevant background information, identification of the moral values and ethical principles involved in the dilemma, the application of ethical theory, outline of ethical options, and the position of the author. It is hoped that through the use of such ethical tools, skill in ethical decision-making will be enhanced, which in turn will contribute to practice excellence in nursing home settings. Whereas the focus of this article is from the perspective of the social work consultant to a nursing home host setting, this example is likely to be helpful to social workers in various other host settings, as well. This furthers the application of Joseph's (1985) decision-making model at a time when social workers are increasingly called to work collaboratively across systems. This article begins with the case presentation, following the steps outlined in Joseph's (1985) model.

Practice Situation and the Related Ethical Issues

Case Example

Mr. X is an older cognitively impaired man with some history of alcohol abuse who is now a resident of the nursing home. He enjoys smoking cigarettes in a designated smoking room but is not involved in any other activities. The nurses are concerned, because he has been yelling at other residents, and when someone is in his way, he pushes them. It seems that he immediately reacts to

his frustration. When someone talks to him about what he has done, he becomes defensive. When it is explained to him that he cannot do things that way, he becomes tearful and says that he is sorry. Because of staff shortages, the nursing home has been unable to follow through with psychosocial recommendations.

Two months after the initial social work consultation, the nursing home calls the social worker to say that they want Mr. X psychiatrically hospitalized on an emergency basis. It seems that his behavior has continued, and this is a particularly stressful day for the staff: Mr. X's usual Certified Nurse Assistant (CNA) is out sick, and several other residents have been acting out today, as well. The resident is very remorseful and tearful but is otherwise calm at this point. He is concerned that "they will send me away," and he makes it very clear that he does not want to go anywhere. When asked what he would do instead of yell or push if someone were to bother him again, he says that he would "walk away." The nursing home staff members continue to insist that they want Mr. X psychiatrically hospitalized immediately and are not interested in attempting any interventions within the nursing home setting at this point.

The Ethical Dilemma

Good practice skill and technical practice knowledge are very important to obviate an ethical issue (Conrad & Joseph, 1991; Joseph, 1985), and it is tempting to explore the details of this case and the surrounding practice issues further. The purpose of this analysis, however, is to raise the issue to an ethical level rather than prioritizing around practice interventions. "The *technical* aspects of practice are oriented to the effective accomplishment of the tasks of assessment, intervention, termination, and evaluation or the measurable outcome of an intervention, whereas the *ethical* aspects of practice are oriented to helping in accord with moral standards of professional conduct" (Conrad & Joseph, 1991, p. 6). Joseph (1985) points out that ethical skills add to decision-making ability and client service. The central dilemma of this case is *responsibility to the client vs. responsibility to the employing agency in a host setting*, which involves concerns for both autonomy and community.

Relevant Background Information

The conduct of social workers is guided by the values, principles, and standards embodied in the *NASW Code of Ethics* (1999), which states that the core of social work is its professional ethics. This *Code* indicates that the well-being of clients is the primary responsibility of the social worker. The respect and promotion of the right of clients to self-determination is also among social
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workers' ethical responsibilities to clients. At the same time, the *Code* also states that commitments made to employing agencies should generally be adhered to by social workers. An ethical dilemma entails two competing goods (Conrad, 1988; Cummings & Cockerham, 1997; Golden & Sonneborn, 1998; Joseph, 1985; Reamer, 1990; Schweibert et al, 2000), in this case fiduciary responsibility to the client vs. fiduciary responsibility to the employing host setting, also a client system. Thus, the consulting social worker is confronted with a question in terms of action in regard to obligations, norms, and personal or professional values (Conrad, 1988). The *NASW Code of Ethics* (1999) itself points out that it is not ordering its values, principles, and standards, suggesting that social workers give consideration to all that pertain to the situation in which there is a conflict.

Responsibility to the Client

Galambos (1999) points out that the *NASW Code of Ethics* (1999) indicates that other responsibilities should come after the commitment to well-being of clients. Furthermore, the *NASW Code of Ethics* (1999) states that social workers need to educate employers about ethical issues and their impact upon practice. Galambos (1999) also suggests that at the start of employment, social workers discuss the importance of making choices to protect the best interest of the client, superseding the concern of the employer. Elderly people are among those vulnerable groups who are further disadvantaged by systems that focus on the financial interests of an organization and efficiency rather than client needs. Galambos (1999) further points out that social workers are obliged to pursue social change for populations who are oppressed or vulnerable.

Reinardy and Kane (1999) found that nursing home residents had experienced moves without being involved in the decision-making process and suggest that social workers be sensitive to the value of facilitation of the older person's experience of choice, which can affect his or her sense of well-being. Galambos (1997) explains that the quality of life of older people is related to their sense of emotional, physical, and spiritual well-being and draws upon the ethical principles of autonomy and beneficence and standards set forth by the White House Conference on Aging to promote this well-being. Policies should support independence, privacy, and self-control while offering protection, advocacy, and humane treatment for older people (Galambos, 1997).

The findings of Kruzich and Powell (1995) indicate that the autonomy of nursing home residents can be increased by the important role social workers play in empowering residents. Berger and Majerovitz (1998) advise that even elderly people experiencing mild dementia should

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not be excluded from health care decisions, finding that they were still able to make treatment choices in keeping with their previous decisions. Furthermore, there is a question about whether the attempt to achieve physical safety for an older client may actually cause harm by taking away his or her freedom (Kane & Levin, 1998). Also, it is just as important to consider the threat of harm to the person being restrained as it is to diminish harm to other residents (Dodds, 1996; Mion, 1993). Salladay (1998) insists that just because something may be more efficient for staff, this does not mean that the dignity or rights of the nursing home resident should be compromised. In a similar vein, Hartigan (1997) suggests that the tight budgets of nursing homes should not concede appropriate care. It is ethical to individualize approaches and train staff to respond proactively rather than reactively to residents with difficult behaviors (Stanford, 1995).

Responsibility to the Employing Agency

On the other hand, the *NASW Code of Ethics* (1999) does indicate that loyalty to clients may be overridden by a responsibility to the larger society and that the client's right to self-determination can be limited when it is clear that the client's actions present a significant risk of harm. Additionally, social workers are expected to maintain a commitment to employers (Reamer, 1990). A duty to the community can be at odds with the responsibility to advocate for the individual patient (Parsi, 1999), and the nursing home itself is a client system. Ethical issues also need to be considered from the care provider's point of view, highlighting the autonomy of the front-line caregivers at the nursing home. According to Stone and Yamada (1998), caregivers need to be empowered for the residents they care for to be empowered. It is these front-line workers who are potential recipients of belligerent behavior, and Stone and Yamada (1998) focus on the enhancement of autonomy for all members of the nursing home community. Finally, the concept of social autonomy has been presented as an alternative to the liberal view of autonomy that attempts to separate the personal and social spheres and focuses on non-interference with the individual (Proot, 1998). An alternative view is one that recognizes dependence as part of the human condition and understands the role social context plays in human development. Thus, one's current environment and developmental capacity provide the context for their degree of actual autonomy (Agich, 1993; Proot, 1998)

Legal Issues and Abuses

The next step in Joseph's (1985) ethical decision-making model includes the consideration of legal issues relevant to the dilemma. The Omnibus Budget Reconciliation Act of 1987 (OBRA *Journal of Social Work Values & Ethics*, Spring 2007, Volume 4, Number 3 – page 43

1987) included legislation reforming nursing homes. Nursing homes that took part in Medicare and Medicaid programs began to be required to meet specific standards of quality care. Two of the care requirements are particularly relevant to the case presented in this article: “Have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, *and psychosocial* [emphasis added] well-being of each resident, as determined by resident assessments and individual plans of care (42CFR 483.30)” and “Develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident’s medical, nursing, and *mental and psychosocial* [emphasis added] needs that are developed in the comprehensive assessment. The care plan must be developed within 7 days after completion of the comprehensive assessment and describe the services that are to be furnished. Also, the care plan must be periodically reviewed and revised by a team of *qualified* [emphasis added] persons after each assessment (42 CFR 483.20)” (Federal and State Laws Regulating Nursing homes).

These regulations are not being adequately met by the nursing home involved in the case presented in this article. In fact, a study of psychosocial services in skilled nursing facilities conducted by the office of the inspector general found that 39% of Medicare recipients in skilled nursing facilities did not have all of their psychosocial needs addressed in care plans and 46% did not obtain all of the psychosocial services outlined in their care plans (Rehnquist, 2003). This is in keeping with O’Neill’s (2002) finding that psychosocial service delivery is not enforced and is essentially considered voluntary for nursing homeowners. For-profit nursing homes are especially likely to provide limited services, defying federal regulations. Psychosocial needs and the importance of social work are not understood by many administrators. At the same time, there have been cutbacks in compensation from Medicare and Medicaid, and nursing home administrators are concerned about costs. Since the government does not monitor the credentials of those hired for social work positions in nursing homes, there is a situation in which untrained people are hired and assigned inappropriate tasks (O’Neill, 2002). There is clearly a need for social work research to present the long-term costs of the current situation. It will also be necessary for the profession to provide education around the important roles that professionally trained social workers can play to improve the care provided to elderly persons in nursing home settings, saving society money and heartache over time.

Values and Preferences

Value Judgment

The literature highlights the tension between the person and collective environment, bringing forth compelling concerns for both client autonomy and community well-being, which compete for our attention. It is also clear that the professional Code of Ethics (1999) is limited in managing these value conflicts, leading to the use of philosophical ethics by social workers (Conrad, 1988; Joseph, 1985). Values are an important part of moral philosophy, and it is out of our values that flow principles and standard rules. The ethical model of decision-making presented by Joseph (1985) seeks to bring value conflicts to the surface in order to promote self-awareness and lead to the utilization of ethical principles in practice. Because the resolution of ethical dilemmas can be subtly influenced by the values of social workers, consciousness of these values assists the social worker in recognizing the impact upon the decision-making process (Frankena, 1973; Mattison, 2000). Values apparent in the dilemma presented in this article include autonomy, respect, importance of relationships, trust, service, and community.

In attempting to develop a hierarchy of values pertinent to the ethical dilemma being

Figure 1 Values Hierarchy
Autonomy
Community
Relationships
Respect
Service
Trust

explored, autonomy seems to come first. Autonomy would encapsulate all of the other values – why would any of them be important if there was not first a value of freedom to run one’s own life? Next would come community, as someone needs a community in which to practice autonomy, which develops in a community context. Relationships would be non-existent without community. The need for respect comes into play once there are relationships. Service may not be needed if there are no problems related to the previous values, and trust is what is expected from service. In this way, the following values hierarchy (Figure 1) is presented in this article: Autonomy, community, relationships, respect, service, trust.

In clarifying the values hierarchy, which includes both autonomy and community, it becomes clear that client freedom vs. well-being of community is involved in the focal dilemma of *responsibility to the client vs. responsibility to the employing agency*. Principles grow out of values and can be considered general guides, which continue to provide space for reasoning (Beauchamp & Childress, 2001). The principle that would flow from

autonomy would be that the client should be free to make choices about important life decisions. The principle of beneficence, or “doing good,” would flow from the value of freedom from harm, related to the autonomy of other residents (Beauchamp & Childress, 2001; Schwiebert et al, 2000). These principles can be in conflict, and it becomes difficult when there is disagreement among parties as to what constitutes a harm or a benefit (Beauchamp & Childress, 2001; Cummings & Cockerham, 1997; Schwiebert et al, 2000). In valuing the autonomy of the whole community, both freedom of choice and freedom from harm, would flow the principle of challenging social injustice.

Ethical Decision-Making

Courses of action could flow from either side of the dilemma – advocate for the client’s autonomy or follow through with a commitment to the employer and concern for other residents and staff. One could also appeal to regulations in an attempt to influence the nursing home to be able to carry out recommendations within that setting. Practice skill could be used to explain what is or is not an appropriate intervention for certain diagnoses. Finally, the situation could be brought to an ethical level and discussed with key players involved with the situation in an attempt to address the needs of both the resident and the nursing home community as a whole. This last option would be the point at which ethical knowledge and practice skill interact, with ethical skills adding to decision-making and client service (Joseph, 1985). This article presents this last option as most completely maximizing the identified values, advocating for the development of an ethics committee in the nursing home setting. An ethics committee offers a procedure for resolving dilemmas such as the one presented in this article. This committee would be made up of social workers, physicians, nurses, patients, family members and others who would reflect upon the ethical dilemma and provide consultation. In this way, the ethics committee also contributes to the moral responsibility of the organization, promoting an ethical culture (Conrad, 1990; see also the Maryland Healthcare Ethics Committee Network as one example:

<http://www.law.umaryland.edu/specialty/mhec/index.asp>).

By involving the nursing home in ethical considerations, this is valuing the autonomy of all staff persons as well as the resident community. Furthermore, staff persons are more likely to hold a sense of ownership regarding the choice that is made in this situation. Steffen, Nystrom, & O’Connor (1996) found that results for residents and outlooks regarding the work were improved by involving nursing home staff members in decision-making. Rather than choosing between the

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resident and the nursing home, this is an opportunity to facilitate the development of an ethical decision-making team within the organization that would be in support of its provision of quality services to residents. This includes the nursing home staff in the reflection process in place of going over their heads to report regulatory violations. Through this involvement, the nursing home staff may begin to see the point of regulations or advocate for themselves to gain funding to meet requirements (NASW, 1998, Case 77, p.91). Practice skill can facilitate the ethical decision-making dialogue among the key participants.

This is in keeping with the arguments of some that organizations do have moral responsibility. They are made up of persons and carry out the rights and responsibilities of persons. People with an intrinsic morality are the ones fulfilling the work of the organization (Hyatt, 2000; Joseph, 1983). Furthermore, human service agencies are recognized as being moral agents, because they serve human needs and vulnerable populations and profess this to the public. There is tension in the case of the for-profit organization that has the goal of efficiency to make a profit for shareholders. Yet, there is also the need to provide quality service, so even the for-profit human service organization has values other than efficiency (Bonn, 1996; Fahey & Vito, 1996; Hyatt, 2000; Joseph, 1983). It would be recognition of the need to provide quality service that would dispose the organization to value autonomy of residents and community. Joseph (1989) has called for increased consideration to the moral responsibility of human service organizations. It has been suggested that an ethics committee is important to have in an agency and can assist in the development of decision-making guidelines (Conrad, 1990; Curtin, 1994; Hyatt, 1994).

Ethical Theories

Finally, Joseph's (1985) model draws upon ethical theories, examining their support for various courses of action. Beauchamp and Childress (2001) recognize that it is tempting to choose a theory among competing theories but suggest that this is risky in ethics. They speak to the convergence across theories, recognizing that different standpoints can still support similar principles, virtues, responsibilities, rights, and obligations. For practical purposes, the differences may not actually be that major. Furthermore, theories have strengths and weaknesses in different areas, and there can be recognition of the helpful aspects in the various theories without having to make a choice among them (Beauchamp & Childress, 2001). For this reason, this article will briefly describe deontological, utilitarian, and teleological theories; suggesting that social workers

integrate use of all of the theories in order to be able to facilitate discussions by ethical teams and clarify perspectives that might be presented.

Deontological theory focuses on the act or rule itself, regardless of consequences, suggesting that what is morally right is not always the greater good. Kant emphasized the autonomous will and said that people are ends in themselves and cannot be used as means (Frankena, 1973). A deontologist might explain that the principle that one should be free to make choices about important life decisions is more important than the possible costs to the nursing home community. This theory would maximize the value of autonomy, considered to be a primary value in the previously developed hierarchy. It is also possible, however, that one might use this theory to focus on the autonomy of the other residents, suggesting that their right to be free from harm so they can make their own life choices is primary.

Utilitarian theory is an ethical theory fashioned by Bentham, who believed that a decision should be considered ethical when it led to the greatest good for the greatest number of people. The principle of utility is the concern in this theory, and the emphasis is solely on the consequences. Bentham was actually making attempts to calculate pains and pleasures associated with decisions (Frankena, 1973). A utilitarian theorist might suggest that temporarily removing Mr. X from the nursing home setting would serve the greater good. A critique of utilitarianism is that it ignores the minority; in this case, Mr. X's wishes would be disregarded.

John Stuart Mill is a utilitarian theorist who put more stress on altruism in the cost-benefit analysis (Frankena, 1973). For example, the primary value of autonomy and the second value of community in the hierarchy could be used to define the good. If autonomy for the whole community is considered to be a greater good than the cost-savings to the nursing home, then the nursing home could be asked to take responsibility to find ways to hire more staff to protect the autonomy of everyone, including Mr. X. Furthermore, research indicating the long-term costs of psychiatric care for residents in comparison to the costs of ongoing appropriate psychosocial services in the nursing home might demonstrate that it is much more useful for the nursing home to hire appropriate staff to carry out recommendations for Mr. X and protect other residents than to send Mr. X and others like him to psychiatric hospitals when crises erupt.

Thomas Aquinas based his philosophy on Aristotle, developing the ethical system of teleology. Teleology considers the intention, the action itself, the circumstances, and the end result of the action and is concerned with the amount of good that is produced. If an action is likely to or

intends to produce “at least as great a balance of good over evil” as any of the other possible outcomes, then it is right and is an action that should be carried out (Frankena, 1973). Drawing on the primary value in the hierarchy, a teleologist might suggest that the *most good* is likely to be produced by first valuing the autonomy of the staff as community members, expecting them to make responsible ethical choices. Once their own autonomy is valued, are they likely to discount the autonomy of other community members? When the nursing home chooses to value the autonomy of its community members, what might they begin to advocate for on their own? Once the nursing home staff members themselves begin to fully recognize their circumstances in society and become conscious of their intentions and possible end results of their actions, what will they be likely to do? Will they want to defy nursing home regulations? Could this be the start of an ethics committee in this organization? How much good will then be produced over time if the organization itself commits to ongoing ethical considerations?

Conclusion

When the ethical decision-making model was applied to the case of an individual nursing home resident, a larger concern related to organizational moral responsibility emerged. The social work profession’s person-in-environment perspective aids in both recognizing and working with this interplay (Larkin, 2005). The chosen ethical option involved engaging the nursing home community in the decision-making itself, developing an ethics team. Such a team would use models such as the one presented in this case analysis to offer consultation through a process of ethical reflection and determination. The expectation is that this would support the nursing home in advocating for itself to be able to meet requirements that would be supportive of maintaining the safety of Mr. X and others in the nursing home community.

The concerns brought forth in this article are likely to be shared by social workers in other host settings, such as schools and correctional facilities. In fact, it appears that a social worker cannot avoid dealing with ethical issues in organizations (Conrad, 1982; Conrad, 1990; Hyatt, 1994; Joseph, 1983; Joseph & Conrad, 1989). Not only are social workers employed by agencies, but they are called upon to consult around dilemmas and may be members of ethical teams (Conrad, 1990). More and more, social work practice is being influenced by large organizations, and there are times when the forces of the organization feel beyond the control of the individual social worker (Rhodes, 1989). Professionals working in bureaucratic organizations may experience a feeling of alienation between their own morality and their organization and

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colleagues, seeing their moral duty and their duty to the organization as separate (Manning, 1997). Burnout can be related to an underlying ethical issue in the organization, as well (Conrad, 1990; Poulin & Walter, 1993). Thus, social workers in all settings need to become familiar with ethical decision-making models pertaining to organizational ethics in order to make choices within these structures (Joseph, 1983).

Furthermore, it seems critical that social workers consulting to nursing homes and other host settings promote the development of an ethics committee, encouraging ownership of choices by the organization and fostering a sense of a moral community. Whereas ethics committees are still a recent addition to nursing homes (and do not yet exist in many other social work host settings), they are important, because decisions involved in these settings are particularly complex, and the committee can assist in the development of procedures to work through cases such as the one presented (Conrad, 1982; Conrad, 1990; Hyatt, 1994; Joseph & Conrad, 1989). Relationships, respect, service, and trust would flow out of this arrangement, and social injustice could be challenged. Social workers can combine ethical knowledge with practice skill to facilitate effective deliberation by the nursing home community (Conrad & Joseph, 1991; Joseph, 1985). At the same time, social work research is necessary to provide realistic information to nursing homes and society as a whole about the outcomes of various courses of action. It is critical that society both enforce nursing home regulations and support nursing homes in carrying out their services to vulnerable older persons. Nursing homes may benefit from hiring professionally trained social workers, appropriately utilizing their skills, and developing ethics committees.

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Social Work Values in an Age of Complexity

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Abstract

As a profession that places values and ethics squarely in the center of its mission, social work must struggle with the criticisms and suggestions emerging in the last few decades under the inelegant moniker of postmodernism. This article unpacks taken-for-granted ideas about the development and performance of values and offers a framework for thinking about and enacting social work grounded in a postmodern values orientation.

Key Words: Values, ethics, postmodern, social construction, social work practice

Introduction

What has come to be called postmodernism is predominantly critical, “systemically dismantling the corpus of modernist assumptions and practices” (Gergen & Thatchenkery, 1996, p. 6). These critiques render visible the epistemological and ontological basis for, and outcomes of, modernist commitments in relation to values. Dismissals of postmodernism frequently claim that nihilism and/or relativism are its universal, fixed, and essential qualities. Social work practices, policies, curricula, and codes that are informed by postmodern ideas—which tend to reject universal, fixed, and essential notions altogether—are similarly dismissed (Slattery & Rapp, 2003).

In reference to postmodernism, Gergen & Thatchenkery (1996) pose the question, “While faulting existing traditions, it has left the future in question. How do we now proceed?” (p. 6). This article attempts to respond to this vital question by examining modernist assumptions around values and offering the examples of Appreciative Inquiry (Anderson, et al., 2001) and the Public Conversations Project (Chasin & Herzig, 1994) as approaches to social work practice that are consistent with postmodern perspectives on values.

Unpacking modernist values

Gergen & Thatchenkery (1996) describe four “texts that shape the contours of modernism.” This conception offers a useful lens for viewing values as embodied by modernism and its loftiest and longest standing project, the Enlightenment.

First there is *individual rationality*, which renders the individual and separate self as the essential agent of action. Locating the construction and performance of values in individuals makes sense within modernism as “the individual is the author of the [modernist] enterprise and the beneficiary of its fruits” (Borgmann, 1992, p. 38).

The Enlightenment has enjoyed considerable success in elevating inalienable and natural individual rights. In relation to social services, organizations commonly understand problems to be located inside of *individuals* (e.g., illness diagnoses or disorders) and *individuals* are held accountable for making change. Such mantras as “people only change if they want to change” and “helping people help themselves” depend on individualist discourse. Services offered to families who have experienced child abuse or child neglect are often limited to individual counseling for each member of the family (rather than the family as a whole), parenting classes for the offending parent(s) (where they learn “evidence- based” parenting techniques), anger management classes for the offending parent(s) (virtually always coming from a cognitive-behavioral perspective), and substance abuse treatment when alcohol or other drug use—which is seen as an individual addiction—is implicated in the referral (Franz, 1994; Swartz, 2004).

Funding streams for services clearly support modernism’s individual rationality. Agencies can rarely bill for services to families or communities; and if they can, it is likely that billing for individual services is more lucrative. Service authorizations usually require documentation of individual needs and deficits, not the needs of families as a whole, or community members in relation to one another. This cements an individualist discourse by disallowing payment for a socio-cultural understanding of people’s difficulties.

Borgmann (1992) notes that people in pre-modern times relied on the community to fulfill basic needs. One could not survive as a free-standing individual, bounded at the skin and autonomous from social and cultural contexts in which personhood is embedded. The fruits of the Enlightenment allowed the illusion of individuality to flourish. As an example, in pre- modern times, entertainment was only available through communal performances, often taking place in a community gathering place. Now one can access entertainment in solitude, without social

relations, by purchasing events on a computer or television. In classical times, *katharsis* referred to the experience of collective transportation to another place when groups of people witnessed a dramatic performance. Modernism has collapsed “catharsis” into the discharge and release of pent-up emotions contained inside of an individual, bounded ego (White, 2002).

In response to individual rationality, Gergen & Thatchenkery (1996) offer *communal rationality*. Applied to organizational practice, Anderson, et al. (2001), refer to this as “the relational difference.” They note, for example, that most theories of leadership focus on the capacities of the individual – a set of traits or behaviors possessed by certain people more than others. However, “based upon a relational theory of organizing, collaborative participation offers an alternative way of making sense of leadership. Its defining element is that leadership is born in patterns of relationship. There are no leaders unless others are willing to work collaboratively with them, and there are no followers unless there are leaders who effectively invite them into such relationships” (p. 24). Within communal rationality, values are not fixed and natural, nor are they servants to a progressive end, nor yet are they relativistic. Values, instead, are negotiated through discursive processes.

Another quality of modernism is *systematic empiricism*. Beyond privileging the individual, modernism also privileges a particular way of establishing what is known called “rationality.” Modernism and its project, the Enlightenment, dismisses intuition, spiritual guidance, ancestral stories, myth, or purpose as proper motivations for intentional action. These reasons may not even qualify as being “reasonable.” Bacon’s and Descartes’ “methods,” which are purportedly free of value, are the preferred systems of reason in modernism.

A postmodern response to systematic empiricism is *social construction*. Much has been written on the subject (see Lock, 2001 for an extensive review), so I will limit myself to Gergen’s own description of social constructionism as those “writings attempting to vivify the socio-cultural processes operating to produce various ‘pictures’ of reality – both scientific and quotidian” (Gergen & Thatchenkery, 1996, p. 8). Limits and boundaries placed on epistemological validity construct all phenomena experienced and regulate the experience of all phenomena. In the context of values, social constructionism rejects natural and essential values just as much as it rejects relativistic or nihilistic projections of valuelessness. Values are quite real and certainly have real effects in people’s lives, but within a different account of “reality” than systematic empiricism would have us believe.

Social constructionism requires us to attend to the political dimensions of values. This is manifest in the notion of *language as social action*, Gergen & Thatchenkery's (1996) alternative to the modernist theme of *language as representation*. For 400 years, the Enlightenment has sought discovery of simple, clear, and fixed fundamental characteristics of a world that is a priori "out there." Anderson, et al. (2001), operating from a postmodern perspective, claim "it is within the dialogue of the inquiry that new worlds are brought forth" (p. 10). Values arise out of the performance of linguistic constructions. With postmodern emphasis placed on the pragmatics of language, social work values and ethics can no longer be separated from moral and political debate. As a generator and purveyor of meanings, the social work discipline "inherently operates to the benefit of certain stake holders, activities, and forms of cultural life – and to the detriment of others" (Gergen & Thatchenkery, 1996, p. 13). NASW's recent display of censorship is but one obvious example (Falk, 2007).

Language is a constitutional effort, not a passive engagement. And as systems of power determine and establish what Stephen Madigan (1998) refers to as "what can be said, who can say it, and with what authority," we are left with a normative space inhabited by persons having unequal access to the Enlightenment's promises. The modernist claim to value-neutrality is not only impossible, it is a ruse that helps maintain personal, organizational, social, institutional, political, and cultural power relations that preserve modernism itself and marginalize alternative ways of knowing and being.

It is by virtue of the Enlightenment's last major plot, *the narrative of progress*, that this unequal access is made possible. The narrative of progress is the story that says "things are getting better." Whether the subject is medicine, physics, foreign policy, economic growth, microprocessors, internet bandwidth, democracy, or beer, we are inexorably moving toward a clearer understanding of the nature of the world and how to modify it to best suit our purposes.

Liberalism best embodies this last bastion of modernity. It also brings the four texts that shape the contours of modernism full circle, as individual rationality depends on the autonomous self treasured by liberalism. While "natural philosophers" Bacon, Descartes, Kepler, and Newton, and "moral philosophers" Kant, Bentham, and Mill are implicated in modernism's triumph over medieval times, it is perhaps the legacy of the "political philosophers"¹ John Locke, David Hume,

¹ All of whom engaged in "natural" and "moral" philosophy as well, which was common for intellectuals of their time.

Bishop George Berkeley, and Adam Smith that has sustained modernism through the fall of Newtonian physics, the undermining of determinism, and the gradual recognition that context is primary (Borgmann, 1992; Hess, 1995; Slattery & Rapp, 2003).

Michael White's (2001) analysis of liberalism is revealing. "Modern liberal theory," he writes, "enshrines the individual's right to the ownership of private property...to improve one's assets, or mine [one's property] in order to capitalize on one's resources" (p. 8). Individual possession of identity is similarly regarded as a personal property issue. Instead of tangible, material personal property, the concept of personality properties emerges. One must cultivate one's properties to improve one's assets and mine one's properties in order to capitalize on one's personal resources. In social work, this is evidenced in the concept of personal and community "assets" that can be listed, measured, developed, and compared (Search Institute, 2006).

Above this, the narrative of progress supports liberal practices of "civilization." In the helping professions, this has resulted in a dominant professional discourse that says we are there to "liberate" people from their suffering. That is, we are there to free people from their servitude so they can exploit their inalienable, God-given rights to life, liberty, the pursuit of happiness, and property. To be clear, the narrative of progress requires one to adhere to a certain set of values and imposes disciplinary measures against those that do not.

The multi-culturation of meaning offers relief from modernity's failed promise of progress. Gergen & Thatchenkery (1996) suggest,

The culture is made up of a rich array of idioms, accounts, and explanations, and these various forms of talk are constitutive of cultural life. To eradicate our ways of talking about love, family, justice, value and so on, would be to undermine ways of life shared by many people. In its search for the 'single best account,' science operates as a powerful discrediting device – revealing the 'ignorance' of the layman [sic] in one sector after another (p. 9).

Hope still remains for a "better way of living" within a postmodernist critique, but this hope is not disguised as natural; the better way of living is not regarded as an objective and fixed goal toward which things are inevitably unfolding. Multi-culturation of meaning results from the relational nature of language. When one accepts that language is a social event, one must also accept that meaning is relative. It ought to be said, however, that relative meaning does not imply "one

meaning is as good as another.” There are real effects of varied meaning constructions (see Foucault, 1980).

The character of postmodern values

Within the postmodern community itself, there is considerable disagreement about its nihilistic, relativistic, pragmatic, and/or purposeful tendencies. Questions about and conceptions of “reality” reflect some of these variations. Reality can be presented as having an underlying structure that gets interpreted by autonomous selves who each experience it differently (Hess, 1995). Another suggestion is that there is a single, fixed reality for everyone. A result of which is the characterization of some people’s thoughts about reality as being more correct than others (Borgmann, 1992). Alternatively, there may be no essential reality at all, rather people construct reality through socio-cultural relations (Bruner, 1990; Gergen, 2000). Regardless of the “camp” one sits with, postmodern thought around values is neither nihilistic nor relativistic.

Postmodernism is, in fact, filled with value- laden perspectives that transparently address ethical issues instead of discounting them as non-scientific or esteeming them as gifts of natural law, as modernism would have.

Values in a postmodern context are not neutral, they are not universal, and they are not present only in pivotal situations. Instead, values are partisan, ambiguous, and continuous. Values are not deduced from a priori conditions. They are not amenable to deontology, nor are they granted by “laws of nature.” They cannot be discovered through inductive reasoning. In fact, they cannot be “discovered” at all. Values are constructed through relations of people and power.

Values are partisan because they always support or oppose certain positions. Additionally, nothing is outside a values system. All positions are value laden. This can lead to some interesting conclusions. We might decide that values aren’t a particularly noteworthy construct to explore because what are referred to as “values” are just special cases of intentions, motivations, and positions, all of which are value-laden and socially constituted. That is, if *every* position inescapably articulates values, then those *particular* expressions that get called values are simply explicating the implicit.

Here is where the relativistic and/or nihilistic critique of postmodern accounts rears its head. One might argue: if everything occurs within a system of values, then no value can be privileged over another. On the other hand: if values do not stand outside of the same social influences as other phenomena, then they don’t really matter...they are trivial.

Critical reflection on the *effects* of values-positions recognizes that, indeed, there *are* diverse systems of values. However, while no system of values is more “right” or “wrong” than another, systems of values do have real effects in people’s lives and enjoy different power statuses. From a postmodern perspective committed to social justice, this differential status is centrally relevant for making sense of values. Moreover, it can motivate workers to render explicit social and cultural values and make use of the results for facilitating change (Slattery & Rapp, 2003). Borgmann (1992) says, “The failure of people and parties to take clear and vigorous responsibility for the order of things indicates the absence of any profound disagreement with the tangible character of contemporary life” (p. 115). Relativistic and nihilistic accounts of values do as little to challenge the status quo as naturalistic and essentialist accounts.

Postmodern values are ambiguous.² A postmodern construction of the world embraces non-certainty instead of discrediting it as systematic empiricism would have. Anderson, et al. (2001) note that “by cultivating an appreciation for ambiguity we remain sensitive to the ways in which our various goals, strategies, and policies are potentially limited. We are more prepared for a future that will unfold in unpredictable ways” (p. 51). In practice this means that a code of ethics, for example, is not a Constitution that can guide all decisions.³ Thus, the National Association of Social Workers Code of Ethics (1999) suggests,

Social workers respect and promote the right of clients to self-determination and assist clients in their efforts to identify and clarify their goals. Social workers may limit clients’ right to self-determination when, in the social workers’ professional judgment, clients’ actions or potential actions pose a serious, foreseeable, and imminent risk to themselves or others (p. 7).

Whereas the laws vary somewhat from state to state,⁴ social workers are bound by “mandated reporter” laws that require them, under threat of criminal penalty, to report situations of imminent harm to appropriate authorities. Self-determination values people’s governorship of their own bodies. When an alcoholic client who has been diagnosed with severe cirrhosis of the liver tells a social worker that her/his doctor has made it clear in no uncertain terms that continued drinking will lead to death, what is a professional social worker to do? Self-determination might

² “Ambiguity” should not be confused with “relativism.” Relativism suggests the lack of an evaluative position while ambiguity merely points out the absence of universals.

³ I’m not sure that the United States Constitution can even serve this purpose. While the foundational documents of the United States allege “inalienable” rights, these rights are regularly disenfranchised.

⁴ Though minimum guidelines are required by the Federal Child Abuse Prevention and Treatment Act in relation to mandated reporting of child abuse.

suggest that this person should be able to do whatever she/he wants. Mandated reporting might suggest that the social worker needs to report this situation to proper authorities.

The value of self-determination is ambiguous. Commitment to self-determination does not dictate one's actions in all situations. Context matters. Does this person live alone? Does she/he have family? Children? Is this a woman who is pregnant? Is there a likelihood that she/he will be able to receive a liver transplant? At whose financial expense will the liver transplant take place? Who will have to wait longer for a transplant? To what extent does this person's captivity by a powerful and manipulative industry negate her/his self-determination? What are the social worker's experiences with alcohol and alcoholism? What if the scenario involved drugs other than alcohol? Does it matter which drug? This is not meant to be a list of questions for which answers might dictate a response. Rather, they are posed as obstacles to a fixed or universal account of values.

The firm stance of modernist values is replaced by a liminal stance of postmodern values, an *aporetic* position in which contradictions cannot always be overcome and conflict cannot always be resolved (Slattery & Rapp, 2003). Postmodern values invite social workers to become comfortable with ambiguity, as one no longer has to "have all the answers." When posed with the question, "What would you do in this or that situation?" the social worker operating from a postmodern values perspective can honestly say, "I'm not really sure. I would like to believe that I will act in consonance with the values that I hold dear, but context determines what I will or will not do."

Values from the perspective of postmodernism are not reserved for pivotal moments. Instead, they are always present. There are no "moments of truth" when one calls upon values to inform an action. Following the argument that nothing is outside a system of values, there are no key moments when values are supported or opposed. Values are maintained or degraded as one navigates each and every moment of choice life brings. This begs one to question the practice of a "values clarification" project as a free-standing and occasional ceremony. The sorts of "values clarifications" events that are most consistent with postmodernism are those that are continually enacted, reflected upon, revised, and re-enacted. Anderson, et al. (2001) write that Appreciative Inquiry, a values-based postmodern approach to practice, should be regarded as a "daily practice" instead of an intervention for developmental or crisis stages. Social workers' commitment to values is lived out through constant struggles and dilemmas we encounter in our lives. Our values

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are performed and enacted continuously, not just when we are presented with a clear “ethical dilemma.”

Zygmunt Bauman (1993, pp. 10-14) offers some clear points on values from a postmodern perspective:

1. Humans are morally ambivalent, and we need to learn how to live without guarantees of a perfect society or a perfect human being.
2. Moral phenomena are inherently “nonrational” and do not fit a “means-end” schema. They are not regular, repetitive, or predictable.
3. Morality is incurably aporetic. Few, if any, choices are unambiguously good. Most choices are made between contradictory impulses, and most moral choices, if acted on, lead to immoral consequences (e.g., domination, oppression, annihilation).
4. Morality is not universalizable. This does not endorse moral relativism and a nihilistic view of morality. Rather, the universalization of morality has silenced the moral impulse.
5. Morality is and is bound to remain irrational. The social management of morality is a complex and delicate operation that cannot but precipitate more ambivalence than it manages to eliminate.
6. Given this ambiguous state, the moral responsibility of being “for the other” precedes being “with the other” and is the first reality of the self.
7. Thus, postmodern ethics does not propose a relativism of morality nor a “do nothing” attitude. Rather, a positionality of “for the other” compels a moral stance.

Postmodern values in action

Interpersonal, community-based, and organizational social work practices emerge from the criticism of taken-for-granted truths and invitation to consider alternative possibilities a postmodern orientation offers. While the approaches used by the Public Conversations Project and Appreciative Inquiry work are by no means the only, or even best, examples of how to engage in practice consistent with the sentiments of postmodernism, they are well documented, clearly linked to social work values, and relevant to practice across system levels.

The Public Conversations Project is a group of mediators, organizational consultants, and family therapists who wondered whether the practices and processes used to bring together families in chronic conflict might also be useful for bringing together persons divided by social issues. They noticed similarities between “conflicted families” and “political opponents” including:

1. People on one side do not listen to those on the other side.

2. Questions posed by one side to the other side tend to be rhetorical and often are designed to reveal suspected inconsistencies or ulterior motives on the part of the side being questioned.
3. Members of an opposing alliance are seen as being all alike; the most extreme leaders of the opposition are assumed to be representative of the entire group.
4. Within each alliance, members de-emphasize differences among themselves, especially in the presence of an adversary. This behavior tends to reinforce the other side's perception that their opponents are all alike.
5. Those who join neither side are viewed as suspect by both sides.
6. Mind reading of the other side is common; genuine curiosity about what they really believe is rare.
7. Fixed opinions about the other side are common. Open-mindedness is uncommon.
8. Statements made by the other side that indicate openness to conciliation are seen as propaganda ploys or as revealing logical inconsistency.
9. Fixed and simple convictions are openly displayed. Complexity, ambivalence, confusion, and inner conflict are concealed (Chasin & Herzig, 1994, p. 5).

These characteristics are firmly supported by traditional modernist accounts of the world, but they can be subverted by developing practices “that enable the unspoken positions to be expressed and circulated, and to enter actively into decision making processes” (Gergen & Thatchenkery, 1996, p. 12).

The Public Conversations Project invites people affiliated with opposing ideologies into dialogue (examples of past work include abortion, economic inequality, environmental issues, and sexuality in faith communities) with the goal of reducing potentially harmful interpersonal and community conflict. Their only real goal is “to lead participants away from deadlock and toward authentic dialogue” (Chasin & Herzig, 1994, p. 1).

Consistent with the continuous quality of postmodern values, for the Public Conversations Project, “intervention” begins at the first moment of contact with potential participants. The dialogue facilitator scaffolds a process of invitation for building trust, communicating goals, and setting expectations.

Facilitators are regarded as “relational leaders.” Whether the process engages families, organizations, or communities, Anderson, et al. (2001) maintain “there are no leaders unless others are willing to work collaboratively with them, and there are no followers unless there are leaders who effectively invite them into such relationships” (p. 24).

The Public Conversations Project dialogue process is directive, but not instructive. The postmodern mediator prefers to highlight exceptions to old, no longer useful patterns of interaction and makes use of other dialogue participants' lived experience. Chasin & Herzig (1994) recognize *Journal of Social Work Values & Ethics*, Spring 2007, Volume 4, Number 3 – page 62

that in a “highly disengaged family in which each branch has embraced widely different lifestyles...understanding and collaboration are enhanced when the rapport- building phase fosters in all members a respectful appreciation of one another, particularly of their differing areas of strength and pride, and of their wishes and fears for the future” (p. 11). By adopting an inclusive process in relation to diverse perspectives, ambiguity is inserted into the certainty of people’s positions.

Transformational dialogues conclude with time for reflection. This too embodies a postmodern ethic, as no structured engagement (like a multidisciplinary service planning meeting, strategic planning, or community forum) can stand outside of the context in which it takes place. Dialogues must have a recursive quality to them. Reflection at the end of the dialogue invites participants to step away from what they have just experienced and consider how the process has unfolded for each person and for the group in general (Chasin & Herzig, 1994). Participants thus offer feedback to facilitators for ways of improving the sessions and make their own experience richer in the process. This interactiveness is key to the practice of postmodern values. It mitigates against participants experience of the process as coercive or pointless, as can happen when people have no choice but to participate or have consistently found that high level administrators ultimately make decisions.

Like the reflective time at the end of a Public Conversations Project dialogue, Anderson, et al. (2001) note the importance of community-oriented evaluation in relation to Appreciative Inquiry. Individual evaluation of performance is challenged for its support of an “I am autonomous” (p. 42) standpoint. This is very familiar in traditional direct social work practice that evaluates client outcomes in terms of individual performance: how the client is doing with her/his service plan. Organizational practices evaluate individual employee performance: how is the worker doing with her/his cases. Appreciative Inquiry invites workers and organizations to consider the values inherent in such an orientation, and what alternative possibilities might exist for group evaluations. This might take the form of conducting a focus group with all the members of a particular building or all the clients in a program targeting a specific population. Organizationally, an entire unit may be evaluated as a team.

Appreciative Inquiry offers a different direction for service and organizational planning meetings. For example, organizations/agencies may wait so long to hold a planning meeting around an obstacle, problem, or crisis that repeated, yet unsuccessful, attempts to overcome the

difficulty contribute to a deficit-based totalization of an individual or group's identity. As more and more time is spent trying to manage the effects of a problem, and as more and more people are recruited into problem-solving endeavors, planning (or "strategy") participants can begin to understand and experience their situation as problem- full, rather than hope-full.

Anderson, et al. (2001) direct workers to "the importance in conversational partnering of narratives, most particularly sharing stories about 'what we have accomplished,' 'how we faced a challenge,' 'how we managed through bad times,' 'times when we worked and played well together'" (p. 19). These narratives offer exceptions to totalized problem stories. When these narratives of achievement become the focus of planning meetings, employee performance meetings, community forums, and client reviews, people's experience of the possibilities for solutions are strengthened.

The work of the Public Conversations Project and the practices of Appreciative Inquiry offer real ways to oppose the "four themes" of modernist culture. They exemplify communal rationality over individual rationality. They are grounded in social construction over systematic empiricism. They are committed to language as social action rather than language as representation. Finally, they depend on the multi-culturation of meaning instead of narratives of progress. Scores of other models for interpersonal, organizational, and community-based human service work that expressly embody a postmodern values orientation are accepted in mainstream human service work. These include asset-based community development, family group decision-making, health realization, motivational interviewing, the recovery model, restorative justice, student success teams, and wraparound (Swartz, 2004).

Concluding questions and dilemmas

The role of social justice in postmodern social work practice is—consistent with one of the tenets of a postmodern values-orientation itself—a bit ambiguous. There really isn't anything intrinsic in postmodernism that requires a position of social justice. Yet, embedded in the notion of language as social action is acknowledgement that we support or oppose the status quo through our every decision, intention, expression, and action.

In practice, there is a real dilemma in hurdling social justice and social control (Galper, 1978). Many practice settings have a coercive component to them. For example, most public social service organizations mandate compulsory activities for "consumers" under the threat of financial or criminal sanctions. As well, employees are under the supervision of employers (i.e., managers,

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administrators, directors) who can require “corrective action plans”—even blood or urine specimens. How does one manifest a postmodern system of values within modernist systems of power?

Privileging the experiences of those who are participating in change-oriented endeavors, such as the processes constituting Public Conversations Projects or Appreciative Inquiry, can be regarded as a political act informed by relational values. But to what extent does the pressure to get something done conflict with the nature of values espoused in critical postmodern thought? In child protective services, for example, families are actually in jeopardy of having their children permanently removed from their homes if certain changes are not immediately implemented. Might a postmodern values-orientation impede this kind of crisis-driven process?

A business may be just months or weeks away from insolvency, putting at risk the livelihoods of thousands of workers if rapid and significant strategic change is not established. Borgmann’s (1992) analysis of the so-called “Japanese management style” is that it is “management by stress” where “responsibility for a portion of the production process is given to the group as a whole, and the cooperation of the group in making production more efficient is solicited and honored.” But, he says, “there is a thin line between stress as a diagnostic tool and stress as a goad to more strenuous exertion. The workers have no part in drawing that line, nor in drawing up the larger design within which they work” (p. 17). People may perform well in crisis situations when they have a strong sense of allegiance and accountability to the organization as a whole, but, ultimately, they are under a system of social control that *requires* their performance. Planning team members, employees, and families are not allowed to be passive receptacles.

A critical postmodern values-orientation requires one to ask the question, “Who benefits?” from an interpersonal, organizational, or community-based social work practice. In the current era of social service devolution, fiscally conservative ideology might actually support “communal rationality,” contrary to what could be assumed due to the use of the word “communal.” Borgmann (1992) maintains that “partisan republicans are sympathetic to the idea of a community, and philosophical republicans make it central to their political vision” (p. 127). Paradoxically, the communitarian challenge to modernism’s individualism allows for de-regulation of oversight, the ability to form exclusive communities, and subjugation of the self. Without the commitment to social justice, social work values in an age of complexity can be manipulated to serve well those

who would cut social service funding, increase “choice” through the use of vouchers, and limit entitlement criteria.

As noted by Baumann (1993), postmodern values are aporetic. Situations social workers frequently experience present conflicts that cannot be resolved using modernist technology. Often, there is no totally satisfying resolution. In an era of postmodern values, social workers are handed unending opportunities for living out that which they are committed to. In the performance of those values, social workers maintain the status quo or resist it.

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Ethics and Decision Making for Social Workers

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Abstract

The purpose of this article is to encourage deeper consideration of the ethical standards of social work and, especially, to assist the reader with making quality decisions about ethical dilemmas. The difficulty of operationalizing values into actions is considered. Various philosophical foundations concerning ethics are reviewed and two of the better-known decision-making processes from social work are presented. The article ends with a summary of various systematic critical thinking paradigms based on the assumption that no matter what philosophical view, written code, or social policy a social worker may use to assist in decision making, the final decision is the responsibility of the critical thinking of the worker.

Key Words: ethical standards, operationalizing values, philosophical foundations, ethics

Introduction

The National Association of Social Workers *Code of Ethics* (1997) is considered by the vast majority of social workers to be our professional standards. There are standards of conduct and inquiry suggested by the Council on Social Work Education that affect professional standards in social work education and, thereby, all of us, as well. Beyond these two organizations there are smaller ones within the social work profession in the United States, other nations' social worker organizations, and the International Federation of Social Workers, each of which has its own ethical codes and standards. We are also affected by and obligated to abide by codes that govern our particular employers and other organizations with whom we interact. Finally, there are consequences for violating legal statutes within our nation. Furthermore, we may select as a personal code the precepts of an ideology, particular international decrees and statements, a religion, or a voluntary organization.

There are many definitions of ethics, but for our purposes, we will define *ethics* as professional obligations and rules of conduct. We also have *moral judgment*, "a choice made about right or wrong behavior . . ." (Barker, 1999). Other important concepts we should consider for this article include *beliefs*, which are ideas people hold about reality and morality, and *values*, defined

as “culturally defined standards by which people assess desirability, goodness, and beauty, and which serve as broad guidelines for social living” (Macionis, 1997).

Even if we were able to completely believe in and follow social work ethical guidelines under all circumstances and held them as part of our personal morality and values, there still would be dilemmas. When we express a value or put one into action, many dilemmas and paradoxes become apparent. “It is no easy task to be good” (Aristotle, 1972).

The goal of this article is to assist the reader in making choices that better assist our clients, our profession, and us. The social work profession constantly reviews its ethical standards and makes important changes, but in the final analysis, the choice lies with the social worker him or herself. Organizations tend to defend their members only when the member is in agreement with the organization and then frequently only if the organization is not threatened. Therefore, when seeking to resolve many ethical dilemmas and choices, we must look to ourselves.

Here we will look at our ethics and their relation to our beliefs, morality, and values. We will learn different philosophical perspectives on these concepts. A major part of gaining insight into ourselves, others, situations, and writings involves critical thinking. Critical thinking is extremely important in social work, but critical thinking without some method may rather quickly become mere justification of our own views. To assist us in using critical thinking, we will review some (more or less) structured methods of critical analysis. These methods may help us make better ethical decisions.

Discussion

Among the first considerations necessary to understanding values and ethics, either in the abstract or in action, is to consider their parameters or their scope. Many of the dilemmas social workers face involve the scope of our ethics. For example, we have ethical standards supporting confidentiality, but the scope does not include legal statutes on reporting in many states (e.g., child abuse, domestic abuse, and danger to self or others). Another example is our support of self-determination, but this does not include important situations (e.g., homicidal/suicidal behavior, allowing abuse to continue).

The above examples are selected to demonstrate that even some of the ethics we cherish most have parameters. Furthermore, modern theorists since at least Berger and Luckmann (1966) and many postmodernists have shown how our interpretation of language has an impact as dramatic as language per se. Words such as “appreciation” and “violence” mean very different

things to many different groups and people. Consider how a particular social worker may face the dilemma of what (s)he considers “appreciation.” We may appreciate the problems a client has from being a part of a drug subculture, but how much should we demonstrate appreciation of such a culture? Also consider “violence.” Even physical violence is accepted in some forms by some excellent social workers (e.g., controlled spanking). The dilemma with the term becomes even more pronounced if we consider state violence. Social workers frequently are asked to remove children from their homes despite their wishes, and we must, at times, suggest that particular clients be confined for their own or others’ safety. The anti-violence ethic may be most problematic in situations of self-defense.

It is important to note that few, if any, of us would argue to change these standards. However, these standards have parameters—some well defined and others not so well.

Resisting ethical decision-making

There are many reasons for not acting to change inconsistencies. Some of these arise from the micro level but affect our involvement in mezzo and macro level organizations and professions.

One explanation is advanced by Yablonsky (1972), who writes about a state of “mental inertia,” in which we rely on tradition and act conservatively. We have little motivation to work toward change, learn new things, or try new ways. He labels this *robopathy*.

Robopathy affects us all to a degree, because there are areas of life that interest us very little. However, in our profession, we should be very aware of this set of attitudes, because it allows others to make decisions for us. The number of extremely active members in most large organizations is few, but their values may easily become the standards of those organizations. We must be vigilant about our own attitudes and the activities of our organizations.

Another reason for not acting toward change involves our thinking. Festinger (1957) writes about *cognitive dissonance*, which he writes is the condition that occurs when two opposing ideas in a person are held simultaneously. In the beginnings of modern clinical work, Sigmund Freud (1976) and Anna Freud (1979) developed the idea of *defense mechanisms*, which defend the ego from excessive anxiety by distorting reality. One mechanism discussed by later writers (Goldstein, 1986) is *splitting*, which separates two ideas, beliefs, ego states, or feelings. The concepts of “cognitive dissonance” and “splitting” are similar, but not synonymous. For our purposes, their similarity will suffice. In many ways, cognitive dissonance and splitting (as well as other defense mechanisms) allow us to be satisfied and not satisfied with our profession at the same time. These

activities become important for social workers when our professional acts are affected by beliefs outside of our ethical system. For example, we know that spouse abuse is epidemic for both spouses, but many writings continue to use the words “male” for perpetrator and “female” for victim, an attitude developed through the culture in which we live (one idea), but which ignores studies indicating this may be erroneous (an opposing idea). This and similar splitting may prejudice intervention.

The various theories and concepts above give some indication for why we do not act on ethical issues. Perhaps we should add as a warning that historically people have had little trouble in justifying nearly any attitude or behavior. However, there are times when we must make ethical and moral decisions as professionals. We now consider such decision making.

Decision making in ethics

One characteristic of most social workers is that we are not prone to merely accept situations as they are. Part of our task in social work research is to describe reality, but as Marx (1970) reminds us, “The philosophers have only interpreted the world in various ways; the point, however, is to change it.” Social work begins as a science and a profession, but to paraphrase Tolstoy (1991), science cannot answer our greatest question – what shall we do? These remarks from Marx and Tolstoy seem to lie at the heart of the social work profession. We grew as a profession of practice, and we continue to focus on practice in our work. Below are a few of the common concepts that help explain reasons to take action (or practice).

Emotivist Theory

Emotivist theory (very similar to noncognitivism) assumes that ethics and morality arise from our emotions. For emotivists (Hume, 1974), we do not think morally, but we feel morally. Emotivist ethical dilemmas appear quite often. Consider reasons people become social workers. It is not the money. It seldom is for employment security. The majority of social workers are attracted to social work because we felt it was good to help people.

Durkheim’s (1951) concept of *Social Facts* helps contain emotivists’ actions. Durkheim proposes that societies have concepts and beliefs that respond to as if they are objective facts. A code of ethics thereby becomes a social fact. An analogy, for clarification, may be that if we walk into a wall, we will be knocked back (a physical fact), while if we purposely and publicly break confidentiality without good cause, we will lose our license (a social fact). Although we may feel

that a particular situation is bad, we must consider the consequences of violating the code to correct the situation.

Another stance is labeled *ethical objectivism*, which purports that there are objective morals by which all humans should live. When we closely consider our own morality, we find that all of us have some beliefs that we consider unassailable. Kant's (1781/1999) *categorical imperative*, which is to act in all situations as if your act would become a universal law, is called a *deontologist* argument, which claims that we are obliged to certain objective moral duties without concern to consequences. The majority of us have moral standards that we consider to be inviolable. The dilemma then becomes deciding if they are so important to us that we are justified in breaking the code of ethics. Acting outside of the code in professional work is not part of social work, and if we decide our morals are more important, we already should be aware of the consequences.

Pragmatism

Pragmatism (see James, 1907) is the proposal that we should consider what we do on the basis of its consequences. Pragmatically, social workers would tend not to violate the code, because the consequences may be loss of license and professional status. Pragmatic dilemmas arise under at least two conditions. Sometimes we must consider the consequences for two entities, with opposing needs. Suppose, for example, a couple with a severely emotionally disturbed child disagree about placement. One prefers home care so the child will have the loving attention provided there, and the other prefers institutionalization, to obtain the best care and supervision possible. The decision, therefore, will result in poor consequences for one entity. Also, frequently, we are unable to foresee the exact consequences of an action. For example, we may remove a child from a home and unwittingly place him or her in an abusive foster home.

Utilitarian

A *utilitarian* view (Bentham, 1961, o. 1789) supposes that we should act for what is best for the most people. This level assists in many mezzo and macro level decisions. However, utilitarianism tends to discount the needs of the minority and the needs of any particular individual. Many of social workers' clients consist of those categories and, in fact, we have a tendency to focus more on those who are not in a majority status.

One view places total responsibility for decisions on the individual. *Nihilism* is the proposition that there are no ethics, moralities, or values. Schopenhauer (1966, o. 1819, 1844) suggests that we must liberate ourselves from considerations other than compassion for others,

which will overcome our egotistical desires. This form of nihilism conforms to social work ethics in many ways. Dilemmas arise when our personal compassion begins to supersede professionalism. For example, social workers have become so compassionate that they form dual relationships to assist their clients in various ways. Caveats against such relationships are part of the code.

As we ponder these ethical/moral systems, we may realize that any one of them could be wrong for the situation. There have been efforts to universalize moral considerations and these may prove helpful in considering dilemmas. Thiroux (1986) gives some insight by stating that any moral system should have the following characteristics:

1. Rationally based, but not devoid of emotion
2. Logically consistent, but allow flexibility
3. Must be generally applicable, as well as applicable to particular individuals and situations
4. It should be teachable
5. It must have an ability to resolve conflicts

He (1986) then establishes a “System of Humanitarian Ethics,” listed below in order of importance:

1. The value of life
2. The principle of goodness – what we do should promote a better circumstance for those involved
3. Principle of justice
4. Principle of honesty
5. Principle of individual freedom

We may note that these principles fit well with our own *Code of Ethics* and may provide a general beginning to decision-making concerning how our morality conforms or conflicts with the code.

Some more systematic guides to ethical decision-making

The examples in the previous section focused on philosophical foundations of decision-making with examples of how dilemmas of these may arise. In this section, we will look at specific guidelines that assist in making decisions. Maslow’s (1954/1971) hierarchy of needs gives some basic insight as to what needs are more important to a client and may be used as a general beginning. For example, our ethic of self-determination (comparable to Maslow’s Esteem Needs) is not as important as our value of protecting those unable to protect themselves (Maslow’s Safety Needs). Those below give greater insight.

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There are several very well-conceived guidelines for ethical decision-making, and I have selected two to list below.

Reamer (1999) offers a systematic approach:

1. Protection of the necessary preconditions of individual action – such as life, health, food, shelter, mental equilibrium – take precedence over protection against the harm resulting from lying, engaging in deception, or breaking a confidence, or from threats to items that enhance the quality of life but are not necessary to it, such as recreation, excessive, and artistic artifacts.
2. An individual's right to the necessary preconditions of action takes precedence over another individual's right to freedom.
3. An individual's right to freedom takes precedence over his or her right to basic well-being.
4. The obligation to obey laws, rules, and regulations to which one has voluntarily and freely consented overrides one's right to engage voluntarily and freely in a manner that conflicts with these laws, rules and regulations.
5. In cases of conflict, individuals' rights to well-being may override rules or arrangements of voluntary associations.
6. The obligation to prevent basic harms such as starvation and to promote the public good takes precedence over complete control of one's property.

Lowenberg et al (2000) suggest the following "Ethical Assessment Screen":

1. Identify your own relevant personal values in relation to the ethical dilemma which faces you.
2. Identify any societal values relevant to the ethical decisions to be made.
3. Identify the relevant professional values and ethics.
4. Identify alternative ethical options that you may take.
5. Which of the alternative ethical actions will protect to the greatest extent possible your client's rights and welfare, as well as the rights and welfare of others?
6. Which alternative action will protect to the greatest extent possible society's rights and interests?
7. What can you do to minimize any conflicts among 1, 2, and 3?
8. What can you do to minimize any conflicts between 5 and 6?
9. Which alternative action will result in your doing the "least harm" possible?
10. To what extent will alternative actions be efficient, effective, and ethical?
11. Have you considered and weighed both the short-term and long-term ethical consequences of alternative actions?

The writings under the heading "Discussion" are meant to provide the social worker with better understanding of some of the dilemmas all of us face in decision making and to provide social workers with systematic methods to assist us in making these difficult decisions.

Critiquing and assessment

Another aspect of sound decision-making is to develop skills in critical thinking. Few of us blindly follow directives, but all of us need more skill at determining what writings or statements are important under particular conditions.

An important aspect of critical thinking is self-examination. Many documents and situations appear to be outstanding until we perceive that they appear that way to us because they agree with our position. The opposite is true, as well. To be good critical thinkers, we must know our own biases. It is important to remember that ethnocentrism and egoistic tendencies are part of all of us, and we must seek to overcome them.

A general definition of critical thinking may be found in Hastings (1979). He discusses understanding social problems using what he calls *serious thinking*, which he defines as “deliberately using your mental abilities to achieve a goal of understanding social problems.” This also is a good basic definition of critical thinking.

There are some good writings available to introduce critical thinking. Paul and Elder (1999) examine critical thinking from a variety of perspectives. One of their concepts is “A Template for Assessment,” which follows:

1. Clarify exactly *what* you are assessing and why.
2. Ask *probing, evaluative questions* that reflect a deep analysis of the logic of that which you are evaluating.
3. *Specify the information* you need to collect to accurately assess and what you want as your *criteria* or *standards*. Decide how you are going to apply them in a practical and reasonable way.
4. *Reflect* on the kind of judgments you will need to make.
5. *Cross-check the implications* as you begin to make your judgments.
6. *Review your evaluation globally*. Is it coherent, logical, realistic, and practical?

Critical methods of thinking appear in the social work literature, and social workers may benefit from a brief description of these. More important, we may use these to more precisely make decisions on our own attitudes, about the methods we use, and the writings we consider.

Hermeneutics

Modern hermeneutics has been attributed to Dilthey and to Hegel (see Chessick, 1990), and has been developed even more recently by Gadamer (1977), Heidegger (1998), and Hoy (1982). *Hermeneutics* may be understood as a general term for the art and science of interpreting, but there are methods more or less specific to hermeneutics that may be considered separately.

Heidegger believes that understanding arises from preconceptions developed from activities within our lives. Biography, culture, and history so deeply affect our activities and preconceptions that we hardly are aware of them. Heidegger demonstrates the need to understand the culture of our clients before we make assumptions about their behavior.

Gadamer begins with Heidegger's concepts and adds his phenomenological approach that for us to understand, we must combine our horizon with that of the other (a person, a group, or a text). Our new joint perspective creates a new horizon and a deeper understanding. By adding Gadamer, we know that the therapeutic relationship consists of more than one person's (client or therapist) perspective but is an interactive process of the relationship. We bear in mind that our intervention must be adjusted to the client's perspective.

Verstehen

Dilthey (1889, o. works 1883) developed *verstehen* in philosophy, and it was developed for the social sciences by Weber (1904/1949). *Verstehen* is a method of analyzing history and other data by focusing on the meanings of reality experienced in situations. Social workers realize that a client's situation seldom is a completely objective one. Forces outside and the client's own experiences combine to make each situation unique.

The Frankfurt School

An assumption of this thought is that change should be the goal of any social theory. The Frankfurt School (see Adorno, 1950; Fromm, 1969, o. 1941; Habermas, 1973, o. 1963; Horkheimer, 1974, o. 1947) uses Freudian, Marxian, and other theory in combination to explain motivations behind behaviors that had been merely described by positivists. The Frankfurt school recognizes the importance of going beyond descriptive analysis of a problem or person and teaches us to remember that change, as the client determines it, is the goal of much of social work.

Post-modernism, *et al.*

Various subsystems of ideas may be subsumed under the label of post-modernism, which critiques objectivity and modern society. Much of post-modernism is concerned with language and legitimations. White (1987) uses a post modernist approach in his *Narratology*, and Friere (2000, o. 1970) proposes post modernist critiques to help empower the oppressed. They seek to redefine the perception of reality to encourage positive change.

Derrida (1998) states that reality is based on the occurrence and we must understand them in their social and cultural content. He is called a post-structuralist.

Others deconstruct texts for their original meaning. This process is called *deconstruction*, as was part of Foucault's (1988, o. 1965) work on the history of mental illness. In general, post-modernist critiques seek to find how various structures and attitudes are made to legitimate existing belief system.

Post-colonialists (Hutcheson, 1995) propose that the long period of colonialism continues to affect our attitudes toward ourselves and others. Social workers may find these critiques important when advocating for populations-at-risk and other oppressed peoples.

Feminism

A large part of feminists' critiques (Tavris and Wade, 1984) employ determining how societies' structure and language surrounding gender and sex roles is oppressive. They advocate redefining these roles. They further advocate for equal access for all people.

Summary

This is essentially an article in two parts. Ethics involve our profession, in that decisions we make regarding them affect our professional demeanor, development, and licensing. On a broader scale, this involves ethics, morality, and values. What we decide to do may be based in various philosophical foundations, but in the end, we must live with the consequences.

The second part is meant to assist in these decisions by presenting various philosophical concepts and ideas. Systematic methods provide us with more precise guidelines for what to be aware of in ethical decision-making.

However, ethical decision-making most often involves character and integrity. The willingness to learn and to ponder these issues, the decision to accept our codes as an important part of decisions, the ability to self-reflect on our own motivations and biases, our honesty, and our propensity to know when we need assistance all involve the type of person we are.

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