

Ethics as Activity: Building Collaborative, Expansive and Just Social Work

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Abstract

In social work, discussions of ethics often revolve around liability issues and professional codes. We demonstrate and propose that ethics is a collaborative and dialogical activity for social workers in all settings, and that ethics as activity can be used to build inclusive and just social work.

Keywords: Collaborative-action, discourse, ethics, postmodernism, social work

Introduction

As an academic who has been trained in “doing research,” I am familiar with the mandate of practice evaluation and advancing the field through research. However, funding, institutional approval, and research and ethical guidelines privilege who gets to do research, what types of studies are done, and the ways the studies are conducted. (Melville, 2005). My partner and I have done presentations,

trainings and writing together for almost seven years now. I am a social work Associate Professor, and my partner is an LCSW with more than 20 years of experience in urban and rural settings, and medical and mental health settings. When we first started to work together, my partner would come to me enthusiastically with research idea after idea. One of our first professional activities was co-facilitating MSW student groups on diversity. In these groups, intriguing insights emerged from the group conversations. My partner wanted to record these and write about the process. My first response was, "We can't do that. To do research we need an IRB. It would take a month at the very least to get an IRB, and we could not go back and reconstruct comments, because we would need the students' permission before we recorded their comments." He naively asked, "What is an IRB?" I told him about Institutional

Review Boards (IRBs) that are in all academic institutions, hospitals and many agencies. To even begin doing research, you must get your institution's approval—for you are using their time, their students or "subjects," and their facilities. Also, the IRB wants to make sure that you are not doing anything unethical to your subjects—like the Tuskegee Experiment (Drewry, 2004; Jones, 1993). He then said, "But, we aren't doing anything to anybody. We are just having a conversation and creating a group experience." He did have more than 20 years of experience in health and mental health, but he did not know anything about the research process and protocols. So, this research idea was put on hold.

Later my partner went to work for an agency that contracted with a state agency that received federal funds to serve preschool children and their families in rural areas. He came back from this agency with stories of the resilience of the families and the children. In his job, he did meticulous documentation that he thought could be published and provide new information to the field. I patiently informed him about the IRB again and that we would not only need IRB permission from my institution, but from his agency. Even if I only participated in the research to analyze or write about the data, I would still need IRB approval from my university. Also, even though he did the interviews and documentation himself, he did not own these data. If he were to ask permission to use these data, it would quickly get very complicated. He would have to ask the head of the agency that employed him for permission, who would then have to ask the corporate office in another state for permission, who would have to ask the state agency and then probably the federal funders for permission.

This conversation between two of this article's authors illustrates an example of a double bind or contradiction in social work ethics: If we are ethically bound to do research, why is it so difficult for a social work practitioner in the trenches, on the front lines to "do research?"

In this article we present three vignettes, this introductory vignette illustrating the chasm between social work practice and academic and institutional research, the second example from *Journal of Social Work Values & Ethics*, Fall 2008, Volume 5, Number 2 -page 59

rural and community social work practice, and the third describing a school-based program where young people are invited to express their own concerns about confidentiality and ethics and develop their ethical group environment.

While writing this article, we came up with numerous questions and examples of these contradictions and concerns. These three vignettes are examples from our practices and led us to further conversations about the activity of ethical social work, and then led us to write this article in hopes that other social workers would join in this discussion and continue this dialogue. In 2004, the six of us came together with our shared uneasiness about such contradictions, the increasingly litigious nature of social work, and the universal and literal applications of the NASW *Code of Ethics*. The six of us are MSWs who identify ourselves as postmodernists, and we strive to create social environments that are collaborative, expansive, and just. Postmodernism can be an illusive and nebulous concept by definition (Witkin & Saleeby, 2005), but many postmodernists (and the six of us) do share some commonalities. We challenge universal truths, and this includes the universal truths of social work ethical codes. We enjoy playing with ideas and language, and when we are presented with ethical dilemmas or problems, we tend to ask questions, engage in dialogue, and immerse ourselves in collaborative activities (Flax, 1990, Witkin, 2000, Witkin & Saleeby, 2005).

We took the process of writing this article very seriously and very playfully. During the past two years we have met almost weekly by conference call to share our insights, explore new ideas, and advance this “product,” our article. The process and discussion took on a life of its own. The opening conversation is just one example of how we juxtaposed these contradictions and dilemmas in 21st century social work.

In the title of this article, we use the term *expansive*. By this, we mean that we were careful to include each member of our group in the discussion, and we did not want to exclude the perspective of clients, administrators, academics, indigenous social workers, and/or those in need who do not wind up being serviced by social workers. We felt that ethical social work is expansive, not narrow or restricted. In social work, the term *social justice* is frequently used. We see collaborating and inclusion as being just, fair, and as a part of how ethical environments in social work can be created. This article will explore how ethical practices are currently defined in social

work, their impact on clinical practice, community development, and the advancement of the profession, and propose that ethics can and should be a dialogical activity and praxis for social workers.

Ethics: The Foundation of Professional Social Work

Today ethics are an integral part of social work. Many social workers who entered the profession to help others and promote social change, now find themselves especially concerned with protecting themselves from litigation stemming from a breach of ethical guidelines (Bisman, 2004; Brill, 2001; Strom-Gottfried, 1999, 2003). In the past decade, risk management has become a part of social work practice. Elaborate strategies and systems have been developed for social workers to utilize to protect and defend themselves from NASW and licensing board ethics complaints, and lawsuits that allege professional misconduct. (Barker & Branson, 2000; Madden, 2003, Reamer, 2005). Risk management has been incorporated into social work education and continuing education ethics trainings.

In professional practice, accusations of unethical behavior are generally very public and seen as a source of shame and humiliation for social workers. Concerns about dual relationships, boundary violations, and sexual involvement with clients, and protecting oneself from these allegations, have resulted in what some observers have referred to as overly cautious social work practice (Goldstein, 1999; Witkin, 2000;). The debate regarding specific guidelines, as well as an imposed ethical standard in general, still continues (Banks, 2003; Bisman, 2004; Butler, 2002; Clark, 2006; Freud & Krug, 2002a, 2002b; Holzman, 2004; Reamer, 2003).

Values and ethics form the foundation of professional social work. Goldstein (1998) observed that social work practice inherently is an ethical and moral endeavor. Reamer (1999) states that values “are generalized, emotionally charged conceptions of what is desirable; historically created and derived from experience; shared by a population or group within it; and provide the means for organizing and structuring patterns of behavior” (p.10). Moreover, Reamer asserts that social work’s “mission has been anchored primarily, although not exclusively, by conceptions of what is just and unjust and by a collective belief about what individuals in a society have a right to and owe one another” (Reamer, 1999, p.5).

The Roots of Ethics

It is clear that ethics are a part of social work today, but what are the roots of ethics? Historically, ethics has been a branch of moral philosophy. The field of ethics, also called moral philosophy, involves systematizing, defending, and recommending concepts of right and wrong behavior. Dialogues between Socrates and Gorgias or Protagoras come to mind when thinking about philosophy. But when the word *ethics* is applied to the field of social work in the United States, one is more apt to think of risk management and the consequences that can result from ethical violations, such as loss of licensure and sanction. If discourse about ethics was not so overdefined by these fears, the dialogue about social work ethics might have a different conceptual framework (Banks, 1998; Chambron, 1994; Holzman, 2004; Hugman, 2003; Maguire & von Baeyer, 1998). Such a change might frame the discussion to consider questions such as: Do social workers perceive the populations they serve as informed consumers who can freely select from what is available in the marketplace? Does the **social** in **social work** refer to an activity of social change or social control? Do social workers see the people they serve as diagnostic categorizations or populations at risk who require interventions? Would we ever want to be friends with them or have a relationship with them outside of the environment where we meet them, and if not, why not? While writing this article, we came up with more questions than answers. We do not attempt to answer these questions. We believe that if social workers took a more proactive stance in their ethical practice rather than reacting to federal and state policies and laws, codes of ethics, and lawsuits, that social workers could truly advance the quality of their practice and the social work profession.

Ethics as Activity

In this section, we review the literature that supports ethics as activity or discourse. Witken (2000) suggests we view ethics as a form of discourse rather than a system of rules. He cautions about restricting moral discourse to formal or approved approaches. "Like all dominant discourses, mainstream ethical beliefs tend to function in ways that preserve the social order" (p.199). Despite the necessity of codes and rules, he reminds us, they "have a transcontextual quality that favor people in socially advantageous positions" (p. 199). Given the complexities of social life, "to assume the superiority of our ethical beliefs is to silence others and diminish our social resources"

(p. 199). He suggests that as members of a profession that values collaboration and diversity, we engage in a “collaborative discourse” that can only benefit us as a profession.

Maguire and von Baeyer (1998) describe discourse ethics as those which establish and foster conditions of civility and openness in which all members of the conversation are encouraged to voice their concerns, and in which the unacceptability of silent acquiescence, the encouragement to defend one’s convictions, question actions and policies, and the holding of others accountable is implicitly signaled. Discursive interaction is considered to be a stimulator and reinforcer of commitment to moral values and the generator of a community ownership of moral problems.

Chambron (1994) believes that the growing domain of ethics and its recognized experts can have negative implications for the practice of social work if not critically examined. She is concerned that “with its selective emphasis on the advancement of multiple arenas of application, its identification of critical decision points in action and the privileged inquiry into ethical pragmatics and legal competencies, [the discussion of ethics] is not accompanied by a debate on the premises of such a knowledge base and its underlying philosophy” (p. 63). She is particularly concerned that the emergence of recognized experts leads to the rest of social work being defined as unexpert by default.

Hugman (2003) suggests that a code of ethics should be seen as a “discursive document.” He states that a code of ethics should be constantly under discussion and reconsideration. This would necessitate that the process of ethics be regarded as the responsibility of every member of the professional community. This includes not “leaving matters of ethics to the experts...and attending to the capacity to engage in ethical reflexivity as crucially as to other aspects of praxis (the dynamic relationship between theory and practice)” (p.12).

Hugman’s (2005) *New Approaches in Ethics for the Caring Professions* examines contemporary and postmodern approaches to ethics within the context of the ethics of care, ecology, postmodernity, discourse ethics, and discursive professional ethics. Hugman demonstrates how discursive ethics can be “produced from extensive dialogue that involves all those who have an interest in the outcome, at least potentially, can be a process that enables each individual and group to be heard, to listen and to be accorded recognition” (p. 139).

Ethics and the Codification of Ethics

The Education Policy and Accreditation Standards of the Council on Social Work Education (CSWE) states that values and ethics are to be presented through the National Association of Social Workers (NASW) *Code of Ethics* in CSWE-accredited social work education programs (CSWE, 2002) The 1999 *NASW Code of Ethics* is the most specific and comprehensive social work code of ethics to date. Banks (1998) asserts that while a code of ethics may be a feature of a profession, considering that not all social workers are members of the NASW, and that most social workers operate under the surveillance of state or corporate agencies, work in a variety of settings, at disproportionately lower wages than their counterpart professions, and are frequently accountable to supervisors from other professions—such as business, education, law, medicine, and nursing—it is questionable how much autonomy over work a social worker is actually able to exercise. Banks (1998) sums it up this way:

If the occupation is so fragmented, can there be one code of ethics for all types of workers? ...given that much social work takes place in bureaucracies the tension between professional ethics and bureaucratic rules has always been cited as a reason why it is very difficult for a social worker to work as an autonomous moral agent, making decisions according to professional judgments based on the principle of a professional code (p. 223).

Banks (1998) concludes that with the increase in bureaucratic oversight and subsequent increase in surveillance and monitoring of activities of social workers, “it appears that the role of the existing code of ethics in holding together members of a disparate occupational group in the current climate is debatable” (p. 223). She expresses a concern that in the current environment, the social worker is in danger of becoming simply a technician or an official. And that it is for this reason that the code of ethics be re-evaluated and debated within the community of social workers as a whole rather than just by members of a professional organization.

Banks (1998) argues for developing a code of ethics, “not as an imposed set of rules developed by the professional associations, but as part of a dynamic and evolving ethical tradition in social work and as a stimulus for debate and reflection on changing and contradictory values” (p. 213). For such a project to succeed, she believes, the code of ethics must not only be critically discussed, it must also be acknowledged as being embedded in the evolving ethical tradition of social work. Banks (1998) cites Edgar, who was critical of both the British Association of Social Workers (BASW) and NASW codes for not making the relationship of the code and the tradition explicit: “A profession will be underpinned by its own traditions and it is precisely the ethical *Journal of Social Work Values & Ethics*, Fall 2008, Volume 5, Number 2 -page 64

tradition to which a code should appeal in order to ground its interpretation and reinterpretation” (p. 228).

Banks reiterates that for a code of ethics to be a focus for the renewal of an ethical tradition, it must be constantly discussed, debated, interpreted, and reinterpreted. “According to Edgar, unless a code can be formulated as to allow genuine criticism, ‘it remains the pure sedimentation of a tradition, and as such contributes to the reproduction of existing politics of the profession’” (pp. 228-229).

Building Ethical Practice Through Collaboration

Viewing ethical practice as a dialogical activity is consistent with the core social work value of relating to clients as responsible agents in the helping process. It also challenges paternalistic practices. Leonard, Goldfarb, and Surnovic (2000) define paternalism as “the non-consensual interference in self-regarding decision-making of an autonomous person, where autonomous persons are adults, not incompetent, incapacitated, nor under coercion” (p. 323). A paternalist, they caution, is “logically required to believe that the intervener is better placed than the paternalized person to judge the latter’s welfare” (p. 323). Rhodes (1991) questions whether existing social work practice actually empowers clients or undermines it: “the focus on ‘professionalism,’ for example, runs the risk of increasing the power and authority of the worker over the client and thus of empowering workers rather than clients” (p.18).

Fleck-Henderson’s (1991) discussion of moral reasoning in social work includes the practitioner’s colleagues, supervisors, agency policies, and professional code of ethics as possible resources in the interpersonal process of moral reasoning. We would argue that the client also plays a role in the perception, construction, and resolution of a moral dilemma experienced by a practitioner, especially if that moral dilemma involves the practitioner’s interface with the client. We would not view the client as someone who needs to be protected by the practitioner’s moral decision-making process, but rather as a capable co- creator of that process.

The privileging of social workers to make decisions regarding the nature of their relationship without input from their clients may be ethically questionable (Holzman, 2004; Zur, 2002, 2007). A client’s right to self-determination is a fundamental human right that the profession of social work adheres to (Johner, 2006), yet it is the social worker who is assigned responsibility for setting the parameters of the ethical relationship (NASW, 1996; Reamer, 1999). This points to

the moral dilemmas most social workers encounter, because we are more accountable to bureaucratic, legal, and organizational authorities than we are to our clients.

To challenge these dilemmas and to build collaborative practice, Goldstein (1998) suggests viewing ethical social work practice as an art and that "...like any art, ethical and moral understanding is best learned through the experience of human relationships and its many variations" (p. 242-243). Goldstein (1998) encourages us to appreciate the complexities of the human condition: "The social worker as a performing artist has the talent and will to move beyond the constraints of method and technique and respond imaginatively and creatively to the impromptu, unrehearsed nature of the special human relationship" (p. 250). Conceptualizing ourselves as artists who create with clients, colleagues, environments, and experiences is different and perhaps more empowering than seeing ourselves as employees or agents that implement policies and mandates.

Boundaries and collaborative social work activity

Viewing clients as capable of collaborating and defining ethical social work practice leads to the issues of boundaries and therapeutic activity. One of the more notable areas of debate, anxiety and caution in the arena of social work ethics is the dialogue about boundaries and dual relationships. It is an area that has received much attention as a result of cases of sexual abuse of clients and the growing fear of sanctions for inappropriate use of a therapeutic relationship for a therapist's self-interest. This issue has permeated psychotherapy, marriage and family therapy, psychiatry, psychology, and social work. In the interest of stemming the tide of exploitation of these professional relationships, professional associations quickly adopted guidelines in regard to boundaries and dual relationships without a serious exploration of these notions (Zur, 2002, 2007). Hence, a superimposed structure was set forth without tools for exploration and study of the activity of relationship, dialogue, discourse, and decision-making in the therapeutic context.

Boundary violations and dual relationships have become pathologized and equated with sexual misconduct, understood as toxic or as a slippery slope analogous to using drugs. (Coale 1998; Tomm 2002). Zur (2002, 2007) identifies how this climate prevents discourse about closeness and intimacy in the therapeutic relationship, arguing that the simplistic "prohibition of nonsexual dual relationships increases the chances of exploitation and harm" by contributing to professional isolation and disconnection and creating an environment for the novice or

incompetent therapist to work without witness. Witkin (2000) and Maidment (2006) point to the troubling trend toward a more sterile, formalistic approach to social casework.

In the area of legal principles, boundaries, and dual relationships, Ebert (1997) expresses concern about the definitional and legal vagueness of the terms dual relationship and boundary, which therefore allows for abuses and misuses of legal judgment. From a constitutional point of view, prohibitions from dual relationships deny both client and professional the right to free choice, the right to privacy, and the right to free association, concepts that are foundational to the view of the social work profession.

Other authors point out how the dual relationship prohibitions limit the effectiveness and power of the therapeutic effort (Evans, 2006; Ginsberg, 2005; Tomm, 2002; Vodde & Giddings, 1997; Zur, 2001). With prohibitions on dual relationships, “not only is the issue of exploitation being confused, but human enrichment possibilities are being restrained, professional hierarchy is being privileged and social alienation is being enhanced” (Tomm, 2002, p 42). Tomm uses poignant personal examples in his work with clients, students and supervisees to share the positive human impact of multiplicity and complexity in relationship. Zur (2001, 2007) extends this dialogue with numerous case examples of positive outcomes with planned and inadvertent work with clients outside the therapy office.

These observations are consistent with others who point to the quality of the relationship between the client and social worker as being the key to positive outcome (Duncan & Miller, 2004; Norcross, 2002). Duncan and Miller (2004), in exploring what makes for treatment success, debunk the myth of the efficacy of any specific treatment theory employed and postulate the centrality of the relationship alliance and the quality of the relationship in positive therapeutic outcome. In a similar vein, Norcross’ (2002) research and meta-analyses indicate that the quality of the therapist/client relationship is more often associated with positive outcomes in therapy than the theoretical perspective being used or the educational background of the therapist.

Ginsberg’s (2005) *Social Work in Rural Communities* provides chapters on how dual relationships may be inevitable in rural areas and how they can be managed and used to support treatment goals and empowerment in rural areas. Vodde and Giddings (1997) and Evans (2006) support these characteristics and claims in rural social work. Following is a vignette from one of

the authors about this experience as a social worker in a rural area. The complexities and paradoxes of multiple relationships are illustrated in this example.

The Accidental Rural Social Worker

Social work in a rural setting presents challenges not specifically addressed in the Code of Ethics. In these settings, boundaries and confidentiality are difficult to define, especially when the social worker is an outsider in the community. While working as a group therapist, I noticed that the group participants shared a long history, in and out of mental health settings. They often talked about what transpired in the group with each other and family and friends. Often when encountering a group member in a public setting, this author would be introduced as “the person I told you about.” I would often be invited to the homes of families for a social occasion, or to go hunting and/or fishing with them. These invitations were graciously turned down, and opportunities to integrate into the community and learn more about the individuals, their family, community, rituals were denied. It would have been helpful to be able to see the client as someone integrated in a community rather than as a diagnostic label. And it would have been helpful for the community to see me, an outsider, as someone interested in becoming involved in their community, but concerns about boundary violations, confidentiality, liability, and maintaining a professional social distance prevented this. Social distance in these settings can often be perceived as rudeness. Let me relate a story to illustrate this point. While waiting for my lunch in a small, crowded restaurant, the owner came out to speak with me. She was smiling and very warm. She said that she knew who I was, because a former client, whom she named, had spoken of me. She said the client was now living in another state and was doing well and asked her to tell me how much she appreciated our time together. As she spoke, I became alarmed. I could only think of the Code of Ethics and issues of confidentiality and privacy, and the fact that everyone in the restaurant in this small town could hear what she was saying. Thinking only of potential liability, I responded in what I can see now was an inappropriate manner to the situation. After all, it was not as if most people in the restaurant did not know who I was and what I did. I was, after all, the outsider in that community. My response was to state I could not talk about anyone who may or may not have been a client. Her response was that she was not asking me to talk about anything, rather to listen to what was being said.

In subsequent ethics workshops, I discovered that the rules are different in rural settings. And only much later, in researching this paper, did I discover that the rules are primarily focused on clinical practice, and not necessarily appropriate to community practices. But I had internalized the Code of Ethics robotically. Here I was in a community where relationships mattered, and I was concerned only with rigidly defined notions of boundaries. In such communities, everyone knows everyone’s business. If I were to engage in a sexual relationship with a client, I would be ostracized from that community. But my observation of the female clients was that their vulnerability did not include being vulnerable to me. They, after all,

had a much more intimate involvement and awareness of the protocols of the mental health system. They had known more people like me than I had known people like them.

This example illustrates some of the realities of rural social work practice, such as the close proximity of clients and social workers, and their intricate connections and networks. This example also showed the astuteness of many clients and their families and friends in understanding the roles, protocols, and limitations of mental health social work practice. In this vignette, the clients and those in the community had more flexibility in discussing their experiences with the mental health system and the therapist than the social worker did. This led us to wonder that with the ubiquitous focus on person and environment in social work, how can we enter, learn about, and be a part of a rural or any community in a way that promotes social growth and development for those we serve and their communities? Do codes prevent or detract from authentic interactions in social work practice in rural environments?

Ethics and social work education

Other areas of concern are boundaries and ethics in the academic social work setting. An electronic search of the literature from several databases yielded less than five articles on social work ethics and education, two of which are about faculty views of dual relationships with students (Congress, 1996, 2001). The main emphasis of concern appeared to be the ethics of engaging in sexual relationships with students, with a consensus seeming to be that it was okay if the students were no longer students and if marriage resulted from the relationship.

We see ethics in social work education as being more than just views on dual relationships. Ethics education should open learners' minds to critical moral issues and choices and should prepare social workers to be "alert and responsive to questions of moral choice, social justice, prevailing moral codes of conduct, and, not the least, personal accountability whether she is doing research, applying theory, planning, or engaging in practices..." (Goldstein, 1998, p. 246).

Some issues to consider are: If students are future colleagues, then when do the boundaries change from student boundaries to collegial relations? Also, what does it say about students, if student boundaries and client boundaries are similar? And what does it say about clients? Historically in mentorship interactions, students would spend much time with their mentor and learning would take place both in and outside the classroom.

In his essay, Tomm (2002) shares his experience, which included having the option to work with a supervisor he highly respected. In the evolution of the relationship, Tomm described having enriched his connection with his supervisor, whom he respected and emulated, and this gave greater meaning to his own growth.

Building ethical activity through collaboration

In this article, we want to do more than just pose questions and make lofty proposals of how ethics can be a just and collaborative activity. This example shows how an ethical environment was built over time through collaboration.

In social work and other helping professions, confidentiality is a key component of sound ethical practice. The following vignette and reflections are offered to highlight how the ethical practice of maintaining confidentiality can be re-cast as processes and creations between social worker and client rather than as an imposed rule to reconcile ethical dilemmas.

This example comes from the experience of one of the authors, who started a community mental health program 13 years ago in an urban school-based health clinic. In starting this program 13 years ago, I first invited young people to come into counseling with me on a one-to-one basis, and they could bring a friend if they liked. Some did. I observed that many of them seemed to need more support than they had at home or at school to deal with the kinds of stresses they were under. I then told them about my desire to start a group where they could get support. Everyone, without exception, said they were not interested in being part of a group. They didn't want to talk in front of other kids, feeling that if they did, people would "gossip their business" in the halls or think that there was something wrong with them. These fears and concerns were an ongoing topic of conversation with the young people who came to me for counseling in the first few months. Telling them about confidentiality and codes of ethics was not enough.

As we continued to work together, I again shared that I wanted to start a group, and the students once again refused. I took their concerns seriously and as an opportunity to further develop our therapeutic relationship. I then presented them with a contradiction. The students had stated that talking to me was helpful, so I asked them why they thought I would refer them to a

situation, in particular one that I was leading, that would be harmful to them. I invited them to join me in creating a group in support of their relationship with me and my desire to pilot a program that could be of value to them and future students. If, after trying it at least a few times, they did not like it, they did not have to come back. Also, I made it clear that their concerns about gossip were real and on everyone's mind, and that we would need to discuss confidentiality as a group, what

we needed to do individually and as a group, and how I, the social worker, could support the group in creating confidentiality.

At the first group session and throughout the years of this ongoing group with members joining and leaving the group, I have asked the group what confidentiality means, what it means to create confidentiality, why the group needs confidentiality, and what they need to do to practice confidentiality. A founding member of the group stated that “youth are not often asked to create confidentiality. Rather, they are asked to keep things confidential. In creating confidentiality, what is said in the group stays in the room. It is not to be let out of the room, and if it is let out of the room, people could get hurt. In the group, we were asked what it means to keep confidentiality, and how the group wants to practice confidentiality. Confidentiality is an activity, like gossiping and keeping secrets are activities.”

The group also addressed the activity of “gossiping their business,” and what this activity was and what it meant. There were then discussions of what happens if group members tell or break confidentiality. What would the consequences be? Often the group would want to kick members out who broke confidentiality. I would respond therapeutically and state that I was not interested in creating that kind of environment where people can be kicked out. The group members often had to grapple with this I then told them I was interested in creating a group where people can grow, learn new ways of relating to each other, and create choices other than gossip. This therapeutic response illustrates that I too was a part of the group, that I influenced the process like other members of the group. In this group, the young people were not passive, and I was not passive.

This vignette illustrates how confidentiality can be created. The creation in this group involved a collaborative discourse between the facilitator and all the group members, and it is striking that the participants were the ones to initiate this discussion through their concerns and fears before participating in this group. Codes of ethics and rules surrounding confidentiality did nothing to alleviate their concerns. The young people in the group were seen as capable of creating confidentiality and an environment to support choice making and growth.

Conclusion

We offer this final example and article to stimulate discussion and to invite others to join in posing questions, creating ethical activity, and building collaborative and just environments. This can be done through conversations, interactions, reflections, writings, presentations, performances, continuing education workshops, social work courses, class assignments, and other relational and collaborative activities. These can include social workers, clients, those denied services, administrators, academics, family members of clients, students, critics—all persons and

elements involved. More often than not, these are messy activities or processes that can be built, played with, torn down, reconsidered, rebuilt, and transformed. This can and will take time and initiative and is far riskier than robotically following, implementing, and enforcing codes and rules, but by engaging in this activity assertively and proactively we can perhaps bring our fragmented and unfortunately hierarchical profession back to its foundation of social justice and ethical practice.

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