

LETTERS TO THE EDITOR

Editor’s explanation: Emails numbered **one** through **six** come from North Carolina members of NASW’s Delegate Assembly who received an advanced and unedited draft of the editorial titled “Should the NASW Code of Ethics require Institutional Review Board (IRB) review of all social work research?” Originally, the IRB editorial was scheduled to be in this issue. However, because of the emails regarding the pandemic, editorial staff at JSWVE decided to postpone the IRB editorial for the fall issue and replace it with an editorial titled “Lessons From the Pandemic.” I promised that their emails would be published in this issue. Therefore, they are published in advance.

IRB emails (1–6)

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#1

I appreciate this part of the conversation. I think given the historical context of how research exploits marginalized communities helps me frame the importance of this. I have had the fortune of being a part of several research projects, all vetted by an IRB, so I can see how circumventing that step could compromise the integrity of the undergirding of protecting those engaged in the research. I feel that often there is a disconnect from research and practice, so I was seeing it as more of an additional

burden on practices trying to be stewards of research rather than the potential means to prey upon others.

Ryan Estes

#2

Thanks for your insight on the topic. As an African American woman, I would lean more towards requiring IRB approval for all social work research. Adding this to the Code of Ethics would provide basic standards for conducting social work research and ensuring the safety of participants. I understand

that certain studies may suffer from any delay in executing; however, I would be more concerned about the protection and safety of participants. The IRB process helps to ensure we aren't doing further harm to populations that are already marginalized and vulnerable. If the number of social workers impacted by this change may be minimal, I think it demonstrates our commitment to ensure protections for these populations as it pertains to research. I'm not sure how this will be reinforced, but I do believe it takes a solid stance on this issue.

Dr. Sonyia Richardson, MSW, LCSW

#3

I just wanted to add that I was thinking the same thing that Ryan brought up. I understand wanting trustworthy research, but aside from already having to go through the IRB process, certain studies may suffer from any delay in executing, if the research was time sensitive.

I am curious what prompted this consideration?

Interesting topic though.

Best,

Jason Scianno

#4

I appreciate you reaching out about this. My initial thought is this could bottleneck research opportunities or limit it for those that do not have easy access to an IRB. It also gives me concern that how easy could NASW track this or enforce it. Additionally, would professionals/ organizations circumvent this by doing research with other human services disciplines as a means to avoid this requirement, and therefore not advance the body of literature for our profession.

I believe all Universities already require an IRB process as part of their accreditation so I do not

believe this will limit research being driven by academic settings. I would certainly want more information on this before I would be in favor of voting on it.

Ryan Estes

#5

Sonyaia, your points are well taken, and thank you for reminding me of purpose of the IRB, only three weeks out of school and already I forgot that the main purpose was to ensure the safety of participants.

And yes, Steve, I do think that we should hold a higher standard. It seems you have identified a gap. Have you taken a crack at what the wording would look like?

Best,

Jason Scianno

#6

This is very interesting. I thought about it, and ultimately, I do not believe NASW needs to have an IRB.

Very rarely do practicing social workers conduct research beyond single-case designs or program evals for their own practice. These activities would be exempt from IRB review, anyway. Also, social workers learn about, and demonstrate, highly ethical behavior. The protections an IRB provides to research participants is unwarranted for practicing social workers who might want to conduct research because said social workers are required to engage in ethical behaviors in all their affairs. The examples that the author gives of unethical research would not happen in social work due to the highly ethical nature of the profession. Lastly, social workers who conduct formal research are almost always employed by universities or large state or federal agencies who have their own IRBS. If a social work

researcher works at a hospital, most times hospitals have their own IRBs, too.

At the end of the day, I think there are so few social workers outside of traditional research settings (with in-house IRBs) that would ever need (or want) to conduct research that is beyond single-case designs or program evals for their own practice. To create an NASW IRB would create an unneeded bureaucracy that very few would engage. However, if a social worker wanted to research beyond what I describe, they can always partner with a faculty member at a university and utilize the faculty member's university IRB.

Tracey Hinds

Students as Clients emails (7–14)

#7

Dr. Marson:

I read with interest the recent editorial “Students Are Not Clients. Treating Students as Clients is Unethical,” that was written in collaboration with Professor Dovyak for the *Journal of Social Work Values & Ethics*. This editorial is timely, on-point, and a sorely needed clarification of the social work relationships between social work faculty and students. Like you, I have noted a disturbing trend for some faculty to view students as clients and act accordingly. It seems this discussion has become more common. My interpretation of the NASW Code of Ethics is that you are correct that social work students are not clients and treating them as clients is unethical. The application of the transformational work by Pincus and Minihan is a helpful model to make the point. I do have a slightly different take on the issue of students as clients that I hope in no way detracts from your central points or analysis.

If one examines the NASW Code of Ethics, the Ethical Standards are organized into six sections, each corresponding to a type of system with which

the social worker may interact. The first of these is the Social Workers' Ethical Responsibility to Clients. Nowhere in this section does it state or imply that social work students are clients. By extension, social work students are not presumed to be clients and the standards of ethical conduct do not apply to them. One of the few places that social work students are specifically mentioned in the Code is in the second section of the Code which discusses Social Workers' Ethical Responsibilities to Colleagues. Sections 2.06 and 2.07 discuss actions by social workers who function as educators and specifically mention students. Thus, it is a reasonable conclusion that the intent of the Code is to view the faculty-student relationship like that of supervisor and supervisee. The presumption is that the ethical standards of section two apply, rather than section one, which addresses social worker and client relationships.

If one mistakenly assumes a student is a client, then problematic ethical conflicts can be created. An example may help illustrate this. Consider the student whose behavior is inappropriate and unprofessional. If the faculty member assumes the role of social worker and the student is a client, then standards like client confidentiality apply. But in section two of the Code of Ethics, it is clear that social workers are responsible for addressing unethical, incompetent, or impaired conduct by colleagues (and students). So, the dilemma is which set of standards applies? The Code strongly suggests the principles of standards related to the relationships with colleagues. Since many social work programs use the NASW Code of Ethics for both teaching professional ethics and as the basis for at least some part of their policies on professional behavior or conduct, then one wonders what the faculty member who views a student as client is teaching in terms of ethics, and could this faculty member effectively or appropriately respond in accordance with the program policy on professional behavior? If not, then what are the long-term implications for the social work profession, society, and clients when these broader communities expect social work faculty to educate students for competency, and we substitute clinical services instead?

LETTERS TO THE EDITOR

There is no question that when we enter the classroom, we retain our professional identity as social workers. Yet it is important to remember that we are working with many of our colleagues to be. Our primary responsibility then is to educate for competence, professionalism, and ethical practice. It is not to become their therapist.

Michael R. Daley, PhD, LMSW-AP, ACSW
Chair & Professor of Social Work

#8

Thanks Steve, for writing this, we have been discussing the ways faculty drift into these stances and how problematic it becomes.

Can you give me the case law you cite for dismissing students? Some of us thought there was some legal protection for our gatekeeping function, but nobody could remember the case law.

Thanks,

Sarah
Sarah Bradley, MSSW, LCSW

Sarah,

It happened about three decades ago. Frankly, I don't remember, but Nancy Randolph probably would.

I was unable to find the case law that specifically supports the position. That's probably because the case was decided prior to the existence of the Internet. However, here are cases that are closely related:

- Fisher v. Univ. of Tex., 631 F.3d 213
- Vargo v. Hunt, 398 Pa. Super. 600
- States News Service. (August 3, 2020 Monday). NATIONAL ASSOCIATION FOR COLLEGE ADMISSION COUNSELING- RACIST POST, ADMISSION RESCINDED?. States News

Service. <https://advance-lexis-com.proxy181.nclive.org/api/document?collection=news&id=urn:contentItem:60H5-RTG1-JCBF-S19H-00000-00&context=1516831>.

- Bradley Shear. (January 26, 2018 Friday). University of Alabama Student's Racist Instagram Videos Gets Her Expelled. Shear on Social Media Law. <https://advance-lexis-com.proxy181.nclive.org/api/document?collection=news&id=urn:contentItem:5RH4-B9R1-JCMN-Y3F0-00000-00&context=1516831>.

Steve

#9

Excellent editorial! Thank you!

Sincerely,

Mariah Boone

#10

Well said!

John McNutt, PhD, MSW, Professor

#11

Hi Stephen,

THANK YOU SOOOOOO MUCH.

Loved your editorial. Since Alan and Ann were professors of mine at Madison (before dirt was discovered), I too had to read the chapters not twice but three times. Great text....

Hang in there and take care.

Once again, loved your piece to death.

Rick.

Richard M. Grinnell, Jr., Ph.D.

#12

Steve,

Yes, this is an excellent article that should be read by all social work educators. It's the same in medical school; the professors there don't treat their students for their physical complaints but would refer them to a practicing physician. I taught at private college in the Northeast one summer and it seemed with all that Freudian theory taught there, the students who seemed to suffer from all sorts of traumas were being treated in a way by faculty or at least being regarded as extremely vulnerable. I know faculty elsewhere who set up their practice courses as therapy. I did role plays in my classes and emotions got strong but apart from using listening skills never saw the students as anything but students. On a related note, it seems that the policy emphasis has fallen out of favor and so much focus in research and teaching is on therapy. That's all the students seem to want as well. In human behavior courses everything is supposed to relate to practice rather than to the art and science of human behavior as I stress in my textbooks.

Katherine van Wormer, MSSW, Ph.D.

#13

Hello, Dr. Marson,

Your editorial with Mr. Dovyak was a very interesting read! Attached is a short response.

Take care,

Rob

[Ed. Note: The attachment follows]

It was interesting to learn about Pincus and Minahan (1973), and I look forward to needing to read it three times! From the short summary of "...the four key definitions for understanding the basis for generalist practice..." given by Marson and Dovyak

(2020), it would seem that curriculum and institutions are target systems for social work educators. A target system is:

A social entity (micro, mezzo, or macro unit) that is the focus of a change by a change agent and other social systems. Changing the target system is completed for the benefit of the client system. (Marson & Dovyak, 2020, p. 7)

Knowledge is a social construct (Berger & Luckman, 1967), and social work educators weave discrete pieces of knowledge together into a coherent narrative read and told over 15 weeks or so. This narrative is a micro target system, though it is more often referred to as a course. Social work educators assemble these narratives into a collection that is typically called the curriculum. Each social work curriculum is purpose-driven and uniquely addresses, "...the mission of the institution in which the program is located and...their historical, political, economic, environmental, social, cultural, demographic, local, regional, and global contexts" (Council on Social Work Education [CSWE], 2015, p. 10). Symbiotic with the explicit curriculum is an implicit one. Implicit curriculum is material and immaterial—a program culture with equity, inclusion, and social justice as its guide stones; opportunities and supports for student development; competent and responsive faculty; transparent, participatory, and democratic program administration and governance; and sufficient resources to realize program mission (CSWE, 2015). A social work curriculum, then, is a mezzo social entity and a target system for the social work educator. The last step to take in this direction is to point out that social work curricula—the organized cacophony of all individual social work curriculum—is the macro target system for social work educators. Changes to the social work curricula occur primarily through social work educators' service to the Council on Social Work Education (CSWE).

CSWE is not the lone social system interested in changes to a social work curriculum. The host

institution of higher education also has a stake in both the explicit and implicit social work curriculum. The number of courses, the topics analyzed, the social advocacy of students and faculty on and off campus, the resources needed to sustain and develop the program are all of varying interest to the institution. These bottom-line priorities are at odds with the social work educators' single-minded dedication to, "...cultural and ethnic diversity and [the elimination of] discrimination, oppression, poverty, and other forms of social injustice" (National Association of Social Workers [NASW], 2017, para. 2). Even so, the social work educator must daily commit to change the host institution of higher education (a mezzo target system) and the Institution of Higher Education (the macro one). This is a tall order when the Institution of Higher Education, like all others on the continent, is sinking into the ground as it is built on the breaking bones of Indigenous, Black, and Working Peoples. Its buildings ground down deeper still by capitalist greed and State neglect.

The final set of target systems that social work educators seek to change is professional organizations, licensing boards, and regulatory and policy authorities. Similar to the institution, social work educators advocate and remain committed to "...cultural and ethnic diversity and [the elimination of] discrimination, oppression, poverty, and other forms of social injustice" (NASW, 2017). A particularly pungent but instructive example of how these target systems interdepend and the role of change agent is from just last month. Governor-appointed members of the Texas Behavioral Health Executive Council—the regulatory and licensing authority for social workers in Texas—unanimously approved the redaction of anti-discrimination protections for Disability, Sexual Orientation, and Gender Identity and Expression from the *Code of Conduct* (Walters, 2020). Social workers, their professional organizations, policymakers, and the public called for a reversal and resignations. The reversal was quick, the resignations staved off with a blameless apology that condemned impassioned cries of pain and that reframed cowardice as democratic process. But

the reversal is as much a victory for social work as is a healed, self-inflicted gunshot-wound. The social work educator as change agent asks, *What needs done to ensure integrity and conscience in our organizations?*

The positionality of the social work educator described thus far would see students as a client system nested within the target systems of curriculum and institutions. Marson and Dovyak (2020) described the client system as:

A social entity (micro, mezzo, or macro unit) that establishes a contract for a positive change with a change agent. The term "client" is often abbreviated from the term "client system" who becomes [*sic*] contractually (not necessarily a written contract) accepts the services of the change agent. (p. 7)

Students beg, steal, and borrow for the chance to enter into contracts (i.e., syllabi) with social work educators. Syllabi include reciprocal agreements that protect students and set expectations (e.g., nondiscrimination policy, protections and accommodations for disabilities, and the Federal credit hour definition). Social work education agreements also include transparent plans for positive change: descriptions of assignments, experiential activities, and the course calendar.

The role of student appears at the micro, mezzo, and macro unit. A single student seen in office hours or mentored as a teaching or research assistant represents student at the micro unit. Students together in a class, in a student organization, and at an institution of higher education can be understood as a mezzo manifestation of the student role. Finally, students enrolled in the Institution of Higher Education are a macro social entity of concern for social work educators. Marson and Dovyak (2020) were emphatic that, "students are not clients," (p. 6) which is half right. Students are not clients for mental health social work delivered by the social work educator. Such an arrangement is a dual relationship—social work educator as mental health

social worker to students—and is consequently an ethics violation.

Social work educators' ethical obligations to students were defined by Delegate Assemblies that revise and approve the *Code of Ethics of the National Association of Social Workers* and are:

- No harassment or sexual relationships with students,
- Teach only in areas of knowledge and competence and with the most up-to-date materials,
- Grade with fairness and respect,
- Inform [and compensate] members of the public when their lives serve as educational opportunities for students,
- No dual relationships and maintain boundaries that are [nonexploitative] and culturally responsive, and
- Educate about practices of responsible research. (NASW, 2017)

These categorical imperatives extend to the target systems above, as well. A social work educator in an institution with harassment and sexual misconduct is complicit, and therefore, must resolve the ethical dilemma through action on the target system. A social work educator in a program that hires incompetent educators and/or that delivers an out-of-date curriculum should endeavor to change those parts of the target system.

The imperative that social work educators use value-based principles to grade students' performance is evidently contentious. Marson and Dovyak (2020) assert, "A full professorship with tenure cannot save a faculty member from being sacked for lowering the outcome expectations for a student" (p. 9). Leaving aside the innumerable instances when full professorship with tenure saved the sexual predator and/or racist, the social work educator is ethically obligated to fair and respectful evaluation of student performance. Here, again, a social work educator intervenes in the target systems above to promote fair and respectful, and dare we go so far as to consider equitable, evaluations

of student competence. This in no way contradicts Marson and Dovyak (2020) that student profligates of anti-Semitism, racism, misogyny, and other forms of social injustice need correction and that correction may be dismissal. It would seem here, as in all social work relationships, that the social worker is ethically bound to scope of practice and linkage. The student who is brainwashed into hate-based ideologies is likely beyond the competence of most social work educators and is a mismatch for the setting. Consider, though, that the social worker who dismisses a hater or Nazi with no plan to heal the social disease within violates an unwritten ethical obligation to the Broader Society. These are the future attackers and murderers of the people social workers promise to protect.

Marson and Dovyak (2020) view the obligation of no dual relationships with students as unachievable for social work educators. "In the practice of social work education, a dual relationship exists. A social worker has two distinctive roles in relationship to the student: the professor and the employer" (p. 8). Embodiment of the employer role is dangerous and detrimental to students and educators because it dehumanizes both to reify capitalistic production. Employees (i.e., wage laborers) are the sole source of surplus value that is stolen through exploitative production practices (Marx, 1867). The social work educator who extracts socially necessary labor-power from students without safeguards against exploitation plays the role of capitalist and condones its violence and oppression. I agree with the *Code of Ethics*—social work educators can play only one role in relationship to students and that role is multifaceted and complex.

The strong rebuke of social work education as mental health social work led Marson and Dovyak (2020) to misclassify communities and agencies as client systems instead of as action systems. I cannot explain their misclassification of courts as a client system when these are also an action system relative to clients mandated for services from a social worker. An action system is:

A social entity (micro, mezzo, or macro unit) that is recruited by or approaches the change agent to facilitate or instigate change within the client system and/or the target system. (Marson & Dovyak, 2020, p. 7)

Social work educators and agencies collaborate for positive change in students, curriculum, and institutions. Agencies are the sites of field education—social work’s signature pedagogy—where students, “...integrate the theoretical and conceptual contribution of the classroom with the practical world of the practice setting,” (CSWE, 2015, p. 12) through direct practice under supervision. Agency and community representatives serve on program advisory and field committees that influence explicit and implicit curriculum (CSWE, 2015). The positive change for students initiated by social work educators would be greatly diminished without our agency and community partners.

We can apply the concentric circles of ecological systems theory (Bronfenbrenner, 1979) to visualize these systems from the positionality of a single social work educator (i.e., micro change agent system). The change agent occupies the center circle with their, her, or his influence radiating out and the influence of larger systems pressing down. The student client system is the next layer, which includes individual students, classes and groups of students, and all students of Higher Education. The target system of curriculum and institution encompasses students and educator, and the action system of community, agency, organization, and authority is the outermost ring. The change agent works within this social ecosystem where all systems affect all other systems directly and indirectly.

It is simultaneously thrilling and terrifying to embody the role of social work educator and stand at the circles’ center. Years of experience, support and guidance from social work colleagues, and power bestowed from the institution likely dull the terror and accentuate the thrill. There is no other form of concrete labor, in my opinion, that affords as much as it demands. The elation from an expertly led

class, a revelatory read or presentation, a perfectly written manuscript; the deep despair of unwinnable fights and squandered potential. The social work educator had better remain within the eye of the storm or be ripped asunder by its winds and battered to death by its rains.

“I am speaking as a member of a certain democracy in a very complex country which insists on being very narrowminded. Simplicity is taken to be a great American virtue, along with sincerity.”

—James Baldwin

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- Robert M. Bennett Jr., PhD, LISW
Assistant Professor
Social Work Department, Capital University

#14

Response to Your Journal Editorial

Thank you for your recent editorial, Students Are Not Clients. Treating Students As Clients Is Unethical. Having earned the MSW 54 years ago at a grad school where teachers very much treated (and mistreated) we students as their clients, I felt considerable relief knowing that perspective is discouraged now and with such sound reasoning. Again, thank you.

The trouble I have with the editorial is the undercurrent of parent-like anger with social work teachers and supervisors. (To your credit, you admitted to becoming annoyed with professional social workers.) It isn't that I take it personally. I am concerned that the irritation risks distracting your audience from your important message. Including words often associated with displeased parents, such as 'must' and 'absurd,' risks making your other words harder to read and accept as valid. Students and colleagues are not clients or our children.

Richard Terry Lovelace, MSW, PhD

Dedication to Bruce Buchanan (15)

Thank You for sharing this with me Stephen. It is beautifully written! I miss him dearly!!!

I will make sure to forward this to all of our staff and his family!

My Best to you and yours!!

Thank You!

Lynne Haugen, Director of Operations/Human Resources

Abortion (16–17)

#16

Stephen,

Thanks for the latest issue of the JSWVE, which includes my two letters. Always a pleasure when

one of your issues appears in my inbox. Thanks for the work you do on this important aspect of our profession.

Bruce

Bruce A. Thyer, Ph.D., LCSW, BCBA-D

#17

Dear Editor:

We write at your invitation to respectfully address aspects of Dr. Bruce Thyer's (2020) editorial, entitled: *Standing up for the Lives of Babies: An Ethical Imperative*, which he published in response to a JSWVE letter to the editor by Erica Goldblatt Hyatt (2019). Dr. Goldblatt Hyatt's letter was written in reaction to a paper published in JSWVE by Dr. Thyer (2018) because his paper presented recommendations that were in direct contrast to accepted social work principles, and because he misused our scholarly work to justify his moral and/or religious preferences.

At the outset, we wish to acknowledge that arguing about the *morality* of abortion is generally futile, because changing a person's moral view of abortion is unlikely (Flanagan, 2019). Social workers, like any other people, have varying viewpoints about abortion: some will support it, some will be ambivalent, and others will consider abortion immoral; it is unrealistic to expect all social workers to hold the same viewpoints or change their personal moral values (Hansford et al, 2017). We are not aiming to change social workers' personal moral beliefs, but to ensure that they "start where the client is" rather than pushing their views on others. Competence in this area requires social workers to apply a reproductive justice framework in conjunction with established social work guiding principles when serving pregnant clients who may wish to seek abortion services (Ely et al., 2018). This must include a commitment to human rights and social justice, a commitment to dignity and worth of the existing pregnant person, and a commitment to facilitating self-determination when working with pregnant people. We acknowledge that not all people who

become pregnant identify as women, therefore we use language that accounts for all pregnant people whenever possible, adhering to established social work principles.

Dr. Thyer (2020) notes, “Facts are stubborn things” (p.10), and we certainly agree. As scholarly social work experts in the field of reproductive health, we are all too familiar with the use of abortion misinformation to purposely distort perceptions and knowledge about abortion (Patev & Hood, 2020). Emotions associated with one’s moral stance on abortion often cloud the ability to approach the topic scientifically and according to professional standards, seemingly a hazard to which Dr. Thyer fell prey. He is, as all social workers are, entitled to his personal moral belief. However, his assertions and recommendations directly violate professional social work ethics and scholarly evidence (also known as stubborn facts), as we discuss in more detail below. He writes about the issue without having any substantial scholarly or practice expertise in the area (to our knowledge). Therefore, in our current response, we will draw upon our combined years of relevant practice experience serving abortion patients, scientific evidence, and our own scholarly expertise to counter some of Thyer’s many assertions that do not align with social work values, principles, or the existing evidence-base.

Stubborn Fact: Thyer’s (2018) deception-based strategy to commandeer scarce health resources is grossly uninformed and unethical.

In his original statement, Thyer (2018) calls upon church members and civic leaders to co-opt women, some who would even be pregnant, to make fake abortion appointments to derail people genuinely seeking abortions from accessing them in a timely manner. To justify his proposed tactics, Thyer (2018) alludes to the need to use established community organizing strategies along the lines of what Barack Obama did in his early career. He also perverts the Piven and Cloward (1993) tradition that is intended to encourage leveraging of resources within a stingy welfare system.

To support his argument, Thyer cites scenarios about an airport toilet strike and a bank deposit scheme (Hailey, 1975) detailed in a fictional novel (interestingly, a novel replete with adulterous males as protagonists). We find it incomprehensible that an influential social work educator would use fictional examples to support recommendations about sabotaging real-life health or social services simply because the social worker’s morals contrast those of the client. For example, many of us consider child abuse immoral, yet we cannot imagine any circumstance where social workers would suggest recruiting non-abusive parents to clog up the child welfare system so that families who are working towards reunification would be unable to secure appointments to complete their parenting plans. Sexual assault is also immoral, yet who among us would advocate for having non-assaulters pretend to be perpetrators so that actual offenders would not have access to their legal due process?

Even further, Thyer’s suggestion flies in the face of established NASW and IFSW social work principles (Witt et al., 2019), and would restrict (rather than enhance) access to vital resources for marginalized populations. Ultimately, our own scholarship and that of other experts indicates that Thyer’s proposed sabotage tactic is likely unnecessary, as abortion in the U.S. is often inaccessible for disadvantaged groups due to a shortage of providers, excessive associated costs, and regressive state abortion policies, despite that abortion is technically legal at the federal level (Ely, et al, 2017b; Krietzer, 2015; Samora & Leslie, 2007). While part of Thyer’s justification for his proposed deception is his inaccurate claim that active disruptions of abortion services are rare, findings from our scholarship indicate that stigma, as well as aggressive protesters, often create stress for abortion seekers by physically blocking access to clinics and trying to shame people into not getting abortions (McCoyd, 2010; Sperlich et al., 2019). Others indicate that disruptive protesters are a regular presence at abortion clinics, one-third of whom are aggressive towards patients (Foster et al., 2013).

We wish to state unequivocally that Thyer's proposed strategy is abhorrent and stands in direct contrast with social justice, good stewardship of resources, reproductive justice, and the social work principles of promoting self-determination and honoring the dignity and worth of pregnant people (NASW, 2018). Thyer frames his perspective as "standing up for the lives of babies," but we argue that a client who is pregnant is an autonomous, *existing* person, taking precedence over Thyer's (morally defined) fetal personhood. Social work principles (and U.S. law) remind us that the pregnant adult is the person who receives informed consent and makes autonomous decisions throughout a pregnancy, regardless of their choice for pregnancy resolution (Berglas et al, 2017).

In sum, Thyer does not propose a feasible, ethical, evidence-based, social work practice strategy for reducing abortions in the United States. Instead, he recommends a strategy that violates NASW principles using fictional, uninformed, and misconstrued examples without an evidence-base. This strategy is not only in contrast to social work principles and ethics, but it could delay (as opposed to deter) abortions for those who are pursuing them, creating more burdens for patients. Regardless of how social workers *feel* about the choices our clients make, we are called to help them set and achieve their own goals, based on *their* morals, *their* values and *their* circumstances, and not the moral preference of the social worker serving them.

Stubborn Fact: Abortions do not happen out of "convenience."

Thyer (2020) also takes issue with Goldblatt Hyatt's challenge of his assertion that abortion is undertaken as a means of "convenience" by "many women." Thyer claims to be especially concerned about African American women's health yet he does not acknowledge the health disparities that impact Black women (Chinn et al., 2020) and he castigates all women, claiming the difficult decision to have an abortion is due to "irresponsibility" (Thyer, 2018, p. 96) or inconvenience (Thyer, 2020,

p. 10). We wonder how Thyer knows these "many women." As practitioners and researchers in this area, we actually have known many women who face these heart-wrenching decisions, and we can attest that "convenience" is seldom (if ever) part of their personal calculus. We find his implication that he has the moral authority to decide who is having an abortion as a matter of "convenience" truly astonishing, counter to established social work principles, and dismissive of the experiences that pregnant people endure.

Results from our own work, including a study of almost 4,000 cases representing people who have sought financial aid to help pay for inconveniently unaffordable abortions, illustrate a myriad of serious hardships. These include economic distress, limited contraceptive access, current parenting responsibilities, requiring public assistance, trauma in the form of rape or partner violence, criminal justice involvement, medical problems/obesity that threaten personal health, being single, being a student, or being homeless (Ely et al, 2017a). Serious family and personal concerns including an inability to care for additional dependents, a desire to provide well for existing dependents, economic distress surrounding child rearing, not being ready for childbearing, already having the desired number of children, or wanting to limit family size, and pursuing further education are cited in other studies as reasons for seeking abortion (Bankole et al., 1998; Finer et al., 2007). Another study indicates that undesirable male partners, including partners who are abusive and those who refuse to support a dependent child, are a major consideration when choosing abortion (Chibber et al., 2014). Thyer neglects to mention the reasons, which often disproportionately impact people of color, that unintended pregnancies occur: because of problems like partner abuse, substance abuse, socioeconomic disadvantage, and lack of access to adequate health care (Cubbin et al, 2002; Heil et al, 2011), and he fails to acknowledge how miserable it must be to decide how to resolve an unintended pregnancy in the midst of these challenging, often traumatic, circumstances. He further suggests that Crisis Pregnancy Centers (CPCs) provide

the answer to any concerns, despite the fact that they offer *no* ongoing health services or social support, and instead deliver misinformation and delay tactics, which are deemed deceptive and unethical by the credible medical community (Bryant et al., 2014; Bryant & Swartz., 2018).

The process of obtaining an abortion is not at all convenient, and one terribly inconvenient aspect of abortion is the expense. Study findings indicate that people who received financial aid to help pay for unaffordable abortions were seeking to fund expensive procedures that were going to cost an average of \$2,247 (Ely et al, 2017b), which is a significant expense when almost 60% of Americans report not having \$1,000 available to cover an emergency expense (Leonhardt, 2020). Indeed, the recent Coronavirus economic stimulus payment of \$600 per person (Cowles, 2021) would not even cover half of this. Surely one would not undertake such an expensive procedure as a matter of mere “convenience.”

Another stubborn fact: access to contraception, too, is not readily available and low cost to everyone, as Thyer claims. Recent research found that 64% of people seeking financial assistance from a Florida abortion fund report not having insurance (Ely et al., 2020). Without insurance, people primarily rely on Title X funds to access low-cost contraception, yet few providers remain because of Trump’s domestic gag rule, limiting funding only to facilities that do not provide abortions; experts estimate that this has reduced low-income contraception provision by 46% (Dawson, 2020). Additionally, birth control failure (22%) and lack of birth control use (24%) were identified as the reasons for unsustainable pregnancy by people seeking assistance from a national abortion fund (Ely et al., 2017a), suggesting that contraceptive access and use are much more challenging than Thyer seems to recognize.

Finally, in his argument, Thyer also neglects to acknowledge the physical pain of birth (Goldblatt Hyatt, 2020), and the impact of birth on the pregnant person’s body, which includes health problems like anemia, mental health issues, diabetes, hypertension,

increased urinary tract infections, preterm delivery risk, and even death (Centers for Disease Control, CDC, 2020a). Severe forms of maternal morbidity and mortality impact approximately 50,000 women per year in the United States, with Black women disproportionately affected in comparison to White women (CDC, 2020a; Tangel et al., 2019). Women were found to die in childbirth at 14 times the rate that they do from abortion in the U.S. (Raymond & Grimes, 2012)- and that was before the significant increase in maternal deaths occurring from 1987 to 2017 (CDC, 2020b). Further, recent evidence suggests that restricting access to abortion services can increase the risk of infant mortality (Pabayo et al., 2020). The potential health impacts of pregnancy represent real risks, not mere “inconveniences.”

In searching scholarly databases, we were unable to identify any evidence-based research citing “convenience” as a reason for terminating a pregnancy. This leads us to conclude that Thyer perceives himself, and others who share his anti-abortion views, as the moral authorities to judge which abortions are for worthy reasons, and which are undertaken for “convenience.” This is a tired and moralistic argument used to justify limits to abortion access, but it is not an evidence-based practice approach congruent with social work principles.

Stubborn Fact: Thyer’s assertion that abortion providers would “persuade the uncertain woman to abort her baby” is unfounded.

Of all the misinformed and inaccurate statements in Thyer’s (2018) piece, this is perhaps the one that most acutely reflects his lack of expertise in this area. More accurately, abortion providers make compassionate, client-centered services available to pregnant people in the face of significant abortion stigma in the United States every day (Martin et al., 2017; Martin et al., 2018). Family planning clinics typically employ flexible, feminist counseling philosophies that support pregnant people to make/change their own decisions, and patients report satisfaction with this client-directed counseling (Ely et al., 2010; Joffe, 2013), and they especially

appreciate supportive providers who assist them with later terminations and help process associated grief (McCoyd, 2009). Indeed, based on our practice experience, clinics work diligently to support patients throughout the decision-making process, which is the epitome of reproductive justice-informed practice that emphasizes self-determination and dignity and worth for all pregnant people, as social work calls practitioners to do (Smith, 2017). Pregnant people who choose to terminate pregnancies have their own agency in their abortion decision making, and clinic staff (often degreed social workers) strive to ensure that clients are making the decisions that best match their own circumstances (Joffe, 2013; Johnson, 2014). It is a myth that abortion service providers are part of an “industry” trying to influence the decision making of pregnant people. In fact, an Internet search of the term “abortion industry” will reveal that this is a buzzword/propaganda term used by anti-choice organizations, but not a term used in any credible scholarship that we could find. Thyer’s inaccurate assertion is false, and not grounded in evidence.

Stubborn Fact: Thyer misconstrues scholarship and disregards the NASW policy statement.

The vast majority of social work scholarship (e.g. Beddoe et al., 2020; Begun et al., 2016; Bird et al., 2018; Ely & Dulmus, 2010; Gomez et al, 2020; Sperlich et al., 2019) and the NASW (2018) statement on reproductive justice has recognized the consistency of social work values in relation to abortion access and services (NASW, 2018). In fact, the NASW policy statement asserts:

Self-determination related to reproductive health means that without government

interference...people should make their own decisions about sexual activity and reproduction. As social workers, we support the right of individuals to decide for themselves, without duress and according to their own personal beliefs and convictions, when they want to become parents, if they want to become parents and how many children they

are willing to nurture and support...All social work services, ranging from abortion to adoption to contraception to parenting should be provided safely and competently in a nonjudgmental atmosphere based on evidence-based practice rather than the imposition of another’s personal beliefs...Therefore, providing misinformation to dissuade women from having an abortion violates the social work code of ethics (2018, p.271).

Thyer misconstrues scholarship (Ely et al., 2012) to justify his moral perspective, as he cites information from this study indicating that almost half of social work student respondents perceived they would be unable to make an abortion referral, 26% reported feeling that abortion is the equivalent of murder, and 35% believed a fetus should have the same rights as an existing person (Ely et al, 2012). However, he fails to mention the authors’ emphasis on the contrast between the reported anti-abortion attitudes, and established social work principles. Indeed, they write:

When it comes to unintended pregnancy, it is not the role of the social worker to offer judgment as to which option for pregnancy resolution is best for a client based on the personal beliefs, biases, and religious practices of the social worker. Rather, in this instance, a competent social worker will offer non-biased information even in settings where a request for such information is not expected to occur. If we allow religiosity and other biases to taint the practice abilities of our profession, then we are no longer offering professional social work services to clients; rather we are offering religious counseling to clients in social work settings. (Ely et al., 2012, 43)

Thyer also fails to note that one primary goal of social work education is to teach students to distinguish their own values, morals, and biases from those of their clients. We assert that, “social work is a profession, not an ideology” (Hansford et al,

2017, p. 208), and the purpose of social work education is to prepare professional social workers capable of setting their moral preferences aside in favor of facilitating self-determination; we should not encourage students to use a perspective of privilege to act as the moral authority for clients (Younes et al., in press).

Stubborn fact: Advocacy should be used toward reproductive justice principles

As noted above, Thyer's advocacy for a strategy to make scarce health resources even more difficult to access is in direct contrast to social work ethics and principles. Legitimate advocacy strategies are what is needed to enable people to fully avail themselves of the principles of reproductive justice: the right to parent, the right not to parent, and the right to parent in peaceful and safe environments (Ross & Solinger, 2017). It is notable that Thyer advocates to *take away* services, because social work is about service provision. Social workers must work to ensure that people who wish to parent have the support and resources that they need to do so.

Such targets for advocacy (rather than his "aborting abortions project") should include: promoting adequate sexual health literacy (Thongnopakun et al., 2018), ensuring access to affordable, effective contraception (ACOG, 2015), eliminating Trump's domestic gag rule and assuring Title X funds are available to enhance family planning programs (ACOG, 2015), providing adequate financial, child-care, and informational resources to fully support childrearing (Crowley et al., 2012; Matthews et al., 1997; Ross & Solinger, 2017), and supportive programs for palliative care and/or respite care for parents who decide to maintain a pregnancy affected by a non-lethal fetal anomaly in order to optimize the lives of these children (Marc-Aurele et al., 2018; McCoyd, 2008), among others. In short, these evidence-informed recommendations are not mentioned by Thyer at all.

As our commentary draws to close, we wish to again emphasize that we understand that the morality of

abortion is ever up for debate. Both sides have salient moral arguments (Flanagan, 2019), and we do not advocate for engaging in nonproductive disagreements with social workers about the correctness of abortion. We do wish to note that Thyer consistently identifies as "pro-life" in his piece. From our perspective, however, there is nothing "pro-life" about forcing an already living, autonomous person to endure a physically demanding, likely excruciating, and potentially risky pregnancy and birth, when they have determined for themselves, for whatever reason, that they are unable to cope physically or emotionally with carrying a pregnancy to term; the NASW agrees with us (NASW, 2018). We also take issue with Thyer's assertion that anti-choice social workers are not listened to. This commentary is evidence that we are engaging with this issue at the scholarly level guided by social work principles. One thing that is not debatable is the NASW policy statement on reproductive justice that clearly calls social workers to support clients in their own reproductive decision making, regardless of the social worker's personal stance on abortion.

We appreciate the opportunity to respond to Dr. Thyer, and we call for him and other social work educators, students, and practitioners (regardless of their personal abortion views) to shed moralistic dogma in favor of a humane, thoughtful, evidence-based, reproductive justice-informed approach to abortion within the context of social work that more fully aligns with the NASW's guiding principles of self-determination and the dignity and worth of the person.

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LETTERS TO THE EDITOR

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