

# Reflective Equilibrium in Social Work Ethics: An Essential Concept

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## **Abstract**

In recent years, scholarly discussions of ethical challenges in social work, ethics concepts and theories, and decision-making frameworks have proliferated. These discussions prominently feature theories of normative ethics (particularly deontology, teleology, utilitarianism), virtue ethics, communitarian ethics, and the ethics of care. Curiously, one prominent ethics concept that has been central to ethics discussions in other professions has not been featured at all in the social work literature: reflective equilibrium. Reflective equilibrium refers to a process by which individuals attempt to figure out how they know whether something is morally right or not and whether their beliefs about what is moral are consistent with one another. This article provides an overview of the concept of reflective equilibrium, identifies its core elements, and discusses its compelling relevance to social work ethics.

*Keywords:* Reflective equilibrium, ethical theory, ethical dilemmas, ethical decision making, social work values

## **Introduction**

Professional ethics has been a serious subject of scholarly inquiry in social work, especially since the late 1970s. A comprehensive review of the profession's literature clearly

indicates that discussions of ethical dilemmas and ethical decision-making frameworks first emerged about ten years after the inauguration of the broader field of applied and professional ethics (also known as practical ethics), primarily in health care professions. Since then, a number of social work ethics scholars, representing diverse nations, have written extensively on the nature of ethical challenges in the profession (Banks, 2012; Barsky, 2019; Hugman & Carter, 2016; Reamer, 2018). Discussions address ethical challenges in clinical social work, agency administration and management, advocacy, public policy, and research and evaluation.

A significant number of publications on social work ethics have highlighted the relevance of core ethics theories. Chief among them are theories of normative ethics (particularly deontology, teleology, utilitarianism), virtue ethics, communitarian ethics, and the ethics of care (Banks, 2012; Barsky, 2019; Hugman & Carter, 2016; Reamer, 1993, 2018). Authors' goals typically have been to apply these ethics concepts and theories to the real-life dilemmas that social workers face in direct and macro practice. Examples include ethical decisions social workers encounter related to exceptions to clients' confidentiality rights; the limits of clients' right to self-determination; termination of services; professional-client boundaries; conflicts of interest; allocation of scarce or limited resources;

compliance with laws and agency policies; impaired practitioners; and whistleblowing.

Curiously, one prominent ethics concept that, for decades, has been central to ethics discussions in other professions has not been featured at all in the social work literature: reflective equilibrium (Daniels 1979, 1996; Rawls, 1999; Scanlon, 1998, 2014).<sup>1</sup> Social work is particularly well suited to draw on reflective equilibrium in the profession's ongoing efforts to enhance practitioners' ability to address ethical issues that arise in practice.

### **The Philosophical Context**

The term *reflective equilibrium* was coined in the 1970s by famed moral philosopher John Rawls in his classic work *A Theory of Justice*. Reflective equilibrium refers to a process by which individuals attempt to figure out how they know whether something is morally right and whether their beliefs about what is moral are consistent with one another (Altehenger, Gaus, & Menges, 2015; Schroeter, 2004; van der Burg & van Willigenburg, 1998). Rawls argued that people have a sort of moral intuition, an internal belief about whether something is right or wrong.

The concept of reflective equilibrium assumes that, at times, people's judgments about what is morally just conflict and need to be reconciled. This is what leads to the process of reflective equilibrium, which entails adjusting our basic beliefs until they are in "equilibrium." For example, a social worker may have a fundamental commitment to honoring clients' right to self-determination, consistent with language in the *NASW Code of Ethics* (2017): "Social workers respect and promote the right of clients to self-determination and assist clients in their efforts to identify and clarify their goals" (standard 1.02). However, reflective equilibrium is required when this central social work value conflicts with another core social work value: prevent harm. That is, in some instances, clients' decisions and actions, rooted in their right to self-determination, may lead to harm. As the *NASW Code of Ethics* clarifies, "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" (standard 1.02).

In an update to his *A Theory of Justice*, Rawls (1999) introduced an important distinction between "narrow" and "wide" reflective equilibrium (Daniels, 2016). A narrow approach to reflective equilibrium occurs when social workers focus solely on particular cases and ethical principles that apply to these cases without, simultaneously, subjecting this analysis to alternative ethical theories or approaches. Imagine, for example, a social worker employed in an outpatient mental health program that serves adolescent clients. The social worker's client is a 16-year-old who struggles with clinical depression and anxiety. During the course of their work together, the teen discloses to the social worker confidentially that he has developed a substance use disorder in his efforts to cope with his symptoms. The social worker is able to arrange referral of the client to a specialized program at the mental health center that uses state-of-the-art clinical interventions with adolescents who have been diagnosed with co-occurring disorders. The program is funded entirely with a federal grant; the teen's parents' insurance would not be required for him to receive services. The social worker explains the program to the teen, who is eager to enroll. However, the teen refuses to permit the social worker to inform his parents of his substance use disorder; the teen explains that he is afraid of his parents' reaction.

Assuming the social worker has exhausted all reasonable clinical efforts to help the teen disclose this information to his parents, the social worker must make an ethical choice between honoring the teen's confidentiality and his parents' right to know about services that the agency is providing to their child. If the social worker opts to apply only a teleological-utilitarian perspective to her analysis—according to which the morally right course of action is determined by the goodness of the consequences for the parties involved—without juxtaposing this approach with other ethical theories and perspectives—such as a deontological,

virtue ethics, or ethics of care approach—the social worker would be applying a narrow view of reflective equilibrium.

In contrast, if the social worker systematically applies multiple reputable and widely recognized ethical theories and perspectives, keeping in mind their respective strengths and limitations, the social worker would be applying a wide view of reflective equilibrium. Thus, under wide reflective equilibrium social workers are willing to test their moral beliefs against various ethical theories and perspectives. In the interest of fairness, as viewed by Rawls, practitioners should broaden the field of relevant moral perspectives to include an account of the conditions under which it would be fair for reasonable people to choose among competing ethical principles (Daniels, 1999; Rawls, 2016).

In principle, the process of reflective equilibrium may help social workers come to a conclusion about what they ought to do when they had not at all been sure earlier (Berkey, 2016; Haslett, 1987; Kelly & McGrath, 2010; Little, 1984). Using this approach, social workers would test specific ethics-related beliefs they hold (for example, about exceptions to clients' right to confidentiality and self-determination, or about how best to promote equality of opportunity and allocate scarce resources) against other beliefs they hold, looking for ways in which some of these beliefs support others, seeking coherence among the widest set of beliefs, and revising and refining them at all levels when challenges to some arise from others (Daniels, 1996; Nichols, 2010). Ideally, reflective equilibrium results in consistency among our moral judgments, sound explanations for our moral conclusions, simplicity and parsimony in the ethical principles that guide judgment, and intuitive acceptability (Kappel, 2006; Strong, 2010).

This is a perspective that has been highlighted in professional ethics education literature, although, to date, not in social work (Arras, 2007; Benatar, 2007; Lawlor, 2007). According to van den Hoven and Kole's (2015) explicit application of reflective equilibrium to professional ethics education, the method encourages students and practitioners

to carefully consider both moral and non-moral "ingredients" in the process of moral reasoning, assumes that these ingredients are all revisable during the process, and assumes that a moral judgment concerning any given case scenario will be justified if it offers the strongest possible coherence of a given set of diverse ingredients.

[T]he method assumes that no element introduced in the process of moral deliberation is sacrosanct and non-revisable. Thus, one's initial considered judgements (also regularly considered as "intuitions") may not survive further scrutiny in the light of other factors that are introduced, such as general principles, morally relevant facts and background theories. Yet, it may also be the case that a principle has to be adjusted in the light of one's considered judgements. Moral deliberation thus becomes a dynamic dialectical interplay of diverse factors (pp. 148, 149).

## **Reflective Equilibrium in Social Work**

For more than a century, social workers have wrestled with conflicts among core ethics precepts that, within Rawls's framework, require reflective equilibrium. In clinical social work, for example, practitioners sometimes balance clients' confidentiality rights with their duty to obey a subpoena of their clinical records. This occurred in a case that eventually reached the U.S. Supreme Court. Mary Lu Redmond, an Illinois police officer, shot and killed Ricky Allen, claiming to have done so in order to prevent him from stabbing another person. Allen's family sued her in federal court for use of excessive force. When Redmond entered counseling after the shooting with social worker Karen Beyer, Allen's family attempted to obtain information about the counseling sessions as part of their lawsuit against Redmond. Although Redmond and her social

worker, Beyer, refused to submit testimony about her sessions, believing Redmond was protected by psychotherapist-client privilege, the court found that the Federal Rules of Evidence did not establish that right to confidentiality and told the jury that it could draw negative conclusions from the therapist's refusal to testify.

In this case, the social worker had to manage a conflict between her duty to protect her client's privacy with a legal demand that she disclose her confidential case record. Using the language of reflective equilibrium, social worker Beyer had to use her moral intuition to determine what is ethically right and wrong. What takes moral precedence: The social worker's moral duty to protect her client's privacy or her duty to comply with a lawfully issued court order?

In another case, a social worker worked in a residential shelter that served women who are victims of domestic (interpersonal) violence. One of the social worker's clients was a 32-year-old woman who was admitted to the shelter, along with her 4-year-old daughter, after her husband pushed the client down a set of stairs during an intense argument. During their counseling sessions, the social worker and client spent considerable time discussing the couple's relationship dynamics and circumstances associated with the client's partner's abusive behavior. During one counseling session, the client said to the social worker, "I know, deep down, that he is a good man who loves me. He only hurts me when he's had too much to drink. When I left this time, he promised to get help with his drinking problem. I love him and I really do think he means it this time. I think I'm going to give him another chance."

Based on her extensive experience working with victims of interpersonal violence and her familiarity with her client's unique circumstances, the social worker had serious concerns about her client's decision to return to her husband so soon after their altercation and before the husband completed a substance use disorder treatment program. The social worker did her best to help her client think carefully about her decision, but felt caught between her wish to respect her client's

wishes and her wish to persuade her client to delay her return to her husband. That is, the social worker faced an ethical choice between respecting her client's right to self-determination and her duty to prevent harm to her client.

Social work administrators also encounter conflicts of moral duty that require reflective equilibrium. In one case, a social worker, who was the associate director of a prominent family service agency, discovered that the agency's director had authorized a significant amount of fraudulent billing for services allegedly provided to the agency's clients. According to the social worker, the agency director authorized billings of more than \$1 million for services provided by unlicensed staffers that, by law, should have been provided by licensed practitioners in order to be billable. Upon discovering the fraud, the social worker met with the agency director in an effort to resolve the problem in a way that would ensure the agency's financial stability. The agency director denied having engaged in fraud and rebuffed the social worker's efforts to address the allegations. The social worker faced an ethical choice between disclosing the fraud, which would likely threaten the agency's survival, or remaining quiet to enable the agency to serve its vulnerable clientele.

Also, social workers engaged in community organizing, advocacy, and policy practice encounter circumstances requiring reflective equilibrium. In one case, a social worker was employed by an agency that provides community-based outreach services to people who struggle with homelessness. Many of the agency's clients spend time standing at street intersections with signs that ask automobile drivers for money. The local city council passed an ordinance prohibiting people from soliciting money in this way. The social worker, several agency colleagues, and a number of clients were enraged that the city council imposed this ban, especially when the council permitted representatives of other organizations to solicit money at street intersections (for example, firefighters raising money for charity, members of a local baseball little league raising money to cover expenses). The social worker and

her associates had to make an ethical decision about whether to comply with the ordinance or to encourage people struggling with homelessness to continue to solicit at street intersections, along with the social worker and her agency colleagues, as a form of protest that could lead to arrest by the police.

In another case calling for reflective equilibrium, a social worker served as a policy advisor for the administrator of a federal agency that entered into contracts with private agencies throughout the U.S. to provide social services to people who are detained at U.S. borders. The administrator, a political appointee who was recently assigned to her position, announced her intention to award three large contracts to for-profit corporations that would provide housing and social services to detainees in a locked facility. The social worker had grave misgivings about awarding these contracts to for-profit agencies, all of which are listed on national stock exchanges. The social worker was profoundly concerned about the ways in which these corporations might limit the delivery of high-quality services to detainees because of their incentive to maximize profits. The social worker's efforts to convince the administrator of the federal agency that contracting with for-profit corporations would likely compromise the quality of services were in vain. The social worker had to make an ethical decision about whether to resign her position or continue in her job, which enabled her to make significant contributions to address the needs of a variety of vulnerable populations.

### **The Process of Reflective Equilibrium**

Reflective equilibrium can be carried out independently or with other individuals, such as professional colleagues (Daniels, 2016). Social workers in private or independent practice can consult colleagues who are part of a peer consultation group. Social workers who are employed in agencies can consult informally or formally with colleagues and team members. Such consultation is consistent with the mandate in the *NASW Code of Ethics* (2017) for social workers who encounter complex

ethical dilemmas: "For additional guidance social workers should . . . seek appropriate consultation when faced with ethical dilemmas. This may involve consultation with an agency-based or social work organization's ethics committee, a regulatory body, knowledgeable colleagues, supervisors, or legal counsel."

As part of the reflective equilibrium process, social workers in many settings can seek out the services of what has become known as an ethics consultant. Ethics consultants in social work can assume various roles, depending on their employment setting and responsibilities (Aulisio, Arnold, & Youngner, 2003; Reamer, 2018). These roles include those of professional colleague, educator, mediator, and advocate. As a professional colleague, the ethics consultant's mission is to provide a social worker with a thoughtful reaction to ethical issues or dilemmas, examining them through alternative conceptual lenses. This consultation may be relatively informal and may consist of little more than a focused discussion of complex issues that the consultant examines from a variety of angles.

An ethics consultant can also be an effective educator in an effort to facilitate reflective equilibrium. Many ethics consultants provide in-service training to agency staff about ethical issues they encounter. Through lectures, case illustrations, and group discussions, the ethics consultant can enhance staffers' ability to recognize and address ethical issues in practice. The consultant may acquaint staff with common ethical challenges and prevailing views on ethically appropriate responses. The consultant can also present staff with an overview of various models of ethical decision-making that can be used in practice.

In some organizations in which social workers practice, such as medical centers and residential treatment programs, ethics consultants can facilitate what have become known as ethics grand rounds. Ethics grand rounds provide an opportunity for participants to learn as a group how to identify, analyze, and manage ethical challenges that may be encountered in their practice. Ethics grand rounds often feature challenging cases thus

providing a rich opportunity for participants to engage in reflective equilibrium.

An ethics consultant can also assist with mediation when there are disagreements about the most appropriate course of action. As a mediator, the ethics consultant can facilitate reflective equilibrium by helping to resolve differences of opinion among parties who have a vested interest in a particular case's outcome.

To carry out these various roles and promote reflective equilibrium, ethics consultants need various skills. They must have a firm grasp of key concepts related to ethical theory and the field of practical and professional ethics, particularly related to conceptual frameworks used for analyzing ethical issues and making ethical decisions. Also, consultants must have refined interpersonal skills that enable them to negotiate agreements or mediate ethics-related disputes. Social workers with solid clinical skills may be particularly well equipped in this respect.

In addition, ethics consultants must be able to communicate effectively as trainers for groups of professionals and be able to model appropriate ethical decision-making and reflective equilibrium. Finally, ethics consultants must understand the complex relationship between ethical issues and social work practice issues (that is, ethical issues that arise related to the delivery of services to individuals, couples, families, groups, organizations, communities, and in policy arenas).

In some settings—for example, medical centers and behavioral health organizations—social workers can consult with formal ethics committees as part of the reflective equilibrium process. This is an important resource that provides a quintessential example of a way that social workers can promote reflective equilibrium. Many agencies have developed ethics committees to help professional staff make difficult ethical decisions. The concept of ethics committees (often known as institutional ethics committees) first emerged in 1976, when the New Jersey Supreme Court ruled that hospital patient Karen Ann Quinlan's family and physicians should consult an ethics committee to help them

decide whether to remove Quinlan from life-support technology. Quinlan fell into a coma after an evening during which she took tranquilizers and drank alcoholic beverages. A year later, she was taken off a respirator that was helping her to breathe. Quinlan's parents asked that the respirator be disconnected and that their daughter be allowed to die "with grace and dignity," because there was no hope she would recover. The parents filed a lawsuit against the hospital after doctors caring for Quinlan refused a private request by the parents to let her die.

Ethics committees typically include representatives from various disciplines and positions, such as nursing, medicine, social work, the clergy, and agency administration. (There is some debate about whether an agency's attorney should be on an ethics committee because of lawyers' unique obligation to protect their clients' interests first and foremost.)

Some ethics committees include an ethicist—either an agency employee (for instance, in large teaching hospitals) or an outside consultant—who has formal training in applied and professional ethics, moral philosophy, and ethics consultation. Some ethicists are trained philosophers or theologians with a special interest in professional ethics, and some are members of a human services profession (such as nursing, social work, or medicine) who have supplemental education related to ethics.

Many ethics committees provide agency staff with case-related consultation services and nonbinding advice, particularly when staff members or clients want assistance thinking through difficult ethical decisions. For example, in hospital settings ethics committees may offer consultation and nonbinding advice on issues related to termination of life-support technology, the use of aggressive care with terminally ill patients, patients' right to refuse treatment, and patients' eligibility for organ transplantation. In a community mental health setting, ethics committees may offer consultation and advice related to staff members' ethical decisions about boundary issues and dual relationships, conflicts of

interest, confidentiality, privacy, informed consent, termination of services to noncompliant clients, use of technology to provide services to clients remotely, and impaired colleagues.

Although ethics committees are not always able to provide definitive advice or guidance about complex ethical issues, they can offer colleagues and clients a forum for organized, focused, explicit, and principled exploration of ethical dilemmas. Consistent with the goal of reflective equilibrium, this can provide participants with a greater understanding of the issues and options they face and enhance the quality of their decision making.

Many ethics committees also serve other functions that can promote reflective equilibrium. Some are responsible for reviewing existing ethics-related policies and suggesting revisions, sometimes in response to controversial case-related issues that arise in the organization. For example, an ethics committee in a family service agency may review agency policies and guidelines related to complicated confidentiality issues (such as disclosure of confidential information to the parents of clients who are minors, disclosure of information about deceased clients, and disclosure of information in response to subpoenas or informal requests from law enforcement officials). An ethics committee in a community mental health center may review and suggest revisions of the agency's policies concerning the termination of services to clients who do not comply with treatment recommendations.

Ethics committees also draft new ethics-related policies and procedures for more formal review and approval by agency administrators and boards of directors. Thoughtful, clearly reasoned policies and procedures can facilitate reflective equilibrium. For example, in a program that serves clients who have serious substance use disorders, the ethics committee may draft new guidelines concerning hiring former clients as staff members. An ethics committee in a nursing home may draft new guidelines concerning consensual sexual relationships among residents, and an ethics committee in a residential treatment program for

children with serious special needs may draft new guidelines concerning the handling of gifts given to staff by the children's parents.

Ethics committees also sponsor ethics-related training and education for agency staff, and this is another way for social workers and colleagues to promote reflective equilibrium. These efforts may include continuing education seminars for practitioners and various types of in-service training on a range of ethics-related topics. Ethics committees may help develop the training and education curriculum, develop teaching material, and recruit presenters.

Social workers should not assume that ethics committees function as final arbiters or judges of what is ethically right or wrong. That is not a realistic expectation when social workers and others access ethics committees as part of the reflective equilibrium process. Although ethics committees are sometimes approached about relatively simple ethical matters, more typically they are asked to consult on remarkably difficult and controversial issues that resisted easy resolution by line staff and their supervisors before reaching the ethics committees. In such instances, as one may expect, ethics committee members themselves may disagree about what is ethically appropriate.

This is not a design flaw in ethics committees or even a serious limitation in the reflective equilibrium process. Rather, we should expect constructive differences of opinion on committees that, by design, are expected to examine and facilitate discussion of truly complex and controversial issues. What ethics committees offer is a rich and disciplined opportunity for social workers and others to wrestle with hard moral choices and challenges that sometimes emerge in professional life.

### **Reflective Equilibrium Applied: A Case Example**

Two social workers employed in a mental health center were contacted by a police detective following a school shooting in which three students were killed and five others injured. The detective

showed the social workers, with whom she met jointly, a photograph of a 17-year-old suspect who was the social workers' client. One social worker had provided weekly mental health counseling to the teen. The second social worker, a substance use disorder specialist, provided supplemental substance use counseling to the teen twice a month in a separate program funded by the federal government (SAMHSA). The principal of the school had told the detective that the school had referred the teen for counseling to address issues related to depression and substance use. The detective asked the social workers when they had last seen the student and asked them to summarize their assessment of the student's mental health challenges.

Both social workers wanted to protect the student's privacy, but understood why the detective wanted information about the adolescent, who was a fugitive. Each of these social workers faced an ethical choice that required balancing their adolescent client's confidentiality rights with the detective's request for information to assist in the investigation of an extremely serious crime.

The social workers followed social work ethics standards related to disclosure of confidential information and, initially, informed the detective that they could not confirm or deny that the teen was their client. The practitioners immediately contacted their supervisor and the agency's risk management official to discuss the detective's request and related confidentiality issues. The risk management official reached out to a local ethics consultant and also referred the case to the agency's ethics committee for an emergency consultation. The chair of the agency's ethics committee, the ethics consultant, the social workers, their supervisor, and the risk management official conferred with each other on a secure video call. After the group reviewed the facts in the case, the ethics consultant suggested that the group needed to review the relevance of several guidelines: the *NASW Code of Ethics* (2017), two federal laws (HIPAA and 42 CFR Part 2: Confidentiality of Substance Use Disorder Patient Records), the state law governing disclosure of confidential health care information, and the agency's confidentiality policies.

After much discussion, the group agreed that the social worker who had provided weekly mental health counseling to the teen was governed by HIPAA, while the social worker who provided substance use disorder counseling was governed by HIPAA *and* the much stricter federal regulation 42 CFR Part 2. HIPAA would permit disclosure by a social worker to law enforcement without consent "to respond to a request for PHI [protected health information] for purposes of identifying or locating a suspect, fugitive, material witness or missing person." Further, both state law, agency policy, and the *NASW Code of Ethics* (2017, standard 1.07[c]) would permit, although not require, disclosure without consent to prevent imminent, serious, and foreseeable harm. However, the ethics consultant pointed out, the social worker governed by 42 CFR Part 2 (because the agency receives federal funds and the program in which she works explicitly diagnoses and treats substance use disorders) would *not* be permitted to disclose confidential information unless a judge reviewed the request and authorized disclosure under criteria spelled out explicitly in sections 2.63 and 2.65 of the regulation, which balance clients' privacy rights with law enforcement officials' interest in investigating an "extremely serious" crime.

Out of an abundance of caution, the risk management official consulted with a health care attorney who specializes in negligence, malpractice, and risk management. The attorney concurred with the ethics consultant's opinion concerning which social worker was and which social worker was not permitted to disclose information to the detective. Both the ethics consultant and the attorney reminded the risk management official that the social worker who was permitted to disclose information without consent—under HIPAA, state law, agency policy, and the *NASW Code of Ethics* (2017)—should limit the disclosure to details that are directly related to the investigation, consistent with the *NASW Code of Ethics* standard that states, "in all instances, social workers should disclose the least amount of confidential information necessary to achieve the desired purpose; only information that is directly

relevant to the purpose for which the disclosure is made should be revealed” (standard 1.07[c]).

About four weeks later, the ethics consultant, attorney, the two social workers, ethics committee chair, and the head of risk management conducted a two-hour ethics grand rounds session for all clinical staff, supervisors, and administrators to review what happened in this case and identify lessons learned. The ethics consultant used this opportunity to provide an overview of the ways in which this case could be examined using prominent ethics concepts and theories (including deontological, teleological, virtue ethics, and ethics of care perspectives). Overall, the group’s approach to this case exemplified reflective equilibrium, in that it provided the social workers and colleagues an opportunity to come to a conclusion about what they ought to do when they had not at all been sure earlier; consider alternative ethics perspectives and theories; and draw on relevant ethical and legal standards.

### **Conclusion**

Scholarly discussions of social work ethics have flourished since the 1980s. Today’s practitioners have access to an ever-increasing array of publications on the subjects of social work values, ethical dilemmas involving conflicts among professional duties and obligations, ethical decision-making frameworks, and ethics-related risk management challenges.

During the past four decades, social work ethics scholars have drawn fruitfully on a range of influential ethical theories, especially those reflecting deontological, teleological (utilitarian), virtue ethics, and ethics of care perspectives. A notable omission is discussion of reflective equilibrium, which has been featured prominently in the professional ethics literature outside of social work.

Social workers can take several steps to enhance reflective equilibrium in their work settings. These include becoming familiar with relevant ethics concepts and theories; ethical standards; ethically related practice standards, laws, regulations, and agency policies; and consultation options, including use of formal ethics consultants, ethics grand rounds, and ethics

committees. Metaphorically speaking, the social worker who carefully and systematically considers the information produced by these steps serves as a fulcrum—in physics, a pivot point around which a lever turns, or something that is in the center of a situation or activity—during the process of reflective equilibrium.

Reflective equilibrium, which entails the systematic application of available ethics theories and frameworks to case-specific circumstances, is particularly compatible with social work’s values. Like social work, reflective equilibrium encourages a systems approach, interpersonal dialogue, rigorous examination of alternative perspectives, and values-based decision making. It deserves a prominent place at the social work table.

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## **Endnote**

<sup>1</sup>The author conducted a comprehensive literature search and did not identify any publications that explicitly apply reflective equilibrium to social work.