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ANNOUNCEMENTS: No Longer Blind and APA

Stephen M. Marson, Ph.D., ACSW, Editor

Journals are moving away from language that is envisioned as “ableist.” Thus, starting with our Spring issue of 2020, our web page will no longer state that we employ “blind reviews,” rather we will state that our reviews are *anonymous*.

APA published the 7th edition of the reference style manual in October 2019. Effective for the **Spring 2021** issue, the Journal of Social Work Values and Ethics will require the new standards for all manuscripts.

Editorial: Is the Impact Factor (IF) Ethical To Use for Promotion and Tenure Decisions?

Stephen M. Marson, Ph.D., Editor

Journal of Social Work Values and Ethics, Volume 17, Number 1 (2020)

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As editor of the *Journal of Social Work Values and Ethics*, I am committed to enhancing the quality, application and overall use of our journal. There are a variety of paths I pursue to address these goals. One of them is to examine Impact Factor (IF). When I became aware of IF, I thought that acquiring an IF coefficient would be critical for JSWVE. I became particularly startled when a colleague pursuing a full professorship was informed that the Rank and Tenure Committee wanted to assess the IF coefficient for the journals where she had published. In fact, she was discouraged from publishing in any journal that did not have an IF. I became even more startled when I sought a pathway to secure an IF for JSWVE. Once again, I was flabbergasted. There was a fee of \$500 for the journal to obtain an IF coefficient. At that point, I began to wonder if the IF was, in fact, a racket. It was clear that I had to acquire an in-depth knowledge of the IF.

The first task I had to accomplish was understanding the math formulated by Eugene Garfield and Irving H. Sher (Garfield, 2006) that undergirds the concept of IF:

$$A/B = \text{IF (Impact Factor)}$$

A = the number of articles published in given time period that were cited by indexed journals during same that time period.

B = the total number of "citable items" published in the time period found in A.

Everyone who sees this formula will immediately notice that it excludes *citations found in textbooks*. When an author of a textbook cites a journal article, the citation will have a great impact on the largest number of readers. This fact alone greatly challenges the ethics of employing IF for rank and tenure

decisions. However, the IF coefficient is supposed to be a measure of journal usage not of the scholarship of authors who publish in that journal. The logic is, if an author publishes in an often-cited journal, the author's work will be read and used. BUT there is nothing in the formula that suggests that the author's work will actually be read or used merely because it appears in a particular journal! There are at least two fundamental flaws in employing the IF coefficient to assess the scholarly impact of an individual. Overall the IF coefficient includes the negative impact and fails to include some types of positive impact. Both flaws required elaboration.

Negative Impact

Years ago, there was an article that employed the t-test. Statisticians went crazy! The underlying assumptions of the t-test were violated making the overall findings in the publication dubious at best and useless at worst. Among statisticians, the article was cited frequently as an example of how *not* to apply the t-test. In fact, the article was used in a statistics course I took while attending Ohio State where the statistics professor used the article as an example of incompetent employment of a statistic *and* an acknowledgment that the anonymous referee process is not infallible. BAD research is frequently cited! Such publications are a poor reflection on the anonymous referee process for the journal that published the article. Here is the point: If an article is frequently cited because it is severely flawed, the IF coefficient projects the image that the journal has high standards when the *exact opposite* is true. IF is promoted as a measure of the quality of a journal. This is a dubious assumption.

My story of the bad t-test is not an isolated incident. In the 1980s Ned Feder and Walter Stewart initiated a new trend of citing unethical research. If one examines their citations over the decades, one will discover that they are citing journal articles that are so fundamentally flawed scientists agree that the articles should have never been published. In their famous case study of John Darcy, a corrupt researcher from Harvard, Feder and Stewart found more than 200 papers that constituted falsified research. Because Darcy published false research, his findings were profound, incredible and, most importantly, cited elsewhere. When Darcy was uncovered as a fraud, his work stopped being cited as legitimate research. Nevertheless, his printed publications remain housed in libraries internationally. Critically, Darcy's publications are still being cited but as examples of falsified research. Most importantly, the falsified publications of Darcy and others are calculated as part of an IF coefficient. The undisputed fact is: Weak, misleading and false research publications are currently being cited. Bottom line: Journal articles in which the scientific community agree should have never been published are, in fact, included in the IF coefficient. Just because a work is cited many times, it does not mean that the work is worthy of publication. Thus, flaws in the anonymous review process can inflate the IF coefficient.

Positive Impact

In addition to the serious problem of the IF formula including journal articles that should not be included, the IF formula fails to include publications that should be included or have a strong impact on the world of science. We have already noted that articles that have been cited in textbooks are excluded from data used in the IF formula. However, consider the influence of books in general. For example, Jeffrey Alexander's books on theory have had a profound impact on sociologists around the world. Yet, the impact of his incredible contribution is discounted in the IF coefficient. As I write this, I can think of numerous scholarly books that have profound impact on my thought processes. In fact, I was going

to include a list, but the list was too long to publish! None of these profoundly important scholarly contributions are included in the IF coefficient.

One of the greatest impacts a publication can have is when a work of scholarship is required reading for students. Every day, thousands of students are required to read a particular article on closed reserve of the library. The classic article "The Body Ritual among the Nacirema" from 1956 has been read by millions of English-speaking college students across the world. The work produced personal paradigm shifts in the mind of the reader. Hundreds of articles are being read by students. None of these scholarly works are included as part the IF coefficient.

The Application

In my personal search for the impact I have made, I completed a "Google Scholar" search and uncovered an unpublished paper that cited my research on the best methods to teach statistics. As it turns out, my research was used as the conceptual framework for a social work department in their teaching of statistics. In my mind's eye, *that is an impact* that would influence the decision-making process of a Rank and Tenure Committee. Nevertheless, since this unpublished accreditation report is not part of a journal article, the data is not included in the IF coefficient. My research had an obvious impact, but it is not included in the IF coefficient.

Published articles in the *Journal of Social Work Values and Ethics* are highly specialized and will be cited in articles and books written by social workers who have a special interest in social work values and ethics. Of all scholars that currently exist in the world, what is the proportion of those who fit into this highly selective interest group? The answer is somewhere around .05%. Highly specialized journals in any discipline will have a low IF coefficient. Nevertheless, the IF coefficient fails to accurately measure the quality of the article/journal or even its influence on the small proportion of highly specialized readers. Just as critical, clinicians who read an article are not likely to cite it but may adopt the content of an article into their

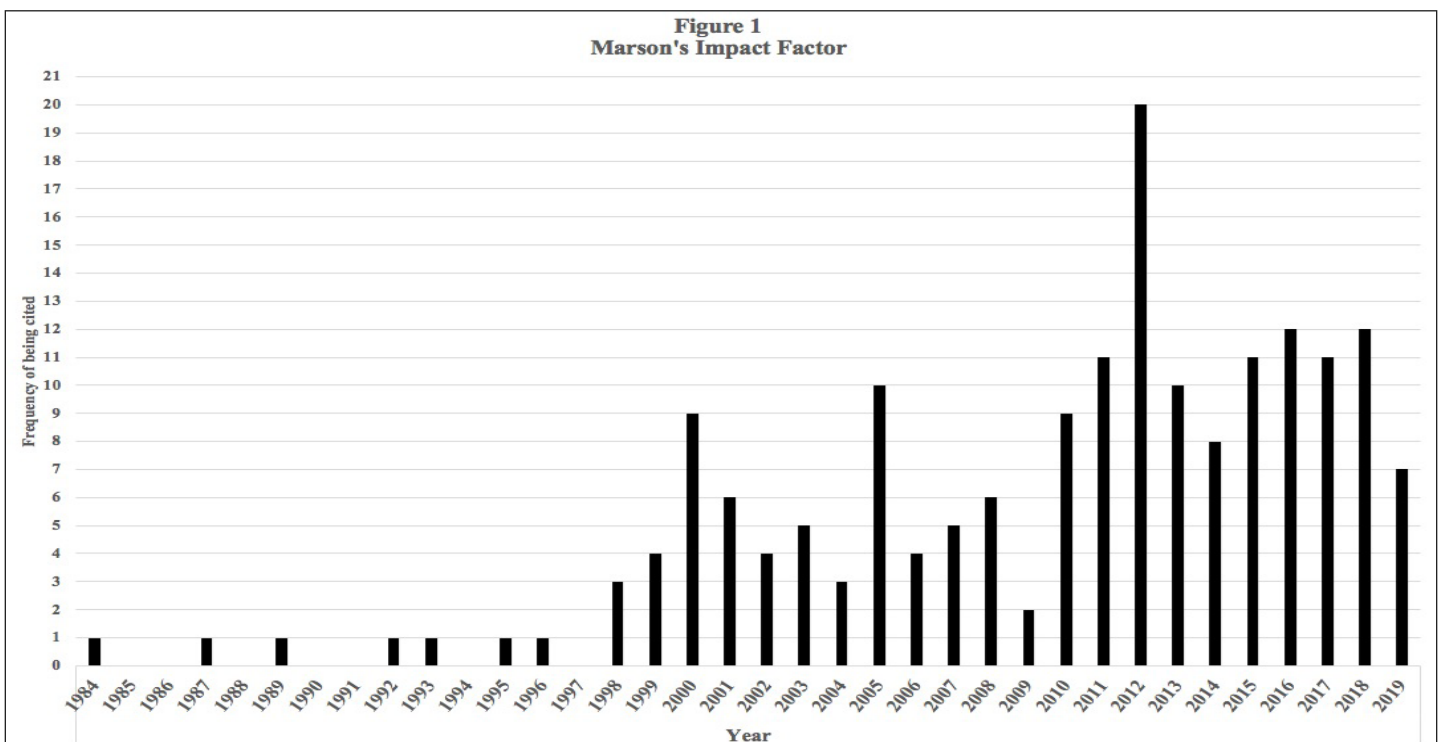
practice model. Such usage is a significant impact in counseling, medicine, psychology, and social work. Yet, it is not included within the IF coefficient.

Hoeffel (1998) notes that the “Impact Factor is not a perfect tool to measure the quality of articles but there is nothing better and it has the advantage of already being in existence and is, therefore, a good technique for scientific evaluation” (p. 1225). Hoeffel’s statement may have been true 21 years ago with the unsophisticated technology of the time, but it is no longer true. Today, as a measure of scholarly influence, IF is *fundamentally flawed*; I believe it is unethical to employ it as an assessment tool for rank and tenure decisions. Let me offer an alternative that is a more accurate portrayal of scholarly impact. Today, the scholar’s resume typically includes a bibliography of references where the author has been cited. These citations are easy to find by using Google Scholar, ResearchGate, Academic.edu, etc. Simply load these citations into a spreadsheet bar chart as I have illustrated in my personal history found in Figure 1.

This simple bar chart is a much more accurate portrayal of scholarly impact than the IF coefficient.

It includes all citations used in other articles, textbooks, scholarly monographs, policy manuals, dissertations, conference presentations, and any other manuscript available online. It could, in fact, include fraudulent material, but the Rank and Tenure Committee has all citations from the resume—unlike the IF coefficient. Such backup data have never been available for the IF coefficient. Pure quantification has its limits in assessing. Such a bar chart must include a qualitative¹ assessment. The inclusion of a qualitative analysis is not an available option with the IF coefficient.

After studying the construction and use of the IF, I have concluded that the IF coefficient is such a weak measure of an individual’s scholarly impact, it is unethical to employ it as a method of making rank and tenure decisions. In the study of research methods, we begin with an abstract concept. We take this abstraction and construct a measurement for it. A conventional abstraction we commonly measure is “intelligence.” We measure this abstraction by using the IQ test. Theoretically, intelligence comprises many components that are operationalized within subscales. Yet no IQ test includes all the theoretical subscales. Like most abstractions that we attempt



to measure in the social sciences, the IQ test fails to capture the totality of “intelligence” as a concept. Nevertheless, we use the IQ test a great deal in social science. In sociology and social work and in other academic circles, employment of the IQ is controversial. As questionable as the IQ test is, the use of IF coefficient for rank and tenure decision is *much worse*. The IF coefficient is not an ethical tool to use for personnel decision-making.

I see a lawsuit in the future. Psychometrists place measures like the IF coefficient in the category of a “gateway” instrument. By “gateway,” we mean the instrument influences the decision-making process on an individual’s livelihood. In contemporary psychometry, gateway instruments must include reliability and validity. Reliability is simple to assess. Greenwood (2007) assessed the reliability of the IF coefficient and found it weak. He writes, “the implications for advertisers, researchers, and journals is that only limited confidence can be placed on the ranking of these indicators. Decisions placed on such measures are potentially misleading...” (p. 52). For a measure to be valid, it must “measure what it purports to measure” and it “must not measure something other than what it purports to measure.” In his article defending IF, one of the creators, Garfield (2006), provides no coefficients that have or can statistically assess reliability or validity. *It is extraordinary and unprecedented* that a *gateway* instrument with a strong influence on the existence of one’s professional position fails to comply with statistical psychometric standards for reliability and validity. Failure to meet these standards can be easily demonstrated in court. I see a lawsuit in the future and hope that IF users and advocates have their malpractice insurance up to date. I am convinced that if a university’s legal counsel understood the mathematics embedded in the IF coefficient, the lawyer would realize that the university’s use of IF would be indefensible in court. In the unlikely event that such a complaint would appear on a court’s docket, punitive damages would be awarded to the faculty member who was denied promotion or tenure. That is my prediction.

I am interested in hearing from you regarding your opinion and use of IF coefficients in making rank and tenure decisions. I will publish your comments. Email me at smarson@nc.rr.com.

¹Unlike IF, use of the bar chart requires the faculty member to have access to all the citations that contribute to the bar chart. Rank and Tenure Committees have the power to assess these citations for a systematic qualitative assessment. This type of precise assessment is not available within the IF protocol.

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LETTERS TO THE EDITOR

The following letters were submitted in response to the Fall 2019 editorial titled “*What is Socialism?*”

Good morning:

The editorial on ‘What is Socialism’ by Marson in (*Journal of Social Values and Ethics*) is a clear explanation of the demarcations between Capitalism, Socialism and Communism. It is, however, over simplistic to dismiss Adam Smith as nothing more than a proponent of Capitalism. He identified and warned against some of the perils of Capitalism, such as similar industries colluding to raise prices. I used to have the popular view of Smith before I studied economics and learned that although he considered Capitalism good economics, he was far from uncritical of it.

Charlotte Brewer, MAASW
Accredited Mental Health Social Worker

Charlotte,
Yes, I admit, that as an advocate, Adam Smith was not equal to advocacy of Karl Marx. In my editorial, my exclusive goal was to address the false information about socialism that has constantly appeared from online sources. To accomplish this goal, a detailed analysis of Adam Smith would derail my purpose. However, I do believe that your contribution to the discussion is critical. Therefore, I invite and strongly encourage you to write an editorial addressing Adam Smith’s critical analysis of capitalism. Such an editorial will be published.

Stephen M. Marson, Ph.D.
Editor, JSWVE

Dr. Marson:

Thank you for your courageous and fine article on socialism. There are, however, a few points that have been left out. For one, you do not state the basic premise of controlling the means of production which is- how much compensation do workers get in relation to their value in the production process? In capitalism they get very little, in communism a lot, and in socialism—something in-between. As

we are a capitalistic country—we have a staggering amount of inequality of income—which you also do not mention.

You are calling Social Security, Medicare and Medicaid socialism. In fact, they have nothing to do with the means of production and the worker’s compensation. They are merely measures to alleviate the ills of unrestrained capitalism. If profits were equally allocated, there would be no need for these programs.

You say that a socialistic solution “will not gain political support” in this country at this point. You do not say that socialism has such a bad name because—starting from birth, we have literally been brainwashed against it by propaganda promulgated by those who have the most to lose from it. Did you notice, however, that Americans seem to be newly and unexpectedly turning toward socialism judging by the 2020 election candidates’ popularity.?

Mildred Rein, Ph.D.
Chestnut Hill, MA

Mildred,
Thank you for your response, but I think you are incorrect regarding your analysis of Social Security, Medicare and Medicaid. The concept of “control over the means of production” includes both goods *and* services. Social Security, Medicare and Medicaid are all services that are centrally control by our federal government. At one time, these services were handled by the private sector. Pensions were found in private enterprises while health care services were handled by charities and churches. This is not to suggest that the private sector did an *adequate or fair* job with these services. The poor performance of the private sector was a catalyst for government *control over the production* of these services.

Most importantly, Social Security, Medicare and Medicaid are services that are *not* delivered in a vacuum. Government employees facilitate these

government-controlled services. The control over the means of wages, works hours, and work environment of these employees are under total control of the federal government and not private enterprise. These services, like government-sponsored fire departments, clearly emerge from socialist ideology.

Conservative right-wingers, who whine about socialism but love their Social Security checks are being hypocritical. The government has *total control over the means of production* for Social Security. In a strict capitalist economy, a national pension program should be handled by private enterprise which would deny Congress from spending Social Security interest—which our Congress does, and which limits the funds awarded to retirees.

Make no mistake. The definition of “control over the means of production,” includes both goods *and services*. The services generated by Social Security, Medicare, Medicaid, fire departments all emerge from socialist ideology.

Stephen M. Marson, Ph.D.
Editor, JSWVE

I think that you are spot on about this. These are highly loaded terms and are frequently used imprecisely. What is labelled as socialism in one setting or one time is something else in another. Key to this is the relationship between government and the economy. This is often a murky situation. The role of government is frequently debated but what is government? When Adam Smith wrote in the 1700s government for him was The King of England. That is very different from a Democracy. So then, what is the economy? In the United States, we do not have a free market economy. We have regulation and a certain amount of economic planning. The idea that a free market would be somehow superior is something that even the most conservative would shy away from. Unregulated markets are unstable and those in business often fear them. On balance,

command economies are not that desirable either. They are often inefficient and can be corrupt. So what to do? Pragmatic management of the mixed economy is a workable solution.

John McNutt, PhD, MSW, Professor
Joseph R. Biden, Jr. School of Public Policy and Administration
University of Delaware

The real question is not what is socialism, but what is a pragmatic idealistic alternative to the domination of neoliberalism as an ideology that bolsters monopoly capitalism? So, yes, we have to move beyond labels in our thinking. But as I argued in two articles in Crossroads in 1992-1993 and as I further argue in my recent theorization of [human injustice](#), we must re-focus on how to address our human needs as thickly theorized. Doing so requires not only abolishing monopoly capitalism but also oppression and dehumanization, either of which can easily co-exist with socialism as we have known it and even as we often define it. A revolutionary democratic alternative to neoliberalism—and an approach to a liberatory approach to social work which can actually gain societal sanction—must be is a progressive pragmatic one. According to such an approach, we must engage in class, organizational and institutional analysis of each policy arena in order to ascertain which mixes of the public, nonprofit and non-monopoly market sector can fund and deliver services and benefits that address human needs in a way that is consistent with human rights. We might not recognize such a mixed economy as socialism. Perhaps it is not socialism at all but rather a strategic needs-based approach to how to achieve human liberation.

Michael A. Dover, Ph.D., M.S.S.W., LISW
College Associate Lecturer
School of Social Work
Cleveland State University

Changes at JSWVE and THANK YOU

Stephen M. Marson, Editor, and Laura Gibson, Book Review Editor

Journal of Social Work Values and Ethics, Volume 17, Number 1 (2020)

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A great deal of work goes into each issue of the *Journal of Social Work Values and Ethics*. All work on our journal is completed by volunteers and *no one*—including our publisher ASWB—makes a financial profit from the publication. In addition, we have unsung heroes on our editorial board who contribute to the existence of our journal. Because we have a rule that requires our manuscripts to be assessed anonymously, I cannot offer public recognition by their names. I thank them! However, I can publicly announce the names of our hard-working copy editors. Their work is not confidential. For their major contributions to this issue, I must publicly thank:

Amelia Chesley
Tamikka Gilmore
Kathleen Hoffman
Alison MacDonald
Melissa Schaub
Jennifer L. Wood

Thank you to the book reviewers who contributed their time to this issue. Following are the book reviewers who have given of their time to read books and write reviews in this issue of the journal.

Bertha De Jesus
Joan Groessl
Lynn Jackson
Nancy Keeton
Peter Kindle
J. Porter Lillis

To our **Copy Editor Board**, we welcome:

Valerie Bryan, Ph.D., University of South Alabama. Dr. Bryan has vast experience in teaching writing for social work students.

Kay Hoffman, Ph.D., professor and dean emeritus, University of Kentucky.

Dr. Hoffman is well-known among social work educators for successfully holding several prestigious leadership positions at BPD and CSWE.

Felicia Parker-Rodgers, MSW, LCSW, clinical practitioner, North Carolina Juvenile Justice.

To our **Editorial Board**, we welcome (in the order the applications were received):

Melanie Grace, MSW, practitioner with Saskatoon Health Region, Canada.

Elena Delavega, Ph.D., MSW, assistant professor, University of Memphis. She specializes in macro social work practice.

Summer G. Woodside, Ph.D., University of North Carolina at Pembroke. She specializes in equity issues in public schools, family-school partnerships, and social work ethics and technology.

Alice Colantoni, BA. A master's student at Shanghai University in China, she is studying international relations and diplomacy. She is a citizen of Italy and specializes in Chinese language and culture.

Michael R. Daley, Ph.D., Texas A & M University—Central Texas. Dr. Daley is well-known in rural social work circles and has experience as the editor of both the *Journal of Baccalaureate Social Work* and *Contemporary Rural Social Work*. He has the record of most-read article in JSWVE with more than 40,000 reads.

Ruth Lipschutz, MSW, LCSW, clinical practitioner with Attunement Center

in Evanston, Illinois. Her specialties include applied ethics, LGBTQ, school social work, addictions, and alternative dispute resolution.

Abdulaziz Albrithen, Ph.D., professor of social work at United Arab Emirates University. He teaches social work ethics, research in social work, and addiction studies.

Sue Cook, Ph.D., University of Plymouth (England). Her specialty areas include family therapy, human development, and well-being and ethics of care.

Stefan Borrmann, Ph.D., dean at Hochschule für angewandte Wissenschaften Landshut [University of Applied Sciences Landshut]. In the early days of the JSWVE, we published Dr. Borrmann's manuscript on providing social services to NAZI youth groups in Germany. These groups are illegal in Germany, but his article continues to generate a huge following.

Silvana Martinez, Ph.D., expert on international social work issues. She has a particular interest in social work ethics and is the current president of the International Association of Social Workers.

Terricka Hardy, LCSW, ACSW, BCD, clinical social worker with Memphis Veterans Administration Medical Center.

The *Journal of Social Work Values and Ethics* has been receiving an increasing number of international manuscripts. As a result, we have developed a special **International Editorial Board**. The following have agreed to serve on this board:

Chair of the International Board

Stephanie Maria Petrie, Ph.D., C.Q.S.W.
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We thank the members of our **Book Review Board:**

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Red Deer College

Jeffrey Steen, Ph.D., LCSW
Bridgewater State University

MaryAnn Thrush, Ph.D.
Lincoln Memorial University

Forum: ‘First They Came for the Socialists (USHMM)’ ... Reflections on the UK Parliamentary Elections 2019

Stephanie Petrie, Ph.D.

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Journal of Social Work Values and Ethics, Volume 17, Number 1 (2020)

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The Journal of Social Work Values and Ethics offers the Forum as an opportunity for subscribers to share their unedited thoughts about topics of the day. The journal supports free speech but does not take a position on the material presented in the Forum.

Introduction

My family’s background convinced me at an early age of the need to be vigilant to any signs of fascism emerging in societies and in this regard social workers and social work educators face additional ethical and moral challenges. As I have argued elsewhere social work simply reflects the values of the society in which it takes places.

In 1942, for example, social workers in Vichy France worked in the Vel’ d’Hiv transition camps for Jewish adults and children awaiting deportation (Munday 2015). In South Africa from the beginnings of social work until the democratic elections of 1994, all professional education, practices, and services took place within the apartheid system and policies (Smith, 2014) (Petrie, 2019, p.336).

During the last five years I have become increasingly concerned that conditions emerging in the UK mirrored many social and economic aspects of Germany in the 1930s that led to the rise of Nazism (Petrie 2014, 2016). The recent parliamentary elections in the UK have increased my concerns and seem to share some characteristics

evident in the USA in the build-up to the presidential elections in 2020.

My family’s background

I was born in England shortly after WWII but only learned about fascism and its consequences as a young teenager. My mum was a German war bride and my dad a British soldier. I grew up knowing there had been a war between Germany and Britain, but few details were shared as my parents, like most people, were glad the war was over and looked to the future not the past. As a child I spent long periods with my mum at her family home and my maternal relatives were very familiar to me. We were not wealthy but in comparison to my mum’s family in post-war Germany we were safe and secure under the post war UK Welfare State.

When I was about 13 or 14 at home in England, I saw footage of the concentration camps on TV. I don’t know why I was alone or what I saw although I suspect it was the trial of Adolf Eichmann. I was horrified and wept and wept. I could not believe my grandparents, aunts and uncles, who seemed perfectly normal people, could have let this happen. My parents had no easy answers although my dad told me it was the British who had invented concentration camps during the Boer War in South Africa. Most English people assured me it happened because the Germans were Germans—it could

never happen in England. Even at a young age that explanation didn't convince me and the more I learned the more I was convinced it was essential to be alert at an early stage to the conditions that facilitate fascism.

Social and economic conditions that facilitate fascism

1930s Germany

The collapse of the German economy in 1931 triggered by a banking crisis led to widespread unemployment, extreme poverty and social breakdown. Consequently, citizens became increasingly disillusioned with traditional politicians and people turned to a variety of smaller more radical parties including the National Socialist German Workers Party (Nazis) (Doerr, et al. 2019) that despite the name had no similarity with socialist ideologies or policies. The simple message from the Nazi party was that Jews were responsible for Germany's economic problems and Hitler would make Germany great again. It's important to remember that Hitler gained power through legitimate political processes not a military coup. He was appointed Chancellor of Germany in January 1933. In March the Nazis increased their share of the vote in the Reichstag elections to 44%. Later that month Hitler acquired powers to make laws without parliament and in 1934 he was Head of State. By 1935 the Nuremberg Laws deprived all Jews of citizenship.

Fascism can swiftly colonise political and legal systems when populations are divided, poverty is endemic, the 'Other' becomes the scapegoat and a charismatic leader arises to promise a solution to all these ills. By simplifying the message, utilising propaganda effectively and uniting people against a common 'enemy' Hitler swiftly dominated the political landscape to enable genocide.

United Kingdom in the 2000s

Whilst the possibility of genocide in the UK is currently unlikely there are worrying signs that fascist activities and violent attacks on Muslims and

Jews are increasing. Islamophobia and Antisemitism are evident in mainstream political discourse and there are similarities with the emergence of Nazism in 1930s Germany.

A divided population

The referendum of 2016 on whether the UK should Remain as a member of the European Union (EU) or Leave divided the country deeply and bitterly. The Leave vote won by 52% with 48% for Remain and the results were characterised by age group and region. Young people in the main wanted to stay in the EU and areas that had stayed impoverished since the decline of traditional industries, such as coalmining, voted overwhelmingly to Leave. One theme throughout that was amplified by Conservative governments was a view that immigrants and asylum-seekers were the main reasons British citizens were impoverished and public services were failing (Grierson, 2018). From 2016 onwards Theresa May, then Prime Minister, had tried without success to find a Leave 'deal' that was acceptable to the EU and gain parliamentary support. One of the tensions that emerged was whether a Prime Minister could act unilaterally or whether Parliament was sovereign.

Endemic poverty

The global crash of 2008 and subsequent austerity policies pursued by Coalition and Conservative governments for the last decade have not reduced rates of poverty since the millennium and poverty rates have increased for certain groups including children, the disabled and those of pensionable age (SMC 2019). The UN Special Rapporteur on extreme poverty and human rights investigated Great Britain and Northern Ireland in 2018 and concluded 'The bottom line is that much of the glue that has held British society together since the Second World War has been deliberately removed and replaced with a harsh and uncaring ethos (Human Rights Council p.1)

The 'Other' as scapegoat

Racist attacks and hostility towards immigrants and asylum-seekers especially of colour

have increased exponentially (Home Office 218/19) as the popularity of smaller right-wing political groups and parties has increased alongside a decade of austerity and disillusionment with traditional politics. Far right groups, (such as Britain First de-registered as a political party by the electoral commission in 2017) are now seeking membership to the Conservative Party since Johnson's election (Read, 2019). Charges of antisemitism have been a feature of criticisms of the Labour Party since Corbyn's election as leader. The author of the definition of antisemitism has expressed concerns, however, that the definition has been weaponised for political purposes (Stern, 2019) and there is some evidence that incidences in the Labour Party are few (Formby, 2019). It is argued that the growth in serious violent antisemitism is endemic in White nationalist groups across Europe and the USA and that the focus on the Labour Party has allowed this threat to grow (Brown, 2019)

Rise of a charismatic leader

Personality politics rather than policies dominated the public discourse in the 2017 and 2019 elections. Even with his privileged background and support of billionaire interests Boris Johnson has been successfully marketed as a man of the people. Notwithstanding substantial evidence in the public domain about his untrustworthiness and habitual lying, (Stubley, 2019), misuse of public money and immorality (Weaver, 2019), many British voters found these matters unimportant. Hitler forged a dominant Nazi party by ruthlessly eliminating dissenting voices. Johnson has shown the same ruthlessness by expelling 21 Conservative MPs (including two ex-Chancellors and senior party figures) from the Parliamentary Party (BBC, 2019).

A simple message: propaganda and the media

Two advisors to Johnson during his political trajectory to become Prime Minister of Britain were well placed to direct him on what has been called 'target audience acquisition technology' by the discredited British political consulting firm Cambridge Analytica (CA) Ltd. A one-time

advisor to President Trump and co-founder of CA, Steve Bannon, has alleged in interviews he has had regular contact with Johnson (Jukes, 2019). Dominic Cummings, Johnson's unelected Chief Special Advisor, was Director of the successful Leave Campaign in the 2016 referendum. Although the campaign was found to have broken the electoral law and fined (BBC, 2018) this has not hampered Cummings rise to power. Bannon and Cummings use of single meme phrases 'build the wall' and 'get Brexit done' were successful influencers in the 2016 US presidential election and the 2019 UK parliamentary election.

In Britain the mainstream media has also been criticised by substantial research studies (Media Reform Coalition (MRC), 2015; Schlosberg, J. 2016; Moore & Ramsey, 2017, Deacon, et al 2019) for biased and inaccurate political reporting throughout referendum, the leadership of the Labour Party by the democratic socialist Jeremy Corbyn and the 2017 and 2019 elections. In relation to the 2019 election the authors commented:

This level of negativity towards Labour was far from 'business as usual'. Press hostility to Labour in 2019 was more than double the levels identified in 2017. By the same measure, negative coverage of the Conservatives halved. (Deacon, et al Exec Summary Report 5: 2019).

There is also evidence that a misinformation campaign on social media was initiated by the Conservatives (Reid & Dotto, 2019).

Conclusions

The results of the 2019 parliamentary elections in the UK were a shock to many. The Conservative government now has a majority of 80 enabling them to pass almost any measures chosen. Priti Patel, the Home Secretary, has said in public she is in favour of the death penalty and her plans to increase penalties on Gypsies' unauthorised camps by impounding their caravans and belongings have been described as inhumane (Travellers Times

2019). A crash-out Brexit, now the most likely scenario, will be catastrophic for most people and the economic consequences will last for decades. There is ample evidence to show these conditions fuel ultra-right nationalism and ethnic violence (Doerr et al, 2019)

We may be faced with the same ethical and moral dilemmas that many Germans faced during the rise of Nazism. If political processes fail to prevent manifestations of inhumanity, perhaps the only way to challenge the removal of rights and liberties will be by personal and collective action.

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Exploring the Relationship Between Ethics Stress and Burnout

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Journal of Social Work Values and Ethics, Volume 17, Number 1 (2020)
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Abstract

Ethics stress, which has received limited attention in the social work literature, constitutes the stress associated with ethical decision-making in contemporary practice. The current study proposed that ethics stress operates as a specific form of role stress and would therefore have a similar relationship with burnout, such that increased ethics stress would predict elevated levels of burnout. A regression model supports this theory indicating that 12% of the variance in burnout was explained by ethics stress when controlling for years in practice and type of practice. Social work education can play a unique role in preparing students to manage the complexities of ethical challenges in practice.

Keywords: ethics stress, moral distress, professional dissonance, role stress, burnout

Introduction

Social work is a demanding profession with stressors associated with organizational structure and culture (e.g., limited supervision and funding constraints), interpersonal interactions (e.g., high caseloads and challenging clients), as well as detailed paperwork and reporting requirements. The existing literature has consistently demonstrated that these job stressors lead to decreased job satisfaction, increased burnout, and subsequently, increased intent to leave and actual turnover (Kim & Stoner, 2008; Mor Barak, Nissly, & Levin, 2001). In fact, agencies have reported turnover rates as high as 30 to 60% in a given year (Mor Barak et

al., 2001). Thus, quality may decline as services are disrupted and resources, including time and money, are diverted to staff recruitment and training (Kim & Stoner, 2008; Mor Barak et al., 2001).

Ethics stress and related constructs including moral distress, cognitive dissonance, and disjuncture are relatively recent concepts to emerge in the social work literature, particularly in North America (DiFranks, 2008; Taylor, 2007, Weinberg, 2009). This is somewhat surprising given the emphasis in social work on ethical practice and decision-making. Kim and Stoner (2008) have noted that “confusing legislation and concomitant guidelines have increased the conflicting and incompatible demands on social workers” (p. 6). Therefore, social workers may find themselves in “no-win” situations where ethical action is thwarted. Several studies utilizing samples of customer service employees, social workers, and nurses have found a relationship between ethics stress and decreased job satisfaction and increased intention to leave (DeTienne, Agle, Phillips, & Ingerson, 2012; O’Donnell et al., 2008; Ulrich et al., 2007). A study conducted by Ulrich et al. (2007), found that more than 30% of nursing and social work respondents reported feelings of fatigue and powerlessness, being overwhelmed, and increased work strain related to ethics stress. Further, in Grady et al.’s (2008) study, less than half (47%) of the social workers reported receiving ethics training while pursuing an Associate’s or Bachelor’s Degree and less than one third (27%) reported receiving ethics training while pursuing a master’s or doctoral degree. These results suggest

that ethics stress is a significant and often overlooked job stressor warranting further investigation.

Review of Literature and Theory

Relevant Definitions

Frequently cited is Jameton's (1984) description of moral distress as the discomfort that arises when one knows the morally correct course of action but is unable to follow through. Raines (1994, 2000) provides a broader definition in which ethics stress is depicted as the tension associated with making ethical decisions in practice, such as when the course of action is unclear or hampered due to conflicts between personal beliefs, professional or legal guidelines/codes, and organizational expectations. It seems plausible that an individual might experience moral distress in situations where they are unable to identify the "correct" course of action, such as when overwhelmed by the complexity of moral considerations within a given practice context.

Ethics Stress and Social Work Theory

Fenton (2014) approaches ethics stress from a critical perspective, suggesting that social work is increasingly influenced by neoliberalism and that higher levels of ethics stress are associated with work environments where neoliberal practice is more prominent. Neoliberal social work practice is characterized by a decreased focus on social justice and the structural elements of social problems as well as an increased emphasis on outcome measures and meeting reporting requirements; all of which translates into more *risk averse* (i.e. less flexible) work environments. Weinberg (2009) also highlights the inherent connection between moral distress and the systems within which social workers practice, noting the way social work has become increasingly focused on micro (e.g., therapy) versus macro (e.g., advocacy/policy) work. In Fenton's (2015) study of social workers within the Scottish criminal justice system, she found that social workers experienced greater ethics stress in environments that limited flexibility in decision making.

Fenton (2014) relates her concept of risk averse work environments (characterized by inflexibility and the lack of a holistic approach toward client challenges) to Taylor's (2007) discussion of *ontological guilt* and *ontological anxiety*, within Taylor's (2007) broader theory of professional dissonance (or cognitive dissonance). Risk averse work environments lead to ontological guilt; that is, the guilt that arises when one is unable to act in ways that are consistent with one's ethical beliefs (due to inflexible work environments that limit unique and creative approaches to ethical dilemmas). On the other hand, ontological anxiety is a positive form of angst that pushes a social worker towards growth rather than stagnation and allows one to see a situation from multiple perspectives and to act courageously. Both Fenton's (2014) and Taylor's (2007) theories emphasize the importance of work context and social worker agency as well as the emotional experience of ethics stress.

Relevant Quantitative Literature

Studies conducted by O'Donnell et al. (2008), Grady et al. (2008), and Ulrich et al. (2007) explored the relationships between ethics stress, organizational ethical climate, moral action, job satisfaction, and intent-to-leave via self-administered surveys among a sample of nurses and social workers. Significant findings included the following:

- Higher levels of ethics stress were associated with decreased job satisfaction and increased intent-to-leave (O'Donnell et al., 2008).
- Employees experienced less ethics stress within work environments that were more ethically supportive and included more ethics resources (O'Donnell et al., 2008).
- Those who received more ethics education (particularly continuing education) were more likely to use ethics resources and to engage in moral action (Grady et al., 2008).

- Ulrich et al. (2007) found that respondents who had available resources and support to manage ethics stress were better able to preserve job satisfaction.

Respondents who reported having more ethics education reported less job satisfaction. Mänttari-van der Kuip (2016) in a study of 817 social workers observed that those who reported experiencing moral distress were more likely to “not be willing to continue in their current position” (p. 92), suggesting an intent-to-leave. Further, a study by Neumann et al. (2018) of 98 hospital social workers revealed that elevated moral distress was predictive of increased burnout. These studies highlight the impact of ethics related stress on employee feelings of efficacy at work as well as the importance of appropriate supports and education related to ethical decision making and action.

A meta-analysis of 25 studies exploring human service employees’ intent to leave and turnover was conducted by Mor Barak et al. (2001) and found that burnout, job dissatisfaction, stress, and limited social support were among the top predictors. A subsequent 2008 study of social workers by Kim and Stoner (2008) found that burnout mediated the relationship between role stress and intent to leave such that those with higher role stress were more likely to experience higher burnout which increased intent to leave. Role stress can result from a lack of clarity about and limited support in carrying out job functions as well as from conflicts between the goals and values of the employee and employer (Söderfeldt, Söderfeldt, & Warg, 1995; Kim & Stoner, 2008). Therefore, ethics stress may operate as a specific form of role stress, originating from the degree to which an employee is able, empowered, or prepared to negotiate ethical challenges unique to their position.

Research Question

The present study explores whether ethics stress operates in a similar manner to role stress in relationship to burnout among a sample of social workers. Specifically, does ethics stress predict

burnout when controlling for type of social work practice and length of time in the profession?

Method

Sample

A list of 628 Licensed Bachelor Social Workers (LBSWs) was obtained from one mid-Atlantic state’s social work board. Sixty-seven individuals with out-of-state addresses were removed from the list, resulting in a final sampling frame of 561 individuals.

Procedure

Self-administered, paper surveys were mailed to the home addresses of 270 randomly selected LBSWs as part of a study on social worker professional quality of life. Measures were selected based on the literature as well as their appropriateness for use with this sample. All participants received a cover letter that described the purpose of the study and consent process. One hundred and thirty-five (half) of the initial mailings were randomly selected to receive a \$2 incentive. Two weeks after the paper surveys were sent, a follow-up post-card was mailed to participants. The follow-up post-card thanked those who had already responded and encouraged those who had not yet responded to do so through a web link to an online version of the survey. Completed surveys were returned, via a self-addressed stamped envelope, to the researchers at the University of Maryland, Baltimore. Respondents remained anonymous as the researchers were not able to link responses to specific individuals. Only the research team maintained access to the data, which was kept on password protected computers and in a locked cabinet. This research project has been approved by the IRB of the University of Maryland, Baltimore.

Of the 270 surveys that were mailed on August 31, 2016, 10 were returned to sender and 73 were received by the research team for a response rate of 28% (i.e., based on 260 potential respondents). Survey responses included in this study were all received by October 12, 2016. No survey responses were received via the online link.

One respondent reported non-residence in the mid-Atlantic state of interest and was excluded. An additional 12 individuals were excluded as they were not currently working in the field of social work or human services. All individuals included in the analysis endorsed being 18 years of age or older.

Of those respondents included in the final analysis, the majority identified as female (91%) versus male (9%). Fifty-seven percent identified as White while 41% identified with at least one minority racial or ethnic group. The average age of respondents was 49.41 (*SD* = 12.50) years, with a range from 24 to 74 years of age. Respondents reported being social workers for an average of 22.54 (*SD* = 11.76) years with a low of 1.25 years and a high of 43 years. The majority (91%) of respondents reported working 30+ hours per week.

Measures

In addition to the standardized measures described below, the survey included questions

related to demographics and practice characteristics. Items of interest in the study’s multivariate analysis include the number of years a respondent reported being a social worker (years in practice), measured as a continuous independent variable and the type of social work currently practiced (type of practice), measured as a dichotomous independent variable. The survey question about social work practice included five options: Direct practice with individuals or groups, Administration/Management, Community Organizing/Advocacy, Training/Consultation, and Academic (Research and/or Teaching). For analysis, these options were collapsed to *Direct Practice* and *Other*. Survey responses to race and ethnicity questions were used to create a dichotomous variable which included those identifying as only *White* or as *People of Color*. *People of Color* includes anyone who identified as Hispanic or Latino, Black or African American, Asian, American Indian/Alaska Indian, or Native Hawaiian/Pacific Islander.

Ethics stress. Ethics stress (independent variable) was measured via the 21-item affective subscale of the Ethics Stress Scale (Raines,1994). The Ethics Stress Scale was originally used with medical professionals but provides statements that can be adapted for human services and has been utilized within the social work literature. While three subscales (affective, behavioral, and cognitive) have been identified, the current study utilized the affective subscale to explore the emotional experience of managing ethical issues or challenges in practice. Sample items include, “I sometimes feel overwhelmed by having to make ethical decisions.” and “I feel confident about my professional responsibilities and scope of practice related to ethical issues.” The Ethics Stress Scale

Table 1

Demographic Categories of LBSW Survey Respondents

Category	#	%
Type of Social Work Practice		
Direct Practice	39	69.6
Administration/Management	11	19.6
Community Org./Advocacy	4	7.1
Training/Consultation	2	3.6
Academic	0	0.0
Race/Ethnicity		
White (only)	32	57.1
Black or African American	20	35.7
Hispanic or Latino	3	5.4
American Indian/Alaska Indian	2	3.6
Asian	1	1.8
Native Hawaiian or Pacific Islander	0	0.0

Note. *N* = 56. Race/Ethnicity data was missing for one respondent. Three respondents identified with more than one minority racial or ethnic group.

as a whole has demonstrated very good internal consistency reliability with a Cronbach's alpha of .87 and adequate content and face validity via expert review (Radzvin, 2008, 2011; Raines, 1994).

The 21 affective subscale items are measured on a 5-point Likert scale from *Strongly Agree* to *Strongly Disagree* and are combined to create a sum score (with lower scores indicating higher levels of ethics stress). The theoretical range for ethics stress (affective subscale) is 21 to 105, while the actual range in this sample was 58 to 101 with a mean score of 80.59 ($SD = 11.55$). Clinical cut-offs have not yet been established for the Ethics Stress Scale or its subscales. Radzvin (2008, 2011) identified positive (7 questions) and negative (14 questions) affective subscales, which were originally described by Raines (1994), but not fully explicated. In the current study, the affective positive subscale ranged from 19 to 35 ($M = 27.63$, $SD = 4.20$) and the affective negative subscale ranged from 35 to 70 ($M = 52.96$, $SD = 8.64$). For comparison, in Radzvin's (2008, 2011) study of 283 Certified Registered Nurse Anesthetists (CRNA), the affective positive subscale ranged from 14 to 35 ($M = 26.31$, $SD = 4.38$) while the affective negative subscale ranged from 19 to 68 ($M = 50.47$, $SD = 9.59$). Cronbach's alpha of .87 was obtained for the affective subscale of the Ethics Stress Scale in this sample.

Burnout. Burnout (dependent variable) will be measured via Stamm's (2010) Professional Quality of Life Scale (ProQOL), a tool designed for use with individuals in the helping professions. In this model, burnout manifests as feelings of exhaustion and hopelessness about one's work as well as difficulty performing work tasks effectively. A sum score is obtained via 10 items (e.g., "I feel worn out because of my work as a social worker.") that are measured on a 5-point Likert scale from *Never* to *Very Often*. The theoretical range for burnout is 10 to 50, while the actual range in this sample was 12 to 38 with a mean score of 21.55 ($SD = 5.32$). Per Stamm (2010), a score of 22 or less indicates low levels of burnout, placing the mean score on the boundary between low and average (score of 23 to 41) levels of burnout. High

levels of burnout are characterized by a score of 42 or above. Based on a review of the literature, the burnout scale has an average Cronbach's alpha of .75 (Stamm, 2010). Cronbach's alpha of .82 was obtained for the burnout scale in this sample.

Data Analysis

Data was analyzed using SPSS Version 22. Four individuals were excluded from analysis due to a significant amount of missing data on variables of interest, resulting in the final analytic sample ($N = 56$). A power analysis using G*Power indicated that for a linear regression model with alpha set at .05, an anticipated medium effect size of .20, and power of .75, a maximum of three predictors could be utilized with the current sample (Faul, Erdfelder, Lang, & Buchner, 2007). Previous studies have not provided clear guidance regarding anticipated effect sizes.

A hierarchical regression model was used to test whether ethics stress is a unique predictor of burnout when controlling for years in practice as well as type of practice. Bivariate relationships between the independent and dependent variables were tested via correlation (ethics stress and burnout; years in practice and burnout) and t-test (type of practice and burnout). Regression assumptions, including no problematic collinearity, normality of residuals, homogeneity of variance, independence of residuals, and linearity were tested prior to running the hierarchical regression model. All assumptions were met within acceptable limits. Due to concerns about statistical power, the race/ethnicity variable was not included in the multivariate model. However, the relationships between race/ethnicity and ethics stress, burnout, years in practice, and type of practice were explored at the bivariate level. For any missing value on the burnout and Ethics Stress Scales, the median score for the rest of the sample on that item was substituted and used to calculate the scale score. One respondent was missing a value for years in practice. As a result, a ratio to describe the relationship between age and years in practice was calculated and a single value was imputed for this respondent.

Results

Bivariate Analysis

Prior to running the regression model, bivariate relationships between the independent and dependent variables were explored. There was a significant negative relationship between ethics stress and burnout, $r = -.359, p < .01$, indicating that as ethics stress scores decrease, burnout scores increase. This is the relationship that would be expected as lower scores on the Ethics Stress Scale indicate higher levels of stress. The relationship between years in practice and burnout as well as type of practice and burnout were not significant at the bivariate level.

Further, 41% of the respondents in this sample identified as *People of Color* versus 57% who identified as *White* only. Bivariate relationships were explored to determine if there were significant differences on variables of interest based on race and ethnicity. Results of bivariate analyses indicated that there were no statistically significant differences between those who identified as *White* only versus a *Person of Color* on burnout, ethics stress, years in practice, or type of practice. Interestingly, Stamm (2010), observed that non-white respondents reported significantly higher levels of burnout than white respondents. This

discrepancy could be a function of the sample size, or another unique characteristic of the respondents in this study and warrants further investigation.

Multivariate Analysis

Results of the omnibus test indicated that Model 1, $R^2 = .09, F(2, 53) = 3.85, p = .028$, and Model 2, $R^2 = .20, F(3, 52) = 5.65, p = .002$, were both significant (see Table 2). Model 1 demonstrated that years in practice and type of practice explained 13% of the variance in burnout. After controlling for years in practice and type of practice in Model 2, ethics stress predicted 12% of the variance in burnout. Both type of practice ($p = .013$) and the ethics stress ($p = .006$) were individually significant in Model 2. Individuals who identified working in Administration/Management, Community Organizing/Advocacy, Training/Consultation, or Academia (Research and/or Teaching) had burnout scores that were 3.6 points (7%) lower than those who identified as working in direct practice with individuals or groups, holding other variables constant. And, for every one-point increase in burnout, an individual's ethics stress score decreased by .16 points, holding other variables constant.

Table 2

Hierarchical Regression: Predictors of Burnout

Predictor	Model 1			Model 2		
	<i>B</i>	<i>SE B</i>	β	<i>B</i>	<i>SE B</i>	β
Years in Practice	-0.07	0.06	-0.16	-0.05	0.06	-0.12
Type of Practice	-3.48	1.48	-0.30*	-3.56	1.39	-0.31*
Ethics Stress				-0.16	0.06	-0.35**
R ²		0.13			0.25	
F		3.85*			5.65**	

Note. $N = 56$. *B* = unstandardized regression coefficient. *SE* = standard error. β = standardized regression coefficient. * $p < .05$. ** $p < .01$.

Discussion

Questions within the affective subscale of the Ethics Stress Scale speak directly to the emotional demands of ethical decision making in practice and suggest that managing ethical issues is a unique function (i.e. role) of the work done by social workers. For example, social workers have an ethical obligation to promote client self-determination; however, its application in practice is far from straight forward. When working with individuals who have significant cognitive delays, social workers may struggle to balance the right of the individual to make independent financial and medical decisions with concerns that they do not fully understand their choices and associated outcomes. While the NASW Code of Ethics suggests that there are limitations to self-determination when a client is in imminent danger, how do social workers decide where this line is drawn (National Association of Social Workers, 1999)? Questions such as these frame a social worker's daily practice.

Results of the hierarchical regression support the theory that ethics stress operates as a form of role stress in relation to burnout. In fact, within this model, 12% of the variance in burnout was explained by ethics stress. These results are consistent with those of Kim and Stoner (2008), who found that role stress was associated with increased burnout. The relationship between ethics stress, job satisfaction, burnout, and intent-to-leave have received limited attention relative to social workers. The current study expands on previous work and proposes a theory about the relationship between ethics stress and burnout.

Implications

Social work educators should consider the unique role that ethical decision-making plays in social work practice as well as the subsequent stress experienced by practitioners. Further, results suggest that those in direct practice settings may be particularly vulnerable to burnout. It is possible that social workers experience stress to which they are not entirely sensitized, while others may expressly feel unsupported or disempowered to act in ways

consistent with the values and expectations of the profession. The critical question is, "How do we effectively support social workers in considering the ethical implications of their work, in making and acting on ethical decisions, and in managing the stress they will undoubtedly experience?" Studies by Ulrich et al. (2007) and O'Donnell et al. (2008) found that levels of ethics stress were impacted by the amount of ethical support within the work environment (i.e., availability of ethics training and ethics consultation) such that those with more resources experienced less ethics stress. Social workers may benefit from support to develop and advocate for ethics consultation and review committees within practice settings as well as trainings that focus on the complexity of managing ethical decision making in everyday practice, rather than more formulaic approaches.

Ongoing research is needed to explore the extent to which social workers perceive the ethical and moral implications of their work; whether there is a common understanding of ethics and ethical practice; the types of situations that are perceived as most ethically challenging; how social workers manage the stress of ethical decision making in practice; and whether the type and amount of ethics stress differs by practice setting (direct practice, administration, training, advocacy, academia, etc.). Mixed-method approaches (such as administering a survey followed by structured interviews) could be most effective in exploring and refining the construct of ethics stress by asking respondents to reflect on the questions asked and to clarify meaning and understanding.

Limitations

This study was limited by the low response rate (28%) and small sample size ($N=56$), potentially resulting from a long, nine-page survey. To reduce cognitive burden, only one of three subscales of the Ethics Stress Scale was utilized. Thus, more extensive comparisons to previous research were not possible. The small sample also restricted the number of predictor variables that could be included in the model. Further, generalizability of findings is

limited as the survey was sent to a single sample of LBSWs in one mid-Atlantic state. It is possible that this group of social workers differs significantly from social workers on other state licensing lists (such as those with clinical licenses) in a way that would produce differing results. Lastly, and perhaps most importantly, it was not possible to confirm respondent understanding of questions and concepts being discussed and therefore impossible to ensure that the construct was being measured as precisely as intended.

Conclusion

The goal of this study was to test the theory that ethics stress functions as a unique form of role stress. Ethics stress, it was hypothesized, would be related to burnout in the same way that role stress (and more broadly, job stress) has been associated with both burnout and turnover; that is, increased ethics stress would be associated with increased burnout (Kim & Stoner, 2008; Mor Barak et al., 2001; Söderfeldt et al., 1995). Study results support this theory as ethics stress was a unique predictor of burnout and explained 12% of the variance when controlling for years in practice and type of practice. Social work education should play a key role in actively preparing students to negotiate ethical challenges in ways that are consistent with both personal and professional values. Without such preparation, social workers may be at increased risk of burnout, which impacts both the quality of daily practice as well as longevity in the field. Continued research is needed to explore the construct of ethics stress, the relationship of ethics stress to employee burnout and turnover, individual employee experiences, as well as best practices for supporting social workers in varied practice contexts.

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Social Work Ethics and Intercollegiate Student-Athlete Retention

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Journal of Social Work Values and Ethics, Volume 17, Number 1 (2020)
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Abstract

Intercollegiate athletics is a large industry that includes a population of over 560,000 student-athletes between the NCAA and the NAIA. There has been a call for social work to become more involved in athletics and working with athletes. The vulnerabilities of athletes in collegiate settings has also been on display. To counteract these challenges, the social work profession, using the principles of using a trauma informed approach to working with individuals, considerations of the person in environment, and the guidance of the NASW Code of Ethics, can be a valuable resource and guide practice with this population. The current article uses the NASW Code of Ethics, ethical frameworks, and ethical considerations to evaluate ethical dilemmas to provide insight into how social work can benefit student-athletes and the institutions which sponsor athletic programs.

Keywords: social work, student-athletes, ethics, Deontology, Immanuel Kant, NASW

Introduction

“I am more than just a serious basketball fan. I am a life-long Addict. I was addicted from birth, in fact, because I was born in Kentucky and I learned, early on, that Habitual Domination was a natural way of life” (Thompson, 2018, p. 11). The love of athletic competition and the athletes who participate

in it has fascinated the world for thousands of years. Fans and enthusiasts decorate their homes with memorabilia of their favorite teams, get tattoos featuring team logos, and spend large amounts of money to attend sporting events. In the United States there is a passion for athletic competitions at the intercollegiate level. The industry of college athletics generated for the National Collegiate Athletic Association over one billion dollars in the 2016-2017 season, with 27 schools achieving over one hundred million dollars in revenue in 2016, and the highest revenue producing university bringing in \$182 million in 2016 (Blackstone, 2019).

For institutions, the benefits for having athletics programs can be large. Research has shown that when college sports team are successful, the universities profit in multiple ways (Chung, 2013). In what is known as the Flutie Effect, when universities have winning seasons or achieve championships, there can be a surge in their applications and new student enrollment, and some universities after winning seasons have seen application for enrollment rise 30% (Chung, 2013). The universities benefit financially through both the sports and the increased media attention bringing in new students. The primary individuals who make these college and university athletic programs so popular and generate such revenue are the student-athletes who wear the uniforms of their schools.

This relationship between the institutions and their players can benefit both sides, but there remains debate about the extent to which that relationship is actually one-sided in favor of the institutions, especially since it is well-documented that college athletes are often exploited.

“The exploitation of college athletes, particularly black revenue athletes, has been a persistent topic of controversy within American higher education for the past half century” (Rheenen, 2012, p. 205). There are currently over 460,000 student-athletes participating in NCAA competitions across the United States (NCAAb, 2018). The National Association of Intercollegiate Athletes has over 65,000 student-athletes (NAIA, 2018). The amount of money student-athletes receive from scholarships can lead too many to be living in poverty conditions while coaches and administrators make large salaries (Givens, 2013). Male student athletes have reported feelings of exploitation and social isolation, especially among football and men’s basketball players (Cooper, Davis, & Dougherty, 2017). Along with these concerns of exploitation and student-athletes’ financial well-being are those of being isolated from family, stereotypes about athletes, of a lack of trusted role models, and of being removed from their communities when they go to these institutions (Gill, 2008). With allegations of exploitation around intercollegiate athletics, and concerns about academic and individual development of student-athletes, institutions have been looking for solutions (Chartrand & Lent, 1987). There has been a call for social work to enter the arena of athletics to bring the discipline’s approaches and ethics to student-athletes and institutions. Social work can be of service on the micro-, mezzo-, and macro-level to this population (Moore, 2016).

Social work is unique, in that it can look at collegiate sports and see beyond the athlete. “The guiding principles and training that characterize social work make it an appropriate profession for college athletics and student-athlete development” (Gill, 2008, p.86). At a clinical level, social workers are providing mental health support, coordinating

services to student-athletes and athletic departments, helping individuals learn needed life skills, and much more (Gill, 2008). According to the Council of Social Work Education, social work promotes human and community well-being that includes colleges and universities, as well as the student-athletes who participate on behalf of these institutions (Moore, 2016). The National Association of Social Workers (2018) provides the ethical guidelines and principles that direct social work practice.

To look at the challenges faced by athletes in collegiate sports, it is important to examine the NASW code of ethics, historical ethical frameworks, and ethical considerations to evaluate three areas of social work involvement in working with intercollegiate student-athletes. Ethical considerations will be evaluated for social work involvement in teaching, practice, and research involving student-athletes and the institutions they play for. The goal of evaluating ethical principles for working with student-athletes is to improve the quality of life and success for student-athletes while hopefully increasing the involvement of social workers in the field of intercollegiate athletics.

Retention of Student-Athletes

As a collective group, there are concerns about retention, especially for male athletes. Low graduation rates decrease university resources, decrease meeting educational objectives, and reflect universities’ ability to educate, meet social, and emotional needs of students (Mangold, Bean, & Adams, 2003). Some student-athletes enter post-secondary institutions with low entrance exam scores and high school GPAs and then enter universities where they must perform academically, while on top of academic responsibilities they must meet athletic demands (Carodine, Almond, & Gratto, 2001). According to the NCAA Graduation Success Rate (GSR) for 2017, white males were graduating at 87%, African-American males at 72%, white females at 95%, and African-American females at 87%, with an overall student-athlete rate of 87% (NCAAc, 2018). The NCAA GSR has

been criticized for not accurately depicting the true graduation numbers, but the Federal Graduation Rate (FGR) has also been questioned on accuracy (Southall, 2012). According to the FGR, for 2017 the graduation rates for student-athletes was 68%, for white males 66%, African-American males 55%, white females 78%, and African American females 67% (NCAAc, 2018). Using either GSR or FGR there are obvious differences between the graduation rates of African-American and white student-athletes.

Intercollegiate sports can be an escape mechanism for youth who come from hazardous environments that have crime problems, gangs, and poor educational conditions (Gill, 2008). There has been a decay in trust by the public towards student-athletes due to low graduation rates and student-athletes leaving academic institutions in poor academic standing, along with gross misconduct and academic scandals (Gayles & Hu, 2009). African-American male student-athletes, specifically, experience lower academic success, are socialized towards athletics, and lack diverse educational and career plans (Beamon, 2008). For universities there are benefits for having successful programs including financial and increased student enrollment (Chung, 2013). The benefits to the NCAA and universities are millions of dollars in revenue to have successful athletic programs, especially football and men's basketball (Blackstone, 2019). Evaluating the literature, it appears that while athletic organizations and institutions benefit from student-athletes, the players themselves are not benefitting at the same level.

Kant and Deontology

The ethical frameworks of Immanuel Kant and deontology provide one possible way to evaluate the relationship between student-athletes and the organizations/institutions they play for. In Kantian philosophy it is against moral law to use an individual as a means to an end, but instead individuals should be seen as an end to themselves (Freeman, 2000). The basis for this comparison is that student-athletes should not be viewed or treated

as a means to an end, i.e. making large amounts of money for organizations or institutions; but instead the student-athletes should be ends in themselves. The success of these individuals as students should be the mission of the organizations and institutions, not just their athletic development.

Following Kant's views, these organizations, institutions, and individuals who work for them should treat student-athletes in a way that they would want all students or themselves to be treated. It should be that individuals should act in a manner that can be willed that it becomes a universal law (Kant, 1988). The benefits and services provided to student-athletes should be done to enhance their success, and these should be done with good intentions from a sense of duty to the student-athletes. Kant's view on good will provides guidance on this sense of duty. Good will is defined as having good intentions, so that performing an act should be done out of that sense of duty, but not for personal gain or because of consequences (Freeman, 2000).

Universities present student-athletes with the opportunity of obtaining a degree (Gill, 2008). The NCAA claims the benefits of being a student-athlete are a college education, academic success, scholarship, academic and support services, medical care, life preparation, and more (NCAAA, 2018). The data on graduation rates using either the GSR or FGR present data that there are disparities at some point between the benefits promoted to student-athletes and the outcomes they experience. By telling the truth one is morally good, no matter the outcome, and it is immoral to lie or not tell the truth (Kant, 1988). Following Kant's reasoning, if organizations and institutions are telling student-athletes that they will have access to education, then it is those organizations or institutions' responsibility to ensure that is the reality. This view of honesty and truth-telling also returns to the need to treat people as an end in themselves and not a means to an end. If the organizations or institutions are promoting benefits, such as education and support services, then they assume a duty to provide those things and not just promise them to recruit players in an effort only to increase athletic success.

In “The Discipline of Pure Reason in Polemics,” Kant states that reason is not controlled by dictatorial or despotic power, but is found in the free expression of citizens to speak their doubts and criticisms (Kant, 2004). Student-athletes should have the ability to use their voice and speak out when they feel it is needed. These situations include about their academics, positives or negatives of their university experiences, and social issues they believe in, without fear of punishment. Student-athletes should believe that their voices and choices are their own and not being coerced by their university or athletic department. Deontology promotes that for a decision to be made of free will, it must be done without being forced into a decision (Kant, 1988).

NASW Code of Ethics and Principles

Social workers are guided by the National Association of Social Workers (2018) Code of Ethics which is divided into categories and sub-categories and the NASW Ethical Principles. For further evaluation of ethical issues for student-athletes this article evaluates section one of the NASW Code of Ethics which covers ethical responsibilities to clients and provides good guiding principles.

Commitment to client

An important ethical consideration for social work is the commitment to clients: the well-being of clients is the primary interest of social workers, but there is also a responsibility to society as a whole (National Association of Social Workers, 2018). Combining commitment to clients and treating individuals as an end means seeing that student-athletes are an important population who require treatment and services, which should be the primary focus of individuals working with them. When a student-athlete seeks services, there should not be a consideration as to how decisions on the athlete’s welfare will affect the team or athletic department, but instead practitioners’ only concern should be the welfare of that individual (Beamon, 2008). Social work is not just about resolving

sports-related issues or performance problems, but instead is more directed towards supporting individuals through aspects of life such as academic issues, mental health, financial problems, trauma, and much more (Gill, 2008).

Self-determination

A key ethical principle is that of self-determination which holds that an individual should identify and set their own goals and those working with these individuals should respect and promote those decisions as long as they do not pose risks to the individual or others (National Association of Social Workers, 2018). Student-athletes should be free to make decisions about their academic goals, career decisions, and their athletic futures. Research on black male student-athletes has argued that an student-athlete must notice exploitation from the inequitable structural arrangement, they must see the power in themselves to design their own outcomes, and they must be active in engaging in behaviors to disrupt inequitable arrangements to achieve their goals (Cooper, 2018). Student-athletes feel more empowered when they make their own decisions, but part of that comes with being given access to the knowledge to make such choices. Having access to knowledge so an individual can make informed choices is another social work ethical principle.

Informed Consent

For social workers, informed consent is ensuring that individuals have the proper knowledge of services being provided, potential risks, a duty to ensure individuals understand the information being given to them, and that they are mentally able to provide consent (National Association of Social Workers, 2018). The concept of informed consent can be a guiding foundation for working with student-athletes from academic services, support services, and the athletic department. If a student-athlete wants to study biology and is determined to get a nursing degree, then their academic goals should be promoted and not influenced by coaches, athletic staff, or advisors. When student-athletes have access to career development decision-making self-efficacy courses that educate them on making

career choices, they increase their beliefs in success in their chosen careers, and they feel less that their educational choices are being influenced by outside forces (Burns, Jasinski, Dunn, & Fletcher, 2013).

Cultural Awareness and Social Diversity

Cultural awareness and social diversity are an important focus in the code of ethics. Social workers should understand how culture influences behavior, be sensitive to individuals' cultural differences, and obtain education and understanding about diversity and oppression (National Association of Social Workers, 2018). Student-athletes come from diverse areas, international communities, and socioeconomic backgrounds that are entering predominantly white institutions (Gill, 2008). When developing programs, working with student-athletes, and providing services, those programs and services should be culturally competent for the entire population, with emphasis on treating everyone equally. For black student-athletes there were multiple factors that effected their academic commitment and capability: racial and athletic stereotypes, campus events that did not appeal to black students making them feel more unwelcome, and white students being uncomfortable relating to black students from lack of exposure during their upbringing (Simiyu Njororai, 2018). If black student-athletes do not feel welcomed by white fellow students, and if they feel that the campus does not recognize their cultural identity, or that it is not working to be welcoming to diversity, then those student-athletes' academic success is negatively impacted. This is why it is important to promote cultural awareness and diversity.

Social Justice

One social work value is social justice, which encompasses the ethical principle that social workers challenge social injustice (National Association of Social Workers, 2018). When student-athletes, especially minorities, feel their voices are not heard, or that they are being discriminated against on campuses, their voices have a right to be heard and not impeded by the universities. Black student-athletes have started using their voices

to protest racism and racial discrimination on campuses, using their voices to threaten boycotts against racist comments from a university president and, along with coaches and staff, demonstrating against racist chants aimed at black students from a fraternity (Greenlee, 2016). As Simiyu Njororai (2018) found, environments that are hostile to black student-athletes have a negative impact on their academic performance. Social workers should pursue social change for individuals and groups who are vulnerable or face oppression, to combat social injustices (National Association of Social Workers, 2018). Social workers working with student-athletes should promote positive social change, bring awareness to inequality, advocate on behalf of their student-athletes, and support those standing against social injustice. The promotion of social justice for student-athletes, especially those from minority populations, is to help foster an environment that is inclusive and champions diversity.

Deontology and the NASW Code of Ethics

Using the Deontological approach in combination with the NASW Code of Ethics provides guidance for understanding and resolving issues related to ethical dilemmas affecting student-athlete retention. Seeing student-athletes as an end in themselves in combination with the commitment to student-athletes and using the concept of informed consent allows the student-athletes to make informed decisions that are in their best interest. By unifying Deontology's emphasis on free will with social work's focus on self-determination, student-athletes can have input into their academic futures and service needs. Social workers' striving for social justice is supported by Kant's views that individuals should have the ability of free expression and when student-athletes have concerns or view injustices they can feel supported in speaking out for their rights.

Though these concepts only scratch the surface of the many dilemmas facing the student-athlete population, it suggests how Deontology can

help inform the understanding of social work ethics regarding student-athlete retention. By combining the teachings of Deontology with the ethical code and principles of social work there is a foundation for resolving some of the ethical dilemmas surrounding the student-athlete population. Through the promotion of commitments to student-athletes, promoting self-determination, using the principles of informed consent, pushing for cultural awareness and diversity, and striving for social justice, those working with student-athletes can create an ethical environment that is inclusive. Through advocacy they can promote feelings of belonging, a sense of support, and academic success in student-athletes.

Implications for Social Work Teaching

Sports social work is a developing field that can offer different perspectives and approaches for universities, athletic departments, and student-athletes. In respect to teaching there are a few focuses that can help promote the ethical principles and values of social work. The first focus is the promotion of sports social work as a field of study at universities. Developing educational programs and specializations and hiring sports social work professors could help provide evidence for students that the field of social work is being recognized as a valid career field. Matt Moore and Ginger Gummelt designed the first sports social work textbook that was released in the fall of 2018 (Moore and Gummelt, 2018). The development of sports social work specific textbooks allows students to learn lessons developed specifically for social work that incorporate social work ethics and values. Education of current and future social workers about student-athlete issues just the first step.

Social work educators should then push to help fight unethical stereotypes and practices aimed at student-athletes. There are barriers that exist from some faculty that place negative perceptions towards student-athletes, that question the value of these students, and that there is a lack of academic goals from student-athletes (Gill, 2014). When presented with student-athletes in their classroom,

social work educators can work with student-athletes around their athletic schedules and hold them to the same standards as other students. One research study of 215 collegiate student-athletes found over 57% of participants reported some level of difficulty with getting accommodations from their professors (Parsons, 2013). If student-athletes are only able to be in these classes because athletic participation makes it possible, then professors should attempt to make reasonable accommodations to support their students.

There should also be a focus on removing the negative stereotypes associated with being a student-athlete, including that athletes are uneducated, not focused on academics, or only there to play sports. When student-athletes are confronted with their athletic identity in the classroom setting, it invokes the stereotype threat of the “dumb jock,” and there is a significant decrease in testing scores compared to student-athletes who are not primed with their athletic identity (Riciputi & Erdal, 2017). Being inclusive of student-athletes can reduce stereotypes and stereotype threats from faculty, staff, and students.

Practice

Social workers must seek and fight for their seat at the tables of university athletic departments and athletic organizations. If social workers are not even at the table, then it is virtually impossible to promote social works ethical principles and values for the benefit of student-athletes. Sports social workers must promote the values, principles, education, and practices they can provide institution, organization, and student-athletes. The field of sports social work enhances athletes in order to promote their psychosocial and mental health needs, view athletes as a vulnerable population, and support athlete self-determination (Gill, Rowan, & Moore, 2017). Through education in the skills, knowledge, and ethical practices of social work, the integration of sports social workers into athletics sets the foundations for integration of social work practice.

For social workers working with student-athletes, there must be an understanding of the range of services and support that student-athletes may

require. The relationship between the sports social work practitioner and student-athletes must be built and developed just as the coach/athlete relationships builds. “Knowledge in coaching, like social work, is gained through experience, observation, application of learned material, attending clinics, obtaining advanced degrees in athletic administration, coaching or social work, and through practice” (Felizza, 2017, p. 146). Through observing student-athletes, using education, and providing services, those working in sports social work positions can establish impactful and trusting relationships with the individuals they serve. As the NASW code of ethics states, social workers allow individuals to have self-determination (National Association of Social Workers, 2018). When providing services for student-athletes, respect must be given to the student-athletes’ needs and wants, even if it means going against the wants or wishes of the athletic department. When issues arise that raise ethical concerns for the social worker when providing services for the student-athlete, then there needs to be room both for providing advocacy and for policy changes.

Research

Research with student-athletes deserves the same ethical considerations as with any other population. There is a level of concern that must be acknowledged in conducting research with student-athletes, due to publicity and media attention. Care should always be taken to protect the identities of participants, their data, and records. Any breach of trust could negatively impact the student-athlete as well as future research with this population. There also needs to be a balancing of research of student-athletes. Research should be conducted across the different athletic organizations and divisions, and not just focus on the big revenue-generating sports. For example, research has shown that the experiences for black male student-athletes are different across the different NCAA divisions (Cooper, Davis, & Dougherty, 2017). If focus is placed on one division over another, or one sport over others, then research is not being inclusive of the entire student-athlete population.

Research with student-athletes must include social work ethical standards, practices, and knowledge for the rights of participants. Social work education takes into consideration many factors that influence the development of individuals that other disciplines may not consider. The Model of Academic Success for Student-Athletes proposed by Comeaux and Harrison (2017) is a dominant model in the study of academic success. The Model of Academic Success has a section of Precollege factors that include; family background, educational experiences and preparation, and individual attributes (Comeaux & Harrison, 2011). From a social work prospective the current model of academic success regarding precollege factors does not include precollege environmental factors that could influence academic success. Environmental factors are important aspects of a person’s development that can impact concepts of academic success such as growing up in poverty, exposure to violence, gangs, and diverse or homogeneous populations. By taking social work ethics and education into research there can be opportunities to bring attention to social considerations, cultural concepts, and diversity concerns that need to be addressed.

Sports social work researchers and researchers into student-athletes also have an ethical duty to promote the findings and interventions found through research to those organizations, institutions, and individuals that can benefit most. When research is conducted, it is published in specific journals and academic sources that may limit access or exposure of findings to individuals who can benefit. The ability to disseminate information can be enhanced by promoting sports social work research, promoting and accepting research for presentations at conferences conducted with student-athletes, and networking across disciplines. One tangible place this can be witnessed is the creation of the Early Scholars Committee within the ASWIS, which was founded by ten social work PhD students with young academics collaborating to enrich scholarship involving the intersection of social works and sports.

Conclusion

The potential exploitation of collegiate student-athletes has been of interest for decades yet has only in recent years been a focus of social work professionals. Questions have arisen around previous scandals involving apparel companies, universities, athletic departments, and individuals looking to profit from the hard work of student-athletes. Financial incentives around college sports are being produced, while student-athletes graduation rates, especially among African-American males, remain low. There must be integration of ethical practices, values, and principles to guide those entrusted with the futures of student-athletes. Social workers and NASW members could bring to universities, athletics departments, and institutions their established codes of ethics and ethical principles designed for the protection of vulnerable populations and individuals. The Alliance of Social Workers in Sports and its members have been a driving force in the promotion of sports social work, promoting education around athletic issues, and the benefits social work brings to the world of athletics. By enhancing aspects of teaching, practice, and research issues affecting student-athletes, social work can enhance these individuals' academic experience. Social work provides a discipline that can combat stereotypes, promote social work ethics and principles, enhance services, and expand research for the benefit of student-athletes, athletic organizations, athletic departments, and universities. Social work ethics focus on emphasizing an individual, their culture, and their community. It is time to remember the most important aspect of college athletics, which is not money, fame, or the donor base, but the retention to graduation of student-athletes.

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Patient Termination as the Ultimate Failure of Addiction Treatment: Reframing Administrative Discharge as Clinical Abandonment

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Journal of Social Work Values and Ethics, Volume 17, Number 1 (2020)
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Abstract

The proverbial elephant in the addiction treatment industry is the accepted disciplinary intervention of administrative discharge; the forced termination of patients from addiction treatment services. Despite its usage, this practice is not anchored in consensus about best practices or sanctioned by national guidelines. As a result, administrative discharges are based on rationale ranging from violations of clinic rules regarding safety to merely failing to conform to staff expectations. Patients may be administratively discharged with little nexus to addiction recovery resources and while continuing to exhibit symptoms that demonstrate continued need for treatment. Unchecked use of this administrative tool creates a risk of clinical abandonment and may mask prolonged and repeated program failures. Thus, the practice of administrative discharge may simultaneously increase the risk of relapse while precluding quality assurance and improvement initiatives.

Keywords: discharge, addiction treatment, forced termination, administrative discharge, clinical abandonment

Introduction

Inpatient (residential) and outpatient addiction treatment services are governed by a matrix of rules, regulations, and staff expectations meant to ensure a safe and supportive therapeutic environment for patients (Williams, 2015a). This system is enforced by administrative discharge, which is exercised, often reactively, in response to program rule violations (Condon et al., 2011; Deck & Carlson, 2005; Woody, Kane, Lewis, & Thompson, 2007), noncompliance with treatment protocols (Forman, Bovasso, & Woody, 2001), violation of safety regulations (Chang, Chiu, Gruber, & Sorensen, 2017), and perceived misbehavior or lack of cooperation with staff expectations on successful clinical engagement (Carr, 2010; Lee & O'Malley, 2018).

The practice of administrative discharge has been recognized within the United States (Reisinger et al., 2009), Canada (Spithoff et al., 2019), and Sweden (Svensson & Andersson, 2012). In 2017 (the latest available reporting year), 6.0 percent (or 99,319 cases) of forced service termination from addiction services within the United States were recorded at the national level (SAMHSA, 2018). Additionally, data indicates that the rate of administrative discharge is not uniform among

individual state systems in the U.S. For example, in Hawaii there were 3,754 discharged cases recorded during 2014 (Kim, Sabino, Zhang, & Okano, 2015). Among these discharges, the proportion of those who had treatment services terminated by program staff for non-compliance with program rules was 15.9 percent (Kim et al., 2015). Additionally, in Oregon and Washington State, the administrative discharge rate in methadone maintenance treatment reached 22% and 45%, respectively (Deck & Carlson, 2005).

Patient termination is the ostensible course of action only in extreme circumstances (e.g., physical assault causing severe bodily injury). In most cases, however, the decision whether to administratively discharge a patient from addiction services is not as clear-cut, and its complexities make for one of the most morally vexing and ethically complicated experiences practitioners face (e.g., see Williams & Taleff, 2015a). This is in large part because, despite the known repercussions of termination (which include premature death), the decision to terminate patient care is largely unregulated administrative practice (White, Scott, Dennis, & Boyle, 2005; Williams & Taleff, 2015b). Administrative discharges can be carried out in a manner inconsistent with:

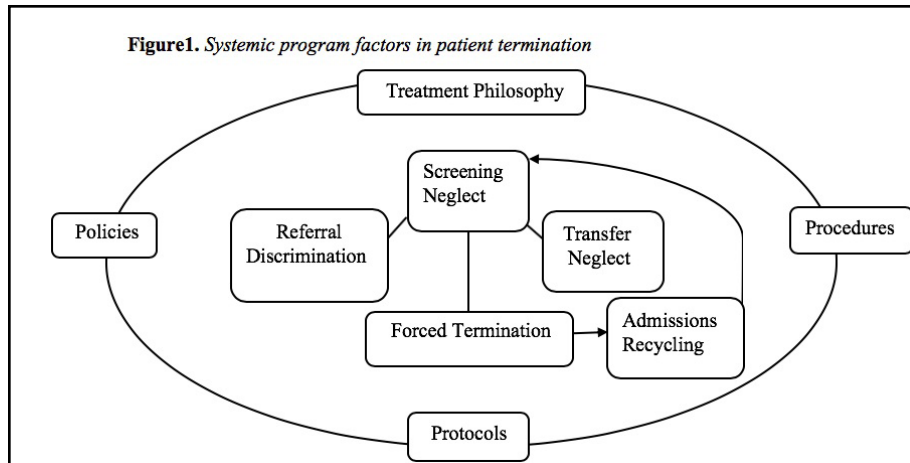
- a) The practitioner's professional code of ethics (Reamer, 2000). Here, the ethical standards set by the National Association of Social Workers (NASW) code, including but not limited to the addiction professionals' code of ethics (National Association for Alcoholism and Drug Abuse Counselors [NAADAC], 2016);
- b) The tenets of the disease model of addiction contraindicating termination of medication or medical service delivery (e.g., methadone) (Koob & Volkow, 2016; Volkow & Boyle, 2018; Volkow, Koob, & McLellan, 2016);
- c) DSM-5 criteria for substance use disorders indicating continued need for treatment (American

- Psychiatric Association, 2013);
- d) The actual category of discharge classifying a client's discharge status (Williams & Mee-Lee, 2017).
- e) Patient bill of rights and clinic policies, procedures, and procedures meant to promote and safeguard due process (Chang et al., 2017; Klingemann, 2017).
- f) *The National Association of Social Workers Standards for Social Work Practice with Clients with Substance Use Disorder* (NASW, 2013).

Administratively discharging patients is particularly problematic when such incidences take place in the context of prolonged and repeated program shortcomings. Critical analysis of the processes used to evaluate the appropriateness of administrative discharges is essential in such settings. The task at hand is to discern whether discharges have been appropriate or if they amount to a form of clinical abandonment. Failure to engage in this type of evaluative process may lead to obfuscation of systemic failures and thereby prohibit remediation.

Administrative Discharge: A Byproduct of Systemic Program Failure

In this section, addiction treatment is approached from a systems perspective. This approach elucidates program-level factors—couched in treatment philosophies and embedded in the treating agency's policies, procedures, and protocols (or lack thereof)—that lead to a diminished quality of care in service delivery, culminating in patient termination. These program-level factors manifest in: a) screening neglect, b) transfer neglect, c) referral discrimination, and d) (re)admission recycling of former patients (see figure 1).



Screening Neglect

For the purposes of this paper, screening entails two dimensions. The first involves ruling out treatment candidates who are deemed inappropriate for program placement. The second involves treating staff maintaining continuity of the screening process in order to ensure the treating agency is (re)assessing adequately to meet its patients’ changing needs and clinical status.

Screen for appropriate treatment placement

Part of the admissions process entails screening candidates in order to select persons entering into addiction treatment, match them to the appropriate mental health service delivery, and assign adequate therapeutic care in light of their presenting needs (Flynn & Brown, 2008).

McGovern, Xie, Segal, Siembab, and Drake (2006) surveyed addiction treatment agency directors, clinical supervisors, and clinicians in a single state system about co-occurring disorders among their patient population. They found overall estimates of 40–42% mood disorders, 24–27% anxiety disorders, 24–27% posttraumatic stress disorder, 16–21% severe mental illness, 18–20% antisocial personality disorder, and 17–18% borderline personality disorder (p. 272). Watkins et al. (2004) screened patients (n= 415) at intake at three outpatient addiction treatment facilities and found 210 patients (about 50%) had probable co-occurring mental health disorders, and of those more than a third had two or more probable disorders (pp. 754–755). Despite this biopsychosocial

complexity, treatment programs tend to deliver only brief and low-intensity services to those with severe, complex, or chronic problems (White, 2008). Such treatment placements put patients at high risk of being designated “inappropriate for services” or “noncompliant” by staff members and subsequently being administratively discharged.

Moreover, use of the *Diagnostic and Statistical*

Manual of Mental Disorders (DSM-5; American Psychiatric Association, 2013), is not mandated by state authorities or standardized nationally across treatment programs to diagnose and screen for substance use disorder (SUD) severity. The DSM-5 distinguishes between mild, moderate, and severe SUD based on the number of criteria an individual meets out of the 11 listed in the manual (American Psychiatric Association, 2013). Those with severe SUD, or whose moderate SUD meets some of the five disorder criteria (i.e., desire/ unsuccessful effort to cut down; craving/strong desire or compulsion to use; failure to fulfill role obligations; sacrificing social/occupational/recreational activities; and withdrawal), dubbed the ‘Big Five’, appear to be related to a more chronic condition that results in loss of control (Hoffmann & Kopak, 2015, p. 698), and highly likely to require total abstinence in order to achieve SUD remission (Dawson, Goldstein, & Grant, 2007; Office of the Surgeon General, 2016; Vaillant, 2003). Patients whose SUD rates are either mild or moderate, however, may benefit from an approach that permits moderation (Office of the Surgeon General, 2016; Vaillant, 2003). Despite this, addiction treatment programs have a well-established reputation for relying on abstinence-only approaches as a one-size fits all policy, regardless of the severity of the individual’s disorder (Williams and Mee-Lee, 2019). It is not uncommon for treating agencies to have simply cobbled single questions for the DSM-5 criteria onto intake/assessment forms or a preexisting

clinical instrument in an attempt to claim that it can cover diagnoses. This is disingenuous in that typically one has to ask several questions within context of a biopsychosocial clinical interview for each criterion so as to be sure that that criterion is either negative or positive (Hoffmann, 2019).

By the most recent account of data from the 2016 National Survey of Substance Use Treatment Services (N-SSATS), the Substance Abuse and Mental Health Services Administration reported that of 14,399 treatment facilities, 73% claimed to use 12-step facilitation (SAMHSA, 2017). Treatment facilities may nonetheless show low fidelity to 12-step facilitation model and the notion that addiction is a disease (Williams and Mee-Lee, 2019), and, consequently, continued drug use may be viewed as a behavioral problem rather than a symptom of the substance use disorder. In such a way patient engagement and patient choice are compromised by an abstinence-only ethos that limits treatment options (Subbaraman & Witbrodt, 2014).

Conceptualizing abstinence as pre-requisite to any other goals is problematic not only because it limits patient choice, but it may also lead to treatment failures. The belief that abstinence is requisite to all other goals prohibits clinicians from genuinely supporting clients who are focused on other areas of life. Many such clients may become disenfranchised with treatment services, especially if they achieve their goals and without complete abstinence. More importantly, absent the benefit of genuine clinician support, many other of these clients may not achieve these other goals thereby increasing their risk of recurrence of substance misuse.

In prioritizing abstinence as the main recovery goal for all patients, as opposed to adhering simultaneously to a moderation approach or harm-reduction model for lower severity substance use disorders, patients who cannot abstain or are uninterested in becoming totally abstinent can be refused continued treatment by way of administrative discharge (Condon et al., 2011). In essence, the prevalence of programs that hold to a blanket policy rather than tailor their treatment based on where the patient lies on the SUD spectrum implies that addiction practices are out of

line with the DSM-5 (Williams & Mee-Lee, 2019).

The DSM-5, furthermore, defines SUD remission as having no positive diagnostic criteria other than cravings in a three-month period for initial (early) remission or a 12-month period for sustained remission (American Psychiatric Association, 2013). Substance use per se is not part of the remission definition. The DSM-5 recognizes that not every patient needs to become abstinent to achieve remission even though the majority of program philosophies do not. This structural mismatch between the treating agency's goals, rules, and expectations and the needs or preferences of the patients sets the stage for diminished treatment effects, or program staff to pressure patients to adopt the goal of abstinence and discharge those who do not meet the provider's expectation of treatment compliance (Forman et al., 2001). Consequently, patients who disagree with the program's treatment philosophy are denied service. Alternatively, patients may have access to services but only if they are disingenuous about their goals. Lee and Malley (2018), for example, found patients at high risk of service termination when: a) honest about their drug use and true orientation toward recovery, b) viewed as incompetent and lacking self-determination (i.e., "you can no longer know what's best for you") because of drug use despite punitive responses and threats of being kicked out of services, and c) perceived not to comport in manner of thought, behavior and feeling accepted by treating staff to be regarded as: motivated to change, serious about recovery, compliant, and not in denial or resistant to "doing treatment."

Continue screening and reassessing patient placement

McGovern, Lambert-Harris, Gotham, Claus, and Xie (2014) sampled 256 programs across the US and found that approximately 18% (n= 180) of addiction treatment and 9% (n = 76) of mental health programs were co-occurring diagnosis capable (p. 208). Together, "this suggests that patients and families seeking care in these programs have a 1 in 10 to 2 in 10 chance of having both disorders addressed adequately" (p. 209). Hence

“reassessing changes in status during treatment can reveal particular points of vulnerability in the early recovery process, including mismatches between service interventions and emerging stages of recovery that can spark a breakdown in the service relationship and the clinical deterioration that often follows” (White et al., 2005, p. 13).

The initial biopsychosocial interview conducted during patient admission marks the beginning of a screening process, but its duration should last the patient’s treatment term (Hoffmann, 2019). This ongoing process ensures and maintains the treating agency is appropriate for the patient. Continuous screening entails monitoring patient progress (via urinary drug testing; medication adherence; and demonstrated changes in attitudes, thinking, and behavior rather than compliance with program rules, phases, and lengths of stay), adjusting to better meet the patient’s current situation (e.g., negotiating a new treatment plan), and helping patients understand their condition and what they can do about it (Hoffmann, 2019). With continuous screening (beyond the focus of what clients are not doing right), the treating agency can proactively respond to the patient’s needs and determine whether more of the same treatment is contra-indicated and, if so, immediately refer or transfer them to a treatment whose level of care, intensity and regimen better meet their clinical needs. Neglecting to continuously screen the patient at reasonable intervals, on the other hand, likely results in mismatches leading to “emergency service termination” and reactive administrative discharges (or threats of termination that get the patient to sign out against medical advice [AMA]; Calsyn et al., 1995).

The manner in which urine drug screen(s) (UDS) are used within the substance abuse treatment industry highlights how program philosophy can lead to clinical neglect. In order to ensure proper placement of clients and to help establish that medical necessity criteria for reimbursement of treatment, treatment providers utilize UDSs. During the admission phase of a treatment episode, a positive (+) UDS helps establish the medical necessity

for admission to all levels of treatment. During the active treatment phase, a +UDS may indicate persistence of symptoms and used to establish continued medical necessity during utilization reviews. Alternatively, however, a +UDS during treatment may indicate ‘non-compliance’ and used to discharge clients administratively (e.g., Caplehorn, Lumley, & Irwig, 1998). The determination of whether a +UDS during treatment indicates non-compliance and warrants termination of services versus persistent symptomology and increasing treatment support depends on the philosophy of the treatment program and the opinion of the primary clinician (e.g., Gjersing, Waal, Caplehorn, Gossop, & Clausen, 2010). For example, in one study, only 35.91% of clients across 106 treatment programs representing 11,533 treatment episodes, reported abstinence at successful discharge (e.g., Frimpong, Guerrero, Kong, & Kim, 2016).

In treatment settings that view complete abstinence as a necessary criterion to determine a client’s commitment to recovery, a +UDS indicates non-compliance. Whereas in settings that do not exclusively view abstinence, attendance, or compliance as a benchmark of success, and concerned with progress related to actual recovery, the client’s engagement in services as commitment to recovery, a +UDS indicates persistence and/or exacerbation of symptoms. In facilities that equate commitment to complete abstinence with commitment to recovery, a +UDS indicates non-compliance only if the clinician does not believe the client is truly committed. If the clinician is somehow convinced that the client is truly committed to abstinence, a +UDS indicates symptom exacerbation and/or persistence.

Programs that base the determination of treatment appropriateness on the client’s commitment are at risk of inappropriately discharging clients. This is particularly true if the program lacks validated methods for evaluating clinical symptomatology, client commitment, treatment progress and outcomes.

Transfer Neglect

Transfer neglect occurs when the provider fails to refer a patient to a facility, professional, or

program level that could provide the patient with a more appropriate form of treatment or within other levels of care to better help improve the likelihood of positive clinical outcomes. Program staff might, for instance, ignore, dismiss, or overlook key indicators that signal the current level of care is unsuitable. The standards for terminating treatment of a patient with substance use disorder in a particular level of care should be similar to the standards applied to the treatment of other medical disorders (White, 2008).

When there are signs of clinical deterioration indicating that a patient can no longer be effectively treated in a level of care, for instance, that patient should be transferred to a level of care capable of responding to the greater severity and complexity of their condition with the objective of stabilization, rather than terminating the service relationship. The other condition warranting transfer is when a patient's continued treatment in a particular level of care poses a threat to their own safety (e.g., suicide risk in a setting with unsafe levels of supervision).

In situations involving fighting and interpersonal conflict between patients or threat to the safety of other patients, even under these conditions, however, termination of services is not always necessary. Where possible, staff-patient mediation, patient-patient conflict resolution, and other approaches involving sound clinical judgment may be acceptable and even preferred by patients (Svensson & Andersson, 2012). And when done properly, such interventions can actually help in terms of creating valuable opportunities for learning, education, personal growth and development, both for patients and treatment staff. The decision to terminate services should prudently consider the increased risk of morbidity and mortality among terminated patients discharged for continuing drug use or behavioral problems (Woody et al., 2007), which research further indicates can be reduced by retaining the patient in treatment while maintaining the safety and security of the treatment milieu or until the patient can be transferred to another provider to accommodate an appropriate level of care (Woody et al., 2007).

Providers anticipating the possibility of

patient termination can show due diligence by establishing corroborative care coordination relationships with other providers well in advance of any incident warranting "emergency" termination. Providers who neglect to collaborate with other providers are more likely to be inclined toward administratively discharging patients when they are unable to immediately transfer them to a more appropriate level of care on short notice.

Referral Discrimination

Addiction treatment facilities treat people with all kinds of character foibles—some driven by residual effects of addiction and some completely unrelated to addiction (Littlefield & Sher, 2016). These patients can face administrative discharge due to obnoxious or confrontational behaviors (Chang et al., 2017). The conflicts that arise from this type of conduct are problems of countertransference or from staff frustration with the patient's irritating behavior, incorrigible attitude, or seemingly intractable self-defeating style of "doing treatment" in which these patterns exist (Fletcher, 2013; White et al., 2005). Terminating service delivery of addiction treatment on these grounds or when harboring a degree of dislike for the patient (Linn-Walton & Pardasani, 2014), instead of attempting to assertively link the patient to support services and actively find immediate placement availability with another care provider, is an act of referral discrimination.

The NASW Code like The NAADAC code of ethics (2016) requires referral when the "Provider is unable to remain objective" (p. 4). Treating agencies may nonetheless prematurely terminate care (especially when other people are waitlisted for services) or retain the patient (to financially benefit the provider or "keep the beds full") under the justification that such a course of action constitutes clinically appropriate care or is in response to noncompliance and violation of program rules. To illustrate, when a patient poses too great a risk to the rest of the population to remain in treatment due to entrenched patterns of patient predation, discharge constitutes an appropriate treatment intervention. In

such cases, the basis for extrusion may serve as an indication that the provider is committed to providing a safe, supportive environment to those able to comply with the behavioral requirements necessary for the provision of a therapeutic environment conducive to recovery initiation and maintenance. Consequently, failure to administratively discharge patients could serve as an indication of a lack of commitment, competence, or both on the part of the provider, especially if it results in vulnerable service recipients in the early stages of their treatment recovery being unnecessarily exposed to physical injury, destabilizing affects, and hazardous behaviors. When moralizing judgments impede professional detachment or clinical objectivity, staff may not proactively offer the patient a necessary and needed referral or assertively link the patient to ancillary support. When treatment is terminated, the patient may simply be given a passive provider referral (i.e., handed a slip of paper listing three treatment providers with verbal instruction to call and make an appointment) instead of a more active and helpful linkage to care.

Admissions Recycling

Over 50% of those admitted to addiction treatment have one prior treatment episode, and approximately 1 in 5 have three or more prior admissions (SAMHSA, 2014). These statistics indicate that a revolving door of patients who are administratively discharged likely return to the same program or recycle through a state's treatment system within the same year or over a longer period of time. It is not always inappropriate to place a patient in the same program more than once. For instance, if a patient is discharged for smuggling and selling drugs in the treatment facility, they may be readmitted after staff members implement better security procedures aimed at curbing this type of violation. Or staff training in de-escalation and crisis intervention might make a program adequate for a potentially volatile patient who was previously discharged for "uncontrollable" aggressive outbursts. Unfortunately, when patients are readmitted to a program, the provider often has made little if any change in treatment quality that

could translate to better odds of a successful outcome for the returning patient and for new patients by mitigating risk of unnecessary termination.

Admissions recycling, then, is a problem when programs terminate the treatment services of a patient, only to subsequently readmit that patient despite a high likelihood that they will reexperience the very same systemic program shortcomings and treatment approach that set the stage for their administrative discharge in the first place. This is especially so when the level of care provided by the treating agency is not equipped to meet the needs of the patient and a more appropriate placement via referral or level of care transfer within the program or to another agency in the community could meet these needs.

Implications for Clinical Abandonment

Clinical abandonment is framed by NAADAC's code of ethics (2016) according to the following formulation: "Addiction Professionals shall not abandon any client in treatment. Providers who anticipate termination or interruption of services to clients shall notify each client promptly and seek transfer, referral, or continuation of services in relation to each client's needs and preferences" (p. 4). While the code prohibits treatment professionals from abandoning patients, NAADAC (2016) does not define abandonment. It does, however, provides some indication of what a proper discharge entails:

Addiction Professionals shall terminate services with clients when services are no longer required, no longer serve the client's needs, or the Provider is unable to remain objective. Counselors provide pre-termination counseling and offer appropriate referrals as needed. Providers may refer a client, with supervision or consultation, when in danger of harm by the client or by another person with whom the client has a relationship (p. 11).

Extrapolating from this, permits understanding of abandonment as the wrongful, premature, or inappropriate termination of treatment services, often as a result of provider neglect or dereliction of fiduciary duty.

Administrative discharge as abandonment often takes the form of passing the blame. When the patient's symptoms continue or worsen, providers may be reluctant to admit that their program is not adequately treating the patient. Instead, the patient is blamed for the ineffectual outcome and often punished by being removed from the program. The patient is framed as having "blown their chance" at a better outcome (White et al., 2005).

Abandonment, moreover, is not the only relevant variable for premature administrative discharge. Clinical punishment can also play a role, either as the core motivator of an administrative discharge or as a punitive measure "to teach a lesson" in response to unwanted patient behavior or repeated rule violations (Condon et al., 2011). The disparity in the application of termination by payment method (cash paying vs. welfare) is another dimension of the administrative discharge phenomenon that may serve as a proxy measure for a client's level of psychosocial functioning (Proctor, Herschman, Lee, & Kopak, 2018). While the punitive dimension is not explicitly stated as the rationale for a discharge, payment method may also confer protective status in the sense that program staff are known for working to "dump" a troublesome patient, especially when insurance funds are exhausted or preauthorization requests by the provider for continued services are denied by the insurance carrier.

It is true that there may be some patients who are simply too recalcitrant to benefit from addiction treatment services. If giving those burdened with the disease of addiction a better chance at recovery is desired, however, the primary responsibility for successful outcomes must rely primarily not on those afflicted, but rather on those desiring to ameliorate their suffering. Patients have a complex set of emotional, psychological, physical, and social needs, and treatment programs must be equipped

to meet these when such patients are acceptingly enrolled in services. To the extent that they fall short, they should make every effort to improve their treatment philosophy, policies, procedures and protocols rather than simply terminate treatment and hold the patient solely responsible for their failure to "complete" or "graduate" from the program. As it stands, the bar for an ethical discharge is low. Providers are simply advised by some state authorities (one example being the Alcohol and Drug Abuse Division in Hawai'i) to provide a semblance of notice with instruction for the patient to seek an alternative provider following service termination.

Conclusion

The national rate of administrative discharge represents a conservative annual percentage that does not reflect the actual prevalence of this practice due to systemic underreporting (Williams, 2018). Nonetheless, the personal and social costs of ineffective substance use disorder treatment are significant (White, 2008). When patients experience multiple and repeated program failures within a single treatment episode, which culminated in AD, it raises the question of whether these terminations amount to a form of clinical abandonment. This is particularly important to examine when treatment settings terminate services for the most neurologically compromised patients who need more, not less, treatment engagement effort (Rupp et al., 2016).

Despite its acceptance and usage in treatment clinics, AD is not a practice anchored in consensus about best practices or sanctioned by national guidelines (Williams, 2016). Our analysis then is meant to interrogate and problematize the practice of administrative discharge by bringing attention to the ways that components of a treatment model (policies, procedures, protocols, overall treatment philosophy) are interlinked and conspire to create conditions conducive to clinical abandonment. The proverbial elephant in the addiction clinic that the authors hope to highlight is the indeterminable number of treating agencies that employ

administrative discharge as an administrative tool, yet sidestep systemic program limitations and failures to mask a negligence in taking appropriate steps for treating a patient.

As a clinical instrument or program-level intervention, rather than blaming patients for failing to progress through the program, administrative discharges should be met with initiatives aimed at preventing future uses of this administrative tool (Williams & Taleff, 2015b), such as crafting clinical decision-making protocols (Walton, 2018), bolstering staff training and equipping them with proper education (White et al., 2005), imbuing treatment philosophy with evidence-based practice (Williams, 2015b), minimizing rules, and making improvements to policies and procedures to change the treatment milieu to obviate patient termination (White et al., 2005). Otherwise, the treating agency continues to operate with its limitations despite perpetually failing and clinically abandoning patients and labeling it administrative discharge.

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Human-Animal Interaction in Social Work: A Call to Action

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Journal of Social Work Values and Ethics, Volume 17, Number 1 (2020)
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Abstract

A considerable body of research has documented the physical, psychological and social benefits of human-animal interaction. Despite these promising findings, the field of social work has been slow to adopt practices from this emergent area of study. Through a discussion of empirical findings, the authors explore specific strategies for implementing HAI into social work education and practice. Furthermore, the authors urge the field of social work to acknowledge the efficacy of human-animal interaction by incorporating relevant material into coursework across the social work curricula, promoting the adoption of evidence-based practices from HAI research, and expanding the definition of ‘relationships’ in the NASW Code of Ethics to include relationships with non-human animals.

Keywords: human-animal interaction, social work, education, ethics, animal-assisted therapy

Introduction

A growing body of research on human-animal interaction (HAI) over the past several decades has indicated significant physical, psychological and social benefits (Becker, Rogers, & Burrows, 2017; Handlin et al., 2011; Hu, Zhang, Leng, Li, & Chen, 2018; Hunt & Chizkov, 2014; Meehan, Massavelli, & Pachana, 2017). Meanwhile, the field of social work has been slow to adopt practices from this emergent area of study and, thus,

HAI remains neglected in mainstream social work curriculum. The role that non-human animals serve provides social workers with a unique lens into the functioning and dynamics of client relationships. Thus, HAI has the potential to facilitate client engagement by creating opportunities exclusive to this type of interaction. It is time for the larger field of social work to acknowledge the potential of HAI by incorporating practices into the curriculum for social work students and ultimately integrating HAI as a common practice.

Conceptual Definitions

HAI can be understood as “any situation where there is an interchange between human(s) and animal(s) at an individual or cultural level. These interactions are diverse, idiosyncratic, and may be fleeting or profound” (American Veterinary Medical Association [AVMA], n.d.). This can be distinguished from the human-animal bond (HAB) which exists as a specific category within the umbrella of HAI. The HAB is “a mutually beneficial and dynamic relationship between people and animals that is influenced by behaviors considered essential to the health and well-being of both” (AVMA, n.d.).

Certified therapy dogs serve as a common example of HAI in the therapeutic setting, interacting with clients or patients, in dyads or groups. Therapy dogs are generally accompanied by a handler. However, clinicians may incorporate

the presence of a therapy dog (i.e. their personal, companion dog) into their practice, which serves to put clients at ease, build rapport, and improve their receptiveness to therapeutic interventions (Chandler, 2005). On the other hand, HAB involves more regular interaction with an animal. A typical example of this relationship would be that of humans and their service animals. These animals are trained accordingly so that they may be owned by a singular individual who benefits therapeutically from their partnership.

Animals in Social Work

Social workers are fundamentally responsible for developing holistic, personalized interventions for clients. In many cases, client receptiveness to the presence of a therapy animal serves as an untapped resource for addressing a variety of issues (Parish-Plass, 2018; Policay & Falconier, 2018). There are numerous physical, psychological and social benefits associated with HAI. For example, companion animals reduce individual risk of heart disease and improve recovery rates for those who have previously suffered from a heart attack (Creagan, Bauer, Thornley & Borg, 2015). Additionally, Hu et al., (2018) found a significant decrease in the psychological symptoms of dementia for patients treated with animal-assisted interventions. In older adults, companion animals have been found to offer significant social support that greatly impacts individuals' overall functioning and well-being. As demonstrated by Scheibeck, Pallauf, Stellwag, and Seeberger (2011), older adults with companion animals are better able to complete activities of daily living than their counterparts without pets, and experience reduced feelings of isolation and loneliness.

More generally, the therapeutic impact of HAI may be quantifiable through physiological means. Increases in serotonin, dopamine, prolactin and oxytocin have been recorded in individuals after petting animals (Creagan et al., 2015; Handlin et al., 2011; O'Haire, 2013). Handlin et al. (2011) noted such a phenomenon in their exploratory study, which called for collected blood samples from ten

individuals who were directed to pet, stroke, or talk to their dog for three minutes. The results of the study found a decrease in heart rate and Cortisol levels and an increase in oxytocin, none of which were found in the control group. Essentially, our brains send reward signals for petting animals; there is great potential for utilizing this in a therapeutic setting. The versatility of HAI as an intervention provides social workers with an adaptable tool that can be used in a variety of contexts.

The formal integration of HAI into the field of social work is not only warranted from a research standpoint but is supported by the National Association of Social Workers (NASW) Code of Ethics. The applicability of HAI to the values and ethical principles outlined by the NASW, specifically the value of *Importance of Human Relationships*, makes formal adoption an ethical imperative (NASW, 2008).

According to the NASW Code of Ethics (2008), *Importance of Human Relationships* is an inherent value of the profession. The ethical principle reads as follows:

Social workers understand that relationships between and among people are an important vehicle for change. Social workers engage people as partners in the helping process. Social workers seek to strengthen relationships among people in a purposeful effort to promote, restore, maintain, and enhance the well-being of individuals, families, social groups, organizations, and communities. (p. 6)

Therefore, social work values explicitly emphasize that relationships among human beings are integral to change. It is the duty of social workers to promote relationships between humans on individual and institutional levels. HAI is a direct application of the value of the *Importance of Human Relationships* because animals can facilitate the development, enhancement, and restoration of relationships between humans (Fine, 2015). Gray

et al. (2015) emphasizes the beneficial role that pets play in their human companions' dating lives and, thus, the establishment of significant romantic relationships and families. Additionally, Hunter, Verreynne, Pachana, and Harpur (2018) notes the benefits of service animals in the workplace as not merely being restricted to their handlers, by also promoting greater socialization and increased rapport among employees. These studies are among those which highlight the ability of animals to act as bridges of connection in bolstering human relationships.

The unique relationship between humans and animals promotes emotional growth and overall well-being (Fine, 2015). Animals serve an important role in the well-being of humans. The relationships that humans have with their domesticated animals often involve the development of a deep emotional bond. In fact, the majority of pet owners in the United States consider their pets to be family members (AVMA, 2012). To dismiss the significance of an individual's relationship with their pet would be utterly irresponsible. Therefore, the definition of a 'human relationship' should be expanded within the NASW code of ethics to acknowledge the value that people hold for the relationships they have with their pets. If our profession wishes to respect the dignity of individuals, we are in no position to dismiss the value of human-animal relationships.

Micro Perspective

In a direct practice setting, animals can serve as secondary therapeutic agents (Chandler, 2005). In this role, an animal can assist a social worker in connecting with a client by mirroring the client's affect and behavior. Mirroring occurs when an animal provides a physical reaction or response to a person's emotional state of action without verbal communication. The asset of mirroring is the integration of the animal's response as a talking point and opportunity for collaborative processing. Studies on equine therapy have shown that, because of their keen emotional intelligence, horses are particularly adept in mirroring clients. Additionally, these studies have noted the strengths of equine

therapy in creating opportunities for appropriate triangulation, which allows for advanced progress towards therapeutic goals (Wilkie et al., 2016). Furthermore, because animals are incapable of contradicting the attributes projected onto them, they serve as a nonjudgmental lens. Policay and Falconier (2018) found that therapy dogs utilized this nonjudgmental disposition to strengthen the therapeutic alliance and to facilitate connection among clients in couple and family therapy. Often, relationships between humans and animals develop more quickly than those between humans in a therapeutic setting, thus clients are more willing to discuss their concerns, frequently to the animal directly, and participate in interventions.

This process is also applicable to relational work outside of the clinician/client relationship. As transitional beings, animals can be utilized to assist social workers in helping clients re-establish trust in other human relationships. Barlow et al. (2012) observed that undergraduate students with self-reported childhood neglect noted attachment to companion animals as sources of support and healthy attachment into adulthood. Social workers can, thus, operationalize clients' relationships with pre-existing pets or therapy animals to support healthy attachment and renewed confidence between clients and other humans. These relational benefits can be seen in acute clinical settings as well. As demonstrated by Hoy-Gerlach & Wehman (2017), patients hospitalized for long-term psychiatric treatment displayed improved verbal, nonverbal and prosocial skills after visits with animals. Additionally, the prosocial effects of HAI have been found across various age ranges (Corson, Corson, Gwynne, & Arnold, 1975; Rone-Adams, Tapia, Rubin & Picard, 2015).

Macro Perspective

On a more expansive level, policies and organizational systems may help facilitate the effectiveness of HAI and create protections for individuals who depend upon non-human animals to improve their quality of life. In the US, several steps have already been taken to protect owners

of assisting-animals. For example, under the Fair Housing Act, animals that provide assistance to individuals living with a disability are protected from housing limitations such as landlord-imposed animal restrictions (The Humane Society of the United States, n.d.).

Under the Americans with Disabilities Act (ADA), service animals are protected as therapeutic aids and are allowed to accompany their owners in public places such as restaurants, airplanes, and hotels. While this law requires that service animals be trained to perform a specific job or task to support their owner, there is no federally-required certification for service animals. In contrast to service animals, emotional support animals are not federally protected under the ADA. Emotional support animals provide comfort to their owners, but without undergoing training to qualify them as service animals, they can be denied entry in public places and businesses. However, local and state laws vary regarding emotional support animals and their protections in public spaces.

Pet ownership serves as a strong facilitator for social connection and community building. For dog owners, dog parks act as a community hub providing a means for individuals to connect and form relationships. According to Wood et al. (2015), pet owners are significantly more likely to develop relationships with people in their neighborhood. It is common for people to strike up conversation when somebody is with their dog in public. These interactions can strengthen human bonds on a community level by helping people to establish relationships with those around them. Thus, on a local level, the implementation of animal-friendly recreation areas and dog parks can have a positive impact on the community.

Social workers comprehensively address the various systems within the lives of their clients. The human relationships formed through pet ownership are likely to serve as emotional supports in and of themselves. Relating to social work's Grand Challenges, HAI provides a framework for eradicating social isolation (American Academy of Social Work & Social Welfare, n.d.). Thus, the role

of domesticated animals in the lives of clients should be acknowledged and explored in a systematic and rigorous manner. In reflecting on the value of the *Importance of Human Relationships*, social work, led by NASW, must expand our understanding of how a relationship can be defined.

Social Work Education and Implications

Although mainstream social work has been slow to integrate HAI as a part of the standard curriculum, several universities in the US have created classes for social work students teaching the value and practice of HAI. University of Denver, University of Tennessee, and Michigan State University have developed certificate programs for HAI encompassing knowledge from the fields of social work, veterinary medicine and psychology. In collaboration with its School of Social Work and the Animals and Society Institute, Arizona State University currently offers a Graduate Certificate in Treating Animal Abuse. The University of North Texas' Consortium for Animal Assisted Therapy, spearheaded Dr. Cynthia Chandler, offers an Animal Assisted Therapy course and weekend training opportunities, as well as research and community service initiatives ("Consortium," 2018).

Aside from certificate programs within schools of social work, a handful of universities are offering elective one and three credit courses (i.e. University of Toledo, Syracuse University, and Case Western Reserve University). It is also important to note that many universities offer the ability to take courses, complete certification programs, and even pursue graduate studies in HAI-related areas. The previously mentioned programs offer students and current professionals the ability to understand HAI through a social work lens. Due to the quickly expanding field of human-animal interaction, providing a comprehensive list of current educational opportunities is challenging. The aforementioned programs have been chosen due to their notable contributions to HAI education in social work, and provide a model for the curricula of future HAI courses with the understanding

that there is an abundance of untapped potential.

Inherent to the inclusion of HAI in mainstream social work practice is the proliferation of professional development opportunities for current social workers. Due to the general absence of HAI in mainstream social work education, the majority of those currently in the field may lack the training required to integrate HAI principles into their practice. While these certificate programs offer opportunities for professional development, such programs are sparse. Therefore, it is necessary that new training programs be developed to make such knowledge and training readily available to professionals.

Implications for clinical and other direct practice social work curricula are varied with a diverse range of context-specific practices that can be incorporated. For clinical-focusing social work concentrations, the general absence of animal-assisted intervention strategies in current curricula largely ignores the successful work that many clinicians are doing by integrating HAI into their practice (Becker et al., 2017; Chandler, 2005; Creagan et al., 2015; Hunt & Chizkov, 2014; O'Haire, 2013; Policay & Falconier, 2018; Rone-Adams et al., 2015). In addition to creating courses that focus specifically on HAI in social work, there are opportunities to embed related content across the curriculum. For example, in commonly offered courses such as those relating to death, grief, and loss, students should be taught how to address the grieving process for clients who have lost a pet. Current curricula touches on strategies for assisting clients with the loss of friends and family members, but fails to acknowledge the perceived importance of pets in some clients lives. For the majority of pet owners who consider their pets to be family members, pet loss serves as a significant hardship (AVMA, 2012). It is necessary that we acknowledge all important relationships in our clients lives and prepare social workers to meet clients where they are at, according to their individual needs and values.

Coursework focusing on developmental disorders such as autism would benefit from including intervention strategies which involve HAI

as a mechanism for facilitating client interaction (Becker et al., 2017; O'Haire, 2013). For example, specific strategies such as using a dog as a target for children to practice speech and prosocial behaviors can help prepare students to integrate these strategies into their practice. Additionally, social work students need to be educated on the policies and regulations related to assisting-animals such as therapy animals, service animals, and emotional support animals. If social workers are expected to have the capacity to write a letter of recommendation to clients in need of an assisting-animal, they must be educated to do so appropriately. Such information should be incorporated into the generalist curriculum, as social workers in a variety of contexts may be expected to perform these responsibilities.

While HAI-related interventions may not be a good fit for all clients, just as the use of animals may not be a good fit for all social workers, social work students should be taught about these strategies so they can make an informed choice on whether or not to utilize these techniques. If social workers are uninformed about a specific intervention strategy, they will not integrate it into their practice, regardless of its potential to improve client outcomes. On the other hand, as HAI research and practice grows, more social workers may choose to integrate HAI strategies into their practice. However, without having been taught to do so appropriately, there may be negative consequences to improper adoption of these techniques.

According to the Council on Social Work Education (2015), accredited social work education programs must teach a competency-based curriculum, with an emphasis on the core social work competencies. Competency 4 dictates that social workers must engage in practice-informed research and research-informed practice. As previously noted, a growing body of research has found benefits associated with the integration of HAI in social work practice. We cannot continue to dismiss HAI research as nascent and inconclusive. It is time that mainstream social work acknowledges the potential value of HAI in certain contexts by integrating related content into accredited curricula.

The inclusion of HAI into mainstream social work practice and research carries with it the potential to bolster the field by attracting individuals who choose to pursue social work professionally based on their interest in HAI. Social workers and students may choose to specialize in veterinary social work while others may incorporate HAI into their more generalized practice. By expanding the field to include new areas of study and practice, growing opportunities for inter-professional collaboration will continue to broaden the scope of how social workers can support individuals and communities.

Conclusion

We are actively calling on social work practitioners and educators to act in accordance with the following steps in order to integrate HAI into education, practice and advocacy. Concrete opportunities for action include:

- Expand current social work curriculum to offer coursework on HAI.
- Incorporate HAI and its relevant themes into existing core and elective coursework in social work education, such as courses on trauma-informed care, grief and loss, and micro and community practice.
- Proliferate the adoption of evidence-based practices from HAI research as recognized social work interventions
- Expand the definition of ‘relationships’ in the NASW Code of Ethics to include relationships with non-human animals.

While some clients may respond well to HAI, it is not a one-size fits all intervention. For example, those who are afraid of dogs would naturally not respond well to the presence of a therapy dog. Additionally, some clients may be allergic to certain animals, which limits the use of HAI with some individuals. While the use of fast-acting allergy medications and hypoallergenic animals can help overcome some barriers to the use of HAI, these are not perfect solutions. Like most evidence-based practices, HAI works for some, not

all. The field of social work excels at capitalizing on individual factors in a client’s life in order to provide assistance. This unwillingness to ‘stay in our own lane’ has helped to make social work such a valuable profession. The role of a social worker takes many forms, so why should the integration of animals in social work practice not be normalized? Research not only supports the value and role of animals in humans’ lives, but also their potential to be therapeutic agents in interventions. By heeding this call to action, social work practitioners, educators, and students can take concrete steps towards expanding *Importance of Human Relationships* to genuinely recognizing the importance of all relationships, regardless of species.

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Commercial Sexual Exploitation of Adolescents: Gender-Specific and Trauma-Informed Care Implications

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Journal of Social Work Values and Ethics, Volume 17, Number 1 (2020)
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Full disclosure: Veronica L. Hardy is a member of the JSWVE editorial board. JSWVE uses an anonymous review process in which authors do not review their own work and reviewers do not know authors' identities.

Abstract

The commercial sexual exploitation of adolescents is a critical social injustice that calls for extensive care and sensitivity in practice. Understanding the intricacies of the broad, yet disturbing, dynamics of trauma triggers, coupled with realities of sex trafficking, escalates the level of professional concern. Social work professionals need enhanced knowledge of the challenges involved in working with female adolescents who experience prolonged adverse reactions that result from this form of oppression. Services inclusive of gender-specific and trauma-informed strategies are essential for this form of complex trauma. This article highlights the interplay of sex trafficking, life stage, and service implications through an ethical lens.

Keywords: sexual exploitation, trauma-informed care, gender-specific strategies, social work

Introduction

According to the National Association of Social Workers (NASW) Code of Ethics (2017),

social workers are to remain informed of current evidence-based practice and how to engage with diverse populations. Roby and Vincent (2017) further identify social workers as frontline professionals in responding to contemporary forms of oppression such as sex trafficking. Sex trafficking, as defined by the Trafficking Victims Protection Act (TVPA, 2000), is “when a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age” (22 U.S.C. § 7101). When the victim is under the age of 18, this is often referred to interchangeably as commercial sexual exploitation of children and adolescents, child sex trafficking, or domestic minor sex trafficking specifically when occurring in the United States.

Complex traumatic events such as sex trafficking can have an immense effect on how adolescents, ages 13 through 17, interact during relationships across interpersonal (Olender, 2018) and environmental systems. The NASW Code of Ethics (2017) notes that knowledge of gender in relation to human behavior is critical

when providing social work services due to the challenges that manifest differently based on the unique individual. For that reason, as social work professionals, it is critical to provide services inclusive of gender-specific and trauma-informed methods that recognize the specific experience(s) that has contributed to maladaptive shifts in the sex trafficking survivors' thoughts and behaviors. This article aims to provide recommendations for such strategies noted throughout professional literature for adolescent female survivors of sex trafficking.

Trauma-Informed Care

Trauma results from an abnormal disturbance in one's environment. The triggering event elevates the mind to the automatic neurological responses of fight, flight, freeze, or tend and befriend (Miller-Karas, 2015). Trauma and its accompanying symptoms emanate from experiences that leave an individual with internalized feelings of insecurity, uncertainty, and perhaps inadequacy. Engaging in a fantasized world (also referred to as dissociation) as a way of escaping the emotional pain that is toxically overwhelming (DeCandia & Guarino, 2015) is common among adolescents who have experienced commercial sexual exploitation. Emotional and mental disconnection from relationships frequently results in survivors seeking to avoid their immediate environment. The consequences of physical, psychological, and emotional trauma may impact the adolescent's ability to distinguish between choice and manipulation, as well as the individual's sense of self-worth (Perkins & Ruiz, 2017). Hence, comprehensive services that respond to needs across the spectrum must be applied in a trauma-informed manner (Olender, 2018).

Trauma-informed care makes provisions toward precise trauma treatment for survivors of commercial sexual exploitation. While the age range of 12 to 14 is noted as the average entry period into sex trafficking (Bergquist, 2015), it is important for social workers to realize that the emotional and psychological pain stemming from the trauma may make it difficult for the adolescent to establish healthy internal and external growth

processes. Creating an opportunity for active interchanges between the survivors' cognitive structures and their social environments helps to address unconscious triggers. In essence, it is through the social structure that individuals seek to find value, meaning, and a sense of self-worth. Inevitably, the individual's perception holds a tremendous weight in the treatment outcomes (Joiner & Buttell, 2018; Ocen, 2015). The uniqueness of psychological and emotional trauma presents a challenge to establishing a strong identity (Greenbaum & Jakubiak, 2017; Joiner & Buttell, 2018). Further, Sprang and Cole (2018) note that sex trafficking "results in significant psychological trauma and negatively impacts development" (p. 186). Trauma-informed care is a bridge toward consistent approaches to treatment that envelope human behavior, the social environment, and the life experience of the individual.

Trauma-Informed Care and Sex Trafficking of Adolescents

Minors have been identified as the most susceptible population for sex trafficking (Hartinger-Saunders, Trouteaud, & Matos Johnson, 2017; Reid, Baglivio, Piquera, Greenwald, & Epps, 2017). Female survivors of sex trafficking may experience extreme isolation and confinement, which affects how social work professionals should respond to their needs. For example, minors may have been recruited in environments that were previously perceived as safe or recreational, such as local stores or malls, targeted through foster care or group home placements, or even groomed and recruited through social networking media (Perkins & Ruiz, 2017). Figures including family members (Sprang & Cole, 2018), friends, and/or individuals unknown to the minor may also have been involved in the grooming and recruitment process (Hardy, Compton, & McPhatter, 2013).

Trauma-informed care promotes treating sex trafficking survivors by mapping a culturally sensitive approach. The needs of survivors vary based on factors including the complexity of experiences, coping ability, and support systems.

There are multiple barriers to addressing the needs of survivors including: (1) limited services designed to specifically respond to the trauma-based needs of minors (Muraya & Fry, 2016), (2) challenges in developing a trusting relationship between the survivor and the professional (Bergquist, 2015), and (3) issues pertaining to secrecy and shame resulting from the trauma (Muraya & Fry, 2016). Further barriers noted in the literature result from complications related to spiritual and cultural identity due to issues of shame, guilt, and stigma triggered by acts related to sexual exploitation (Hardy et al., 2013). Therefore, social service providers must consider how a survivor of sex trafficking may be reluctant to engage in services. The individual may perceive the professional as untrustworthy or hesitant to believe the survivor's story, question the provider's ability to arrange protection from the trafficker, or assume the provider will apply consequences rather than support (Bergquist, 2015; Greenbaum, 2017).

The transition to a trauma-informed care approach would require significant evaluation and adjustment within the service agency to meet the needs of the survivor (Olender, 2018). Recommended factors that would characterize these adjustments are:

- a realization of the impact of trauma on life stage development and coping strategies (Le, Ryan, Rosenstock, & Goldmann, 2018),
- a strengths-based perspective and collaborative efforts between the social worker and survivor in service decisions resulting in a "victim-centered approach" (Bergquist, 2015, p. 321),
- elements that establish rapport, enhance safety, and decrease chances of re-traumatization (Greenbaum, 2017),
- professionals with ongoing training in trauma-specific clinical interventions and training in trauma awareness for

- support workers (e.g., receptionist, foster parents) (Hanson & Lang, 2016),
- organizational policies and procedures with wording inclusive of trauma-informed practices (Hanson & Lang, 2016), and
- culturally relevant services in response to the life circumstances of survivors across racial and ethnic subgroups (Hankel, Dewey, & Martinez, 2016; Le et al., 2018).

The integration of these factors enhances consistency in response to trauma throughout the system of care.

Gender-Specific Services and Commercial Sexual Exploitation

The NASW Code of Ethics (2017) Section 1.05b notes the importance of social workers both possessing and demonstrating knowledge specific to the client's culture as evidenced through service provisions. This extends to the unique experience of adolescents who have been sexually exploited. Although research is limited regarding commercial sexual exploitation of adolescents, the trauma and long-term consequences significantly impact the lives of the survivors (Le et al., 2018). The mental health issues that may result from sex trafficking include substance-related diagnoses, conduct disorders, posttraumatic stress disorder, self-injurious behaviors, poor impulse control, suicidality, and dissociative disorders (Edinburgh, Pape-Blabolil, Harpin, & Saewyc, 2015).

Sex trafficking of adolescents also places victims at a significant risk for infectious and sexually transmitted diseases as well as unplanned pregnancies (McClure, Chandler, & Bissell, 2015). Additionally, these individuals may have psychosocial histories that include homelessness, being cut off from families, and foster care involvement (Ijadi-Maghsoodi, Cook, Barnert, Gaboian, & Bath, 2016). Although research studies have suggested that the number of sexually exploited girls and boys is likely similar in numbers (Greenbaum & Crawford-Jakubiak, 2015), there

are unique differences in their experiences and treatment needs. Research further indicates that these populations share similarities in development, yet there are also distinctive issues related to the development of adolescent girls that require acknowledgment when designing goals and objectives for the treatment process (Cole, Sprang, & Cohen, 2016).

For the purposes of this article, the term gender-specific will be used to refer to adolescent females. Since sexual traumatization has a significant influence on the developmental stages of adolescent females, gender-specific services are instrumental to substantively address the needs of this population (Crale, Underwood, Parks-Savage, & Maclin, 2013). Further, understanding the role of gender in relation to human behavior is critical when providing social work services (NASW, 2017, Section 1.05a). When developing gender-specific services, it is essential to recognize that these are not adaptations of services that were intended for the male adolescent; in contrast, it is designed to address the explicit needs of female minors (Gerassie, 2015).

Gender-specific services for female adolescent trauma survivors focus on the importance of the female perspective, place value on the lived experience, consider the developmental process, and empower females to reach their full potential (Garcia & Lane, 2013). Furthermore, these services are designed to aid in the identification of protective factors that can assist in the development of a healthy identity during their formative years. Due to the pervasiveness of sexual traumatization and developmental and social changes that survivors experience, it is critical for providers to implement a female-specific treatment that is evidence-based when engaging with this population (Crale et al., 2013).

Gender-specific group models have shown significant success with adolescents who have been sexually traumatized through methods including sex trafficking. Group therapy is one of the most commonly used treatment modalities because it assists in minimizing the shame and feelings of

isolation (Kenny, Helpingstine, Harrington, & McEachern, 2018). These groups have not only shown effectiveness with treating mental health and sexual trauma issues but also for addressing self-image conflicts and familial relationships (Le, 2012). Group therapy with sexually traumatized girls diminishes the challenges of establishing rapport and trust with the clinical professional which is often experienced in individual therapy. The presence of the group creates a safe environment which increases an openness for self-disclosure as well as the ability to identify with peers and build healthy social behaviors. A study focusing on adolescents who participated in group therapy reported a reduction in posttraumatic stress symptoms, poor coping strategies, internalizing and externalizing behavioral problems, and increased feelings of empowerment (Olafson et al., 2018). In a similar study, a gender-specific group conducted across school, group home, and agency settings showed positive outcomes including enhanced wellbeing and decreased self-harm (Le, 2012).

The Trauma Recovery and Empowerment Model (TREM) is a cognitive behavioral approach that addresses the long-term cognitive and emotional issues of female trauma survivors (Karatzias, Ferguson, Gullone, & Cosgrove, 2016). Also, TREM addresses the experiential and coping processes of females in relation to the traumatic experience(s). In turn, this intervention structure may enhance the survivor's ability to experience a sense of belonging and engagement which contrasts with the trafficking experience of isolation and exploitation. Furthermore, over time, it may contribute to enhancing a sense of safety and trust since this was most likely affected due to recruitment methods occurring in what were previously environments of safety and recreation (e.g., mall, internet) or by known figures (e.g., family, friends).

As previously noted, trauma can result in symptoms including internalized feelings of insecurity, uncertainty and inadequacy, and dissociating as a method of coping. This leads to mental disconnection from relationships. Expressive

therapies such as art, dance movement, and music have proven to be effective treatment modalities for females who have experienced sexual traumatization. Recent research supports evidence that music fosters a therapeutic healing intervention with children (Moynihan, Pitcher, & Saewyc, 2018; Okech, Choi, Elkins, & Burns 2018; Xu, 2017). In addition, this form of therapy is an effective treatment modality for adolescent females because it reduces symptoms of trauma and increases self-esteem, allowing them to express their emotions using musical instruments, voice, and movement (Porter et al., 2017). Specifically, this treatment modality allows the girls to have direct experiences with their emotions related to the abuse. Similarly, Dance Movement Therapy (DMT) allows minors to express themselves and process trauma by addressing the body and brain, both recognized as areas possibly affected by trauma, especially through commercial sexual exploitation (Levine & Land, 2016).

As described by Levenson and Grady (2016, p. 100), “Trauma-informed practitioners recognize the prevalence of childhood adversity in the general population, expect the majority of clients to have experienced early trauma, and understand the biological, social, psychological, cognitive, and relational impact of traumatic events” on the individual’s coping ability, daily life functioning, and behaviors. The traumatic effects of sex trafficking call for an array of services that will respond to the complexities of sexual exploitation during the early life stages. For this purpose, the following implications for practice are provided to guide social work professionals in responding to the sex, life stage, and trauma experience needs of this population.

Implications for Practice

In order to effectively integrate a gender-sensitive, trauma-informed care approach, those involved in the system of care must realize the effects of trauma across the life span. A significant aim is to promote a client-centered environment where maladaptive behaviors are interpreted within

the context of the traumatic experience. This way, social workers may develop an understanding that the maladaptive behaviors were established in a sexually exploitive environment (or previous traumatic experiences) and may have once been useful as survival skills. In other words, in order to sustain oneself in an atmosphere of severe oppression, sexual abuse, and maltreatment, the opportunity to develop healthy interpersonal patterns of behavior was elusive to the minor. With this knowledge, the provider can construct a stronger support network and implement interventions that will aid in: (1) illuminating the unhealthy cognitive and physical patterns of behaviors, (2) recognizing the role of gender, race/ethnicity, and life stage in coping abilities, and (3) promoting the development of productive skills across intrapersonal, interpersonal, and environmental systems.

It is essential that social workers avoid service environments that replicate the trauma of commercial sexual exploitation, such as practices that isolate, coerce, or have consequences that would re-victimize the minor. Further, social workers “should not engage in physical contact with clients when there is a possibility of psychological harm to the client as a result of the contact” (NASW, 2017, Section 1.10). A good environment would be one that creates a sense of privacy and safety, gender-sensitivity, and clear boundaries that govern forms of engagement. The provider should work to establish a coordinated a system of care including social services (e.g., mental health, case management), medical care, community and family reintegration, educational and career opportunities, legal support, skill development in activities of daily living and decision-making, and ways to fulfill basic needs (e.g., food, clothing).

In order to respond to the needs of sexually exploited adolescent females, social workers must remain current on evidence-based knowledge, practice recommendations, and ways to function in a trauma-informed environment (NASW, 2017, Section 4.01b). Clinical professionals must first foster an understanding of the role specific maladaptive behaviors played during sexual

exploitation. Probable maladaptive behaviors resulting from sex trafficking include, but are not limited to, self-harm, substance use, running away, or withdrawal. By obtaining insight into the meaning attached to the behaviors, the provider will be better able to explore with the survivor how the same behaviors hinder healthy functioning. Through a trauma-informed care approach and engaging with the individual through a holistic, gender-specific, and empowerment perspective, the survivor may gain the ability to decrease maladaptive behaviors and create effective responses for challenging life experiences.

Communicating in an empathic manner is critical in relationship building and nurturing an atmosphere of respect, nonjudgment, and validation. Likewise, the social work professional must engage in consistent self-awareness efforts in order to avoid responding negatively to difficult encounters with the survivor. As clinical professionals, it is necessary to recognize the responsibility of modeling healthy relationship exchanges and boundaries within the practice setting. The survivor's chance to witness positive outcomes and rewards from healthy relationship exchanges may help to decrease distrustfulness and fear that can trigger maladaptive defenses.

Conclusion

Commercial sexual exploitation of adolescents often results in long term traumatic effects including posttraumatic stress disorder, substance use, developmental delays, health, and hygiene challenges, as well as hindrances to major life milestones (e.g., education, job attainment). Exposure to sex trafficking may result in maladaptive cognitive and behavioral coping mechanisms that once served as survival skills in the sexually exploitive environment. These maladaptive defenses may negatively impact the survivor's functioning across intrapersonal, interpersonal, and environmental systems and also result in apprehension toward receiving professional services due to feelings of distrust and fear.

An adolescent female survivor of sex trafficking may require a complex system of care in response to the diverse needs. To appropriately respond to these needs, a system of care entrenched in a gender-specific, trauma-informed culture is recommended. In order to integrate this approach, service providers must begin by evaluating their current practices in order to enhance their trauma-based performance and implement a roadmap of factors that would characterize a trauma-sensitive environment. All members of the system of care, including social workers, managers, receptionists, and foster parents, should receive training in trauma and its effects across the life span. Overall, this knowledge will contribute to a coordinated, gender-specific, trauma-based response to the survivor's needs, thus strengthening the individual's opportunities for enhanced functioning across systems.

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An Environmental Scan of Social Work's Regulatory Response to the Illicit Drug Overdose Crisis in Canada

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Journal of Social Work Values and Ethics, Volume 17, Number 1 (2020)
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Abstract

Canada is in the midst of an illicit drug overdose crisis and social workers are among the front-line responders employed by organizations using harm reduction strategies. An environmental scan of provincial and territorial social work regulatory organizations in Canada sought any relevant documentation, resources, or responses related to the overdose crisis to understand how social work as a profession has been responding to the overdose crisis and what we can learn to inform future responses. All responses focused on naloxone and some specifically limited the administration and distribution of naloxone by social work practitioners. The scan revealed little guidance or advocacy on major policy and practice issues such as overdose prevention, supervised and assisted injections, or shifting drug laws towards decriminalization and regulation. Social workers play a critical role in responding to the overdose crisis in Canada. Harm reduction as a response to substance use and overdose is consistent with social work ethics and standards of practice. The Canadian Association of Social Workers supports Canada's move to a public health response to substance use and advocates for decriminalization. As safer drug supply responses are gaining traction in Canada, social work regulators have opportunities to define healthy and just alternative responses other than the extremes of criminalization and medicalization of substance use.

Keywords: social work, harm reduction, overdose, fentanyl, naloxone, Canada

Funding acknowledgment: This work was supported by University of Victoria's Jamie Cassels Undergraduate Research Awards (JCURA) program.

Introduction

Social workers are among first responders to the ongoing illicit drug overdose crisis in Canada that continues to devastate families and communities. As responses to overdose continue to escalate in Canada, there is an urgent need for social work organizations to lead the profession in responding to the crisis and in clearly supporting members in practice, notably with regard to new and emerging overdose responses such as naloxone administration, supervised injection, drug checking, and more. The Canadian Association of Social Workers' (2005) Code of Ethics expresses the value of competence in social work practice, including the encouragement of "innovative, effective strategies and techniques to meet both new and existing needs and, where possible, contribute to the knowledge base of the profession" (p. 8). This paper reports on an environmental scan of Canada's social work regulatory organizations and associations and their responses to the overdose crisis to date. Surveying these professional responses helps us to better understand how social work as a profession is

responding to the current illicit drug overdose crisis in Canada.

Background

Canada is facing an illicit drug overdose crisis that has been getting dramatically worse over the years (Belzak & Halverson, 2018). The presence of illicit fentanyl in Canada's drug supply is implicated in the overdose crisis (Belzak & Halverson, 2018; Province of BC, 2018; Wallace, Kennedy, Kerr, & Pauly, 2018). In 2017, there were approximately 4,000 opioid-related deaths recorded nationally, a rate of 10.9 per 100,000 (Government of Canada, 2018). The trend continued into 2018, with over 2,000 opioid-related deaths recorded in the first half of that year, equivalent to 11 deaths per day (Government of Canada, 2018). While the overdose crisis has affected every region of the country (Belzak & Halverson, 2018), the western provinces have been most impacted to date. British Columbia is considered the epicenter of the crisis and in both 2017 and 2018 recorded close to 1,500 overdose deaths each year, a rate of 31 deaths per 100,000 individuals (BC Coroners Service, 2019). In the province of Alberta in 2018, a rate of 15.5 per 100,000 fentanyl-related deaths were reported, or almost two deaths per day (Alberta Health Services, 2019).

Statistics alone do not capture the devastating impacts this crisis has had on families, communities, and those responding to overdoses. The trauma and grief associated with the crisis are much more difficult to measure and report, notably because most deaths have been young people (Alberta Health Services, 2019; BC Coroners Service, 2019; Government of Canada, 2018). The fatality statistics also do not capture non-fatal overdose events (Wallace et al., 2018), which are estimated to happen at ten times the rate of fatalities (BCMMHA, 2018). Also not included in these statistics are overdose reversals from lifesaving naloxone (Irvine et al., 2018) and other harm reduction efforts practiced by people who use drugs to prevent overdose (Pereira & Scott, 2017).

In Canada, drug laws are federal while health care delivery is provincial, with the regulatory

bodies for health professions and social work also provincial. Federally in 2016, the *National Anti-Drug Strategy* was replaced with the *Canadian Drugs and Substances Strategy* which re-instituted harm reduction as a national response to substance use (Health Canada, 2017). While the *Cannabis Act*, passed in 2018, removed cannabis from the *Controlled Drugs and Substances Act*, other controlled substances continue to be criminalized (Health Canada, 2018).

Naloxone was made available without a prescription in 2016, and in 2017 new legislation facilitated the expansion of supervised consumption services from two pre-existing sites in Vancouver to more than 20 approved sites. Parliament also passed the *Good Samaritan Drug Overdose Act*. In 2018, the federal government supported the establishment of temporary overdose prevention sites and introduced drug checking pilot projects. Throughout these years, public health responses have included stigma and public awareness campaigns focused on overdose and an expansion of opioid substitution programs, among other initiatives. At the same time, little has been done to amend drug laws to ensure a safer drug supply (Tyndall, 2018).

The province of British Columbia (BC) has experienced the highest rates of overdose in Canada, prompting the need for even greater public health and harm reduction responses. In 2016, BC declared drug-related overdoses to be a public health emergency (BC Health, 2016; BC Government, 2016a) and issued an order directing and sanctioning overdose prevention sites as ancillary health services (BC Government, 2016b). Sites were operational within weeks and in the first year there were approximately 550,000 visits and no overdose deaths recorded at any of the prevention sites (Wallace, Pagan, & Pauly, 2019). The BC approach emphasizes community-based responses such as the rapid expansion of take-home naloxone kits (Irvine et al., 2018), the novel and nimble implementation of overdose prevention sites (Wallace, Pagan, & Pauly, 2019), expansion of substitution therapy programs, and drug checking.

As the crisis continues, there has been increasing awareness of how these community-based responses and responders have impacted those affected (Shearer, Fleming, Fowler, Boyd, & McNeil, 2018). Peers, or people who use drugs—including peer workers in harm reduction sites—have been the primary responders at overdose events. This reality raises questions as to the traumatic impacts of the public health crisis on drug user organizations and peer workers, as well as what supports are included in peer programming (Bardwell, Fleming, Collins, Boyd, & McNeil, 2018; Faulkner-Gurstein, 2017; Kennedy et al., 2019; Shearer et al., 2018; Wallace, Barber, & Pauly, 2018; Wallace et al., 2018; Wallace, Pagan, & Pauly, 2019). Researchers in BC have found shelter and housing programs to be locations of high rates of drug use, overdose events, and responses by residents and staff, including social workers (Bardwell et al., 2018; Pauly, Wallace, & Barber, 2017; Wallace, Barber, & Pauly, 2018). The introduction of overdose prevention sites in such settings has also raised concerns for the wellbeing of workers, including both peer workers and social workers (Kennedy et al., 2019; Wallace, Pagan, & Pauly, 2019). Others recognize the need to address the structural gendered and racialized violence experienced by Indigenous, queer, and racialized women (Boyd et al., 2018).

It is within this context of an unremitting overdose crisis and rapidly expanding responses (Hyshka et al., 2019) at the federal, community, and individual levels that we sought to better understand how social work as a profession in Canada is responding to the overdose

crisis. What can we learn to inform future responses? This article reports on an environmental scan of Canada's social work regulatory organizations' and associations' responses to the overdose crisis to date. The scan and analysis were conducted by a professor and student at the University of Victoria's School of Social Work.

Methods

The information in this research was gathered between October and December 2018. The environmental scan included several steps. First, the Canadian Association of Social Workers (CASW) included an invitation to participate in the study in its October 2018 electronic newsletter (*The Reporter*). Second, researchers directly emailed the invitation to the directors of eleven provincial and territorial social work regulatory organizations and associations (see Table 1). Follow-up email requests were sent to organizations that had not responded by the end of November. The invitation to participate

Table 1. Canadian Social Work Regulatory Bodies

Association	Website
British Columbia College of Social Workers	http://www.bccollegeofsocialworkers.ca/
Alberta College of Social Workers	https://www.acsw.ab.ca/
Saskatchewan Association of Social Workers	https://www.sasw.ca/
Manitoba College of Social Workers	https://mcsw.ca
Ontario College of Social Workers and Social Service Workers	https://www.ocswssw.org
Ordre des travailleurs sociaux et thérapeutes conjugaux et familiaux du Québec	https://otstcfq.org
New Brunswick Association of Social Workers	www.nbasw-atsnb.ca
Nova Scotia College of Social Workers	http://nscsw.org/
Newfoundland and Labrador Association of Social Workers	www.nlasw.ca
Prince Edward Island Social Work Registration Board	http://socialworkpei.ca/
Registrar, Professional Licensing Government of the Northwest Territories Department of Health and Social Services	https://www.hss.gov.nt.ca/en/services/social-worker-licence

was provided in English and French and requested that participating organizations send copies of any relevant documentation, resources, or responses related to the overdose crisis. Documents could include policy, regulations, directives, practice notes, programs, recommendations, position papers, and articles. The focus of these documents could include, but was not limited to, naloxone and overdose response and prevention, supervised injection/consumption, trauma and grief support, overdose prevention sites, regulation and decriminalization of substances, substitution therapies, drug checking, and drug user engagement/employment.

In addition, a thorough search of the organizations' websites was also conducted using the following search terms: "naloxone," "opioid," "harm reduction," "overdose," and "fentanyl." For each website we entered these terms in the website search function and also manually searched the websites' news and resources pages and newsletter and magazine publications for the past two years. The organizations' digital newsletters from 2016 until 2018 were searched using the same search terms. This search did not provide any additional resources beyond what was provided by respondents.

Findings

Respondents included social work organizations in the following five provinces: British Columbia, Alberta, Ontario, Quebec, and Saskatchewan. Of those that replied, one (in Saskatchewan) confirmed that the organization did not have any official response. The following section describes results from the four provincial organizations that did provide their responses—those in British Columbia, Alberta, Ontario, and Quebec.

British Columbia

In October 2016, the British Columbia College of Social Workers (BCCSW) published Practice Guidelines for the administration of naloxone in response to deregulation of naloxone for emergency use. The guidelines state that Registered Social Workers (RSWs) may administer naloxone in emergency situations as well as

distribute naloxone kits in accordance with practice standards. The guidelines advise RSWs to maintain current knowledge related to the administration of naloxone, to access training, and to consult with their employers.

The Spring 2017 issue of the BCCSW's newsletter, *College Conversation*, contains an article titled "Highlights of the Provincial and Federal Responses to the Opioid Crisis" that reiterates the BCCSW Practice Guidelines. In addition, the article explains the policy context for RSW practice regarding naloxone administration. The province's amendment to the *Health Professions Act* permitted the emergency administration of naloxone both inside and outside hospital settings, but not by RSWs, none of whom are covered under this Act. Therefore, in BC, the BCCSW provided Practice Guidelines for the administration of naloxone in response to deregulation of naloxone for emergency use.

Alberta

The Alberta College of Social Workers (ACSW) provided four resources depicting the changes in professional duties around take-home naloxone kits throughout 2017–2018.

In Alberta, naloxone became an unscheduled drug in February 2017, making the distribution and emergency use of naloxone outside a hospital legal. However, when the *Government Organization Act* deemed intermuscular injection of naloxone a restricted activity, social workers were not one of the health professions authorized to perform this restricted activity. According to an article in the ACSW's magazine *The Advocate*, "social workers are not currently authorized to administer naloxone by injection or teach how to administer naloxone by injection" (Pearson, p. 13). The situation is identified as a "cause for concern" by the ACSW, as social workers are not authorized to participate in "this critical harm reduction strategy" (p. 13). The ACSW is seeking workable solutions with the province.

In June 2018, the ACSW (2018) released an update that:

confirms that Registered Social Workers are permitted to become trained, knowledgeable, and competent in the distribution of overdose response kits (take home naloxone kits), including the training of others to administer naloxone injections for emergency treatment of opioid overdose outside of a hospital setting as per Alberta Health Services protocols (p. 1).

The Winter 2018 newsletter provided a “clarification statement” to declare that “the emergency injection of naloxone by an RSW who is trained in opioid overdose response would not constitute unprofessional conduct” (Mackinnon & Pearson, 2018, p. 12). However, the emergency exemption for RSWs in Alberta includes caveats— notably, that RSWs who are employed in health care may not inject naloxone during their employment.

Ontario

The response from the Ontario College of Social Workers and Social Service Workers (OCSWSSW) was specifically related to naloxone distribution and administration. The OCSWSSW does not consider a unique response regarding naloxone to be necessary; rather, when members contact the College about the administration of naloxone, they are directed to the Standards of Practice, which set out the minimum standards of professional practice and conduct. In other words, the existing Standards of Practice would apply to any unique questions about naloxone practices, as such practice can be considered within the scope of their regular professional activities, falling under the same overall requirement that members work within the parameters of their competence.

Quebec

In September 2017, the Quebec government made amendments to broaden access to naloxone and changed its policies on who is authorized to

administer naloxone. In response, the Ordre des travailleurs sociaux et thérapeutes conjugaux et familiaux du Québec (OTSTCFQ) provided a Professional Notice specifically referring to naloxone administration for social workers. The regulation states that in the absence of a first responder or an ambulance technician, a social worker is permitted to administer naloxone. The Notice further states that social workers should be adequately prepared to undertake such intervention, as social workers are obligated to practice their profession within the limits of their skills. The OTSTCFQ adds that social workers should communicate with their employers to understand their organization’s specific policies regarding naloxone administration.

Discussion

This project sought to better understand how the social work profession is responding to the current overdose crisis in Canada and what can be learned to inform future responses as the crisis continues apparently unabated. This environmental scan of social work regulatory organizations and associations sought out policies, regulations, directives, practice notes, programs, recommendations, position papers, articles, and other documents and resources relevant to the overdose crisis. Our results reflect the fact that the most populous provinces also seem to be the provinces that have been most impacted by overdose to date.

All of the information collected as part of the environmental scan focused on the administration and distribution of naloxone by Registered Social Workers. Federal and provincial policy amendments responding to the overdose crisis in 2016–17 expanded naloxone distribution as well as removed barriers to the emergency administration of naloxone as an overdose response by everyone. These regulatory changes included the federal *Good Samaritan Act* enacted in May 2017 as well as provincial regulatory changes to health professions acts to permit the emergency administration of naloxone.

Social work responses to the expansion of naloxone as an overdose response appear to vary.

In one province, the regulatory body deemed naloxone administration as not unique from social work practice and not requiring specific regulatory amendments, but rather only a continuation of existing Standards of Practice that require members to act within the parameters of their competence. In some provinces, social workers were not included in the provincial regulatory changes because social work was deemed outside of the health professions' legislation; as a result, social work regulatory bodies in these provinces put forward amendments to their Standards of Practice. Again, these regulatory changes appear to vary and in most cases appear to permit naloxone administration by social workers while also limiting the practice. Specifically, it appears that social workers' authority to administer naloxone can be limited to only situations where a health care professional is absent. Because intermuscular injections are a restricted activity, the administration of naloxone is at times even prohibited when the social worker is employed in health care scenarios where other health professionals are assumed to be available and authorized to perform the injections.

A potential lack of clarity about including naloxone administration as within standard social work practice is concerning, as is the at times restrictive tone used in policy documents. Notably, although the federal government is passing legislation to encourage all Canadians to access and administer naloxone as a harm-reducing measure, in some cases social workers appear less able to respond in this way in their professional capacity. Particularly concerning are possible limitations on social workers responding to overdoses in health settings or when other health professionals are present. In these instances, questions arise as to the function of social workers within health-related harm reduction services responding to overdose—such as government sanctioned supervised consumption services and overdose prevention sites.

While responses to overdose vary from province to province, overall in Canada responses have been intensifying, notably since 2016. The expansion of naloxone administration is just one

such response. The number of federally sanctioned supervised consumption sites has increased from two to 25. At the same time, unsanctioned overdose prevention sites have been established and operated by volunteers including social workers in many places in Canada. At the end of 2017, temporary overdose prevention sites were permitted in Canada, which followed British Columbia's rapid implementation of additional overdose prevention sites. These sites saw approximately 500,000 visits and no overdose deaths in their first year of operation (Wallace, Pagan, & Pauly, 2019). New and expanded substitution treatment programs were being implemented, drug checking pilot projects were established, and public education and anti-stigma campaigns were launched. Our environmental scan did not receive or uncover any social work responses that referenced these initiatives.

Our findings raise questions as to the role of social work in harm reduction generally and in overdose response specifically. Individual social workers in Canada, whether registered or unregistered, are front-line responders to overdose and are hugely impacted by the trauma, grief, and related effects of the crisis. A social worker's experience responding to overdose with naloxone could unfold during their work in housing, shelters, health care, or harm reduction programs and sites. However, social workers are also employed with supervised consumption services and at overdose prevention sites where injections are monitored, oxygen is administered, and where programming may include supporting experiential workers and assisted injections. Often social workers are employed in the health sector to provide these harm reduction services as well as opioid substitution therapy (OST), drug checking, and treatment and to oversee prevention programs. Potentially new practices and ethical issues encountered by Registered Social Workers may include: administering bag oxygen to prevent overdose in sanctioned sites, supporting assisted injections in sanctioned sites, handling illegal substances as part of harm reduction practices such as drug checking or overall trauma and grief support.

The Canadian Association of Social Workers (CASW) has advocated for a public health approach to illicit drug use that includes decriminalization (CASW, 2018). Harm reduction closely aligns with the values of social justice ingrained within the social work profession and the CASW's 2005 Code of Ethics. At the provincial/territorial level, there may currently be an absence of official policies and ethical guidance to facilitate Registered Social Workers' inclusion in this public health response to substance use and overdose as well as safer drug supply initiatives such as decriminalization. In some instances, our findings raise the concern that RSWs are limited in their capacity to respond to overdose if employed in a health setting or in the presence of health care professionals. The lack of findings on the myriad of other public health responses to overdose in our research also raises concerns as to the profession's advocacy for its members and support offered to RSWs as public health leaders in harm reduction.

The Canadian Harm Reduction Policy Project (CHARPP) documents harm reduction policies in Canada and emphasizes the need for policy to exceed vague rhetorical pronouncements. CHARPP has found that many policies endorse harm reduction in name, but not in substance (Hyshka et al., 2017; Wild et al., 2017). The overdose crisis specifically has resulted in new programs being implemented even in the absence of formal policies to guide such implementation (Hyshka et al., 2019). Social work regulators could be among those policy and practice stakeholders at a critical juncture for shaping new policies that will affect social workers' roles and responsibilities in harm reduction generally and in response to overdose specifically.

Responses to overdose are increasingly focused on ensuring a safer drug supply through decriminalization and expanded regulation. In 2019, the Canadian Association of People who Use Drugs (CAPUD, 2019) provided a Safe Supply concept document including a range of dispensing model options, while the British Columbia Centre on Substance Use (BCCSU, 2019) published a report providing a blueprint for heroin compassion clubs

as safer, cooperative models for supplying opioids. Nationally in Canada, social work has expressed its commitment to such responses through the CASW (CASW, 2018). What are the unique roles for social work in these emerging responses to substance use and overdose? If new responses to substance use and overdose are relegated only to health professionals and health systems, the medicalization of harm reduction is possible. With limited roles for social workers there could be a shift from the criminalization of drugs and people who use drugs to the strict medicalization of such drugs and people who use drugs. Does social work, with its emphasis on social justice and social determinants of health, have a unique role in defining drug policy, harm reduction and responding to illicit drug overdose?

Limitations

The environmental scan reflects a limited point in time—the end of 2018—and does not capture ongoing and more current responses. The results reflect only the responses we received, and we were unable to get responses from every provincial/territorial organization. However, the provinces that did respond were the most populous and therefore likely to be the most impacted by overdose to date. The scan was also limited due to a lack of information on many websites. Some websites had no publicly available results or no website search function. Furthermore, despite the fact that researchers explicitly asked for any and all documents related to overdose response, all responses focused only on the administration and distribution of naloxone by Registered Social Workers. The invitation to participate in this environment scan stated that “documents could range from naloxone and overdose response and prevention, supervised injection/consumption, trauma and grief support, overdose prevention sites, regulation and decriminalization of substances, substitution therapies, drug checking, drug user engagement/employment and more.” Finally, the scan is comprised of documents and does not reflect the actual practices of the organizations or, more importantly, individual social work practice. We

expect that the provincial/territorial organizations provide much broader responses to their members as well as advocate for the profession more than what is reflected in the data collected for this research.

Conclusions

Social workers play a critical role in responding to the illicit drug overdose crisis in Canada. Harm reduction as a response to substance use and overdose is consistent overall with social work ethics and standards of practice. The national voice for social work, the CASW, advocates for a public health response to substance use including decriminalization. Our research found less evidence at the regulatory level that would currently support social workers in taking on leadership roles in the evolving public health responses to overdose in Canada. Individual social workers are increasingly first line responders to overdose and locally are leaders in harm reduction policy, services, and activism. As safer drug supply responses are gaining traction in Canada, social work regulators have opportunities to apply principles of determinants of health and of social justice in defining overdose response alternatives that avoid merely criminalizing or medicalizing substance use.

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Book Review

Canda, E. R., et al. (2020). *Spiritual diversity in social work practice: The heart of helping (3rd ed.)*. Oxford.

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Journal of Social Work Values and Ethics, Volume 17, Number 1 (2020)
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In *Spiritual Diversity in Social Work Practice: The Heart of Helping* by Canda, Furman, and Canda, the authors dive enthusiastically and joyfully into three massive topics: spirituality, diversity, and the practice of social work. A braver undertaking is hard to imagine.

In the examination of spirituality, the authors include information on the multitude of organized religions as well as provide an examination of nonsectarian perspectives such as existentialism, the transpersonal perspective, and beliefs of Indigenous people. Guiding principles of spirituality are noted as value clarity, respect for diversity, reflection, support and empowerment, holistic thinking, attention to best practices, and intersections of spirituality and religion. Spiritual well-being is described both as a process, healthy spirituality, and an outcome, having an effect on health, mental health and relationships. At the close of this first section, readers are presented with exercises through which they might determine their own ideas about religion and spirituality.

In fact, the volume is full of such opportunities, giving readers not only the opportunity to learn about the specifics of individual religions, the research around examining spirituality and the ways in which that might be accomplished, but also the opportunity to self reflect and begin to assess the ways in which individual religiosity or spirituality affect work with clients in the practice of social work.

To these authors, the exploration of diversity as related to spirituality and social work includes wholeness in the ways in which the individual develops. The conceit is that wholeness of person rests on a frame like that of a loom and that personhood is developed by placement of a strong and durable warp over and through which the fibers of the woof are integrated, forming the whole. The pattern which then develops includes individuals' placement of spirituality in their lives. This was the only section that seemed to be somewhat contrived. It reads as if the authors know full well what the intent of the section is, but for the reader, the illustration could perhaps be more fully fleshed out.

The section devoted to social work is heavy on self-awareness, spiritual development and ethical considerations. This is as it should be. However, the authors present specific exercises, guides, and scenarios to be used in those instances in which the client asking for help is examining/dealing with personal spirituality. The scenarios alone are 40 in number and provide untold opportunities for discussion with colleagues/clients or for personal growth.

This is an impressive volume, covering almost 600 pages in length. It is, however, eminently readable, understandable, and engaging. The aforementioned exercises, guides, and scenarios all combine to make it an infinitely useful volume to be used as a text.

Book Review

Cunningham, M., & De Saussure, J. (2019). *Dancing the labyrinth: Spirituality in the lives of women*. Oxford University Press.

Reviewed by Bertha Ramona Saldana De Jesus, DSW, MSW
Millersville University School of Social Work

Journal of Social Work Values and Ethics, Volume 17, Number 1 (2020)
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Maddy Cunningham DSW, MSW, professor emeritus in the graduate school of social work at Fordham University, has also authored *Integrating Spirituality in Clinical Social Work Practice: Walking the Labyrinth*, which centers on the insertion of spiritual issues in clinical social work practice.

Jade De Saussure, Ph.D. candidate, MSW, is an ordained ministerial counselor who incorporates spirituality in her social work practice. She also serves as chair of the Spirituality Committee for the National Association of Social Workers New York City Chapter.

The authors engage the reader by “dancing the labyrinth” to discover the fullness of women’s spiritual and psychological development. Exploring the sacred anecdotes of a diverse group of women, they examine spiritual changes through the adult life course and in relation to self, others, and the Divine.

The book is organized into 13 chapters; each leads the reader through thematic pathways that amalgamate women’s spiritual and psychological development as compared to men. The authors incorporate clinical treatment approaches and techniques in accessible, relational language.

The opening pages give voice to the spiritual lives of women and set the tone in answering the following questions in the book: “What does it mean to be a spiritual woman? How do women connect their spirits and their life’s purpose?” (p. 2). The reader is led to understand that we live our lives engaged in the creation and interpretation of narratives.

Chapters Two and Three describe women’s spiritual and psychological development, integrating Fowler’s Faith Development Model and metaphors (i.e., The Dance, The Web, The Quilt, and The Labyrinth) to demonstrate their growth. The metaphor used in this book is the labyrinth, which leads the reader into a circular and uninterrupted but powerful walk into the woman’s life as she engages in her daily activities. The labyrinth walk leads women into relational exchanges that intensify their psychosocial development and faith toward the Divine. Ultimately, these relational exchanges increase women’s spiritual growth.

Chapters Four, Five, and Six examine the connection between women and the Divine, spiritual changes, and trauma. The images of God held by women are empowering, as this embodies the meaning and purpose of life. Women’s understanding of God as they age and embrace the fullness of life is a central theme of these chapters. The authors describe spirituality and the aging process as entering undefined pathways while releasing the familiar to welcome the unfamiliar. As women welcome the unfamiliar, they may also experience trauma caused by clergy or others. These traumatic events move women to question “Where is God?” as they try to understand the reason behind their pain. In doing so, they achieve a new perspective into their relationships and walk with the Divine.

Chapters Seven, Eight, and Nine focus on how women nurture their spirituality through a plethora of modes (e.g., mainstream spirituality, feminism,

mysticism, New Age, Earth-based spirituality) while underscoring the sameness of ideas and practices within these pathways. Through these traditional and alternative pathways, women are empowered to learn effective ways to articulate their anger and regain power as they take control of their own lives.

In Chapters Ten, Eleven, Twelve, and Thirteen, the authors offer clinical treatment models and techniques, special topics related to spirituality and trauma, as well as self-care as practitioners work with women's spiritual issues. Cunningham and De Saussure conclude the book by offering the reader with the story protocol and description of the women who courageously shared their spiritual journeys, the questions used during interviews, a definition of spirituality, references and an index.

The authors' integration of anecdotes and professional theories related to spirituality and development are practical, organized, and well-focused. The spiritual or religious assertions within this book are linked to

social work ethics and values. Religion is rooted in the notable social work origins (i.e., the Church). Among the book's strengths are the use of multiple theories of women's psychological development, spirituality, connectedness to their environments as they age or during traumatic events, as well as with self, others, and the Divine. It also offers clinicians treatment techniques and self-care tips as they engage women with spiritual issues. The book would benefit from additional quotes from women who were interviewed. Letting the women's voices speak even more would lend additional credibility and illuminate the connection between the reader and the interview subjects.

The book can be used as supplemental and supportive material for social work education as well as practicing social workers and other professionals to enhance their understanding of women's spirituality and psychological development across the adult life course.

Book Review

Metzger, M. W., & Webber, H. S. (Eds.). (2019). *Facing segregation: Housing policy solutions for a stronger society*. Oxford University Press.

Reviewed by Peter A. Kindle, Ph.D., CPA, LMSW
The University of South Dakota

Journal of Social Work Values and Ethics, Volume 17, Number 1 (2020)
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Metzger and Webber have edited materials from a 2015 conference on inclusive housing hosted at the Center for Social Development in the Brown School of Social Work at Washington University in St. Louis where they are on faculty. Their book is about residential segregation in America, its harms, and potential solutions. It advocates for the social value of integration that they call living together—the intentional racial and economic desegregation of American communities to promote economic growth, strengthen democracy, and enhance equal opportunity.

The first section contains four chapters addressing the causes and consequences of segregation, the second section has seven chapters proposing policy solutions to reduce segregation, and the concluding chapter summarizes potential solutions in a three-pronged, ambitious policy agenda.

An introductory chapter provides a history of U.S. residential segregation in the Fair Housing Act in 1967. Demographic changes since then, primarily the growth of non-White people groups in America, have resulted in greater concentrated segregation based on both race and economic class. The second chapter challenges the notion that segregation is the result of private prejudice, a myth that has received indirect sanction from the Supreme Court as recently as 2007 in a decision that denied local regulations to erode segregation unless that segregation was by state action.

The sad fact is that racial segregation of low income neighborhoods did not really exist prior to the

creation of federal housing projects in the 1930s. Housing projects replaced economic segregation with racial segregation. The presumption in federal housing policy that housing integration was unfeasible lingered after World War II. The Federal Housing Authority denied financing to suburban developers and mortgagees who were Black. Deed restrictions were allowed that denied home sales to Blacks. Redlining by financial institutions furthered the segregation because letting Blacks into a White neighborhood made the loans too risky. Interstate highways were located to raze integrated neighborhoods and isolate Black ones. Real estate agents lost their licenses for selling to Blacks. Police stood by while thousands of mobs burned homes in White neighborhoods bought by Blacks. Overcrowding and denial of municipal services turned the remaining Black housing areas into ghettos. Any fair analysis of the Black–White wealth gap will find it anchored in federal and local policies that privileged appreciating home values of White homebuyers.

Chapter Three understands that segregated federal housing projects is not the entire story. As Blacks moved out of the south, their lack of political power was somewhat overcome by segregation and the Black institutions and Black agency developed in the ghettos. Affordable public housing in the New Deal intentionally segregated Blacks from Whites, but provided substantial improvements in housing including indoor plumbing and electricity. Public housing for Blacks continued to receive support in the Black press until the 1960s because

new affordable housing was such a significant improvement. The growth of a Black middle class changed everything and by 1972 HUD was siting new public housing in integrated neighborhoods with explicit bans on more in the ghettos. By Nixon's term, there was a moratorium on new public housing. The more recent neoliberal era shifted toward market solutions, primarily through Section 8 housing vouchers and Low-Income Housing Tax Credits (LIHTC). Section 8 has not been perceived as racial assistance in the same manner as public housing, but despite effectively renovating some Black ghettos (e.g., Harlem), these market solutions have tended to abandon an integration motive.

The consequences of segregation close with Chapter Four that illustrates how intentional segregation policies in St. Louis resulted in the concentration of Black poverty and the dispersion of White poverty. Some attention is also paid to social psychological research on in-groups and out-groups. Here the point is that people will discriminate against out-groups when distributing rewards, but not when distributing punishment. This research also notes the heavy bias toward conflict over cooperation when under threat. All attempts to reverse segregation must find ways to cope with these findings.

Chapters Five through Eleven discuss detailed policy solutions that may have flourished if the Obama-era Affirmatively Furthering Fair Housing (AFFH) mandate (2015) had been implemented. Chapter Five noted that AFFH switched focus away from anti-discrimination litigation to proactive administration oversight of efforts to end racial segregation through a more balanced and comprehensive approach to stimulate investment in concentrated poverty areas. Chapter Six describes the failure of housing vouchers to promote racial integration and suggests tax incentives and supportive casework to address lingering discrimination and transportation barriers. Chapter Seven argues for the addition of desegregation to the charter of the Community Reinvestment Act. Chapter Eight addresses the failure of mixed-income housing programs (HOPE VI and Obama's Choice Neighborhood Initiative) to deconcentrate poverty

and promote social integration. The only solution proposed is a thorough revamping of every aspect of these programs to produce broad structural change.

Chapter Nine attempts to analyze neighborhoods threatened by blight and contagious abandonment by classifying them as low demand, high demand, or middle markets. There is little hope for market-driven solutions in the low demand neighborhoods where residents are better advised to simply relocate, and high demand neighborhoods are already benefitting from market-driven effects that are often to the detriment of low income residents. The sweet spot for public-private investments is the middle market neighborhood where improving existing amenities and focusing on stable families may arrest the threat of blight. Chapter Ten returns to the theme of failed policies, this time focusing on Tax Increment Financing that has been noted more for largess and corruption than for economic development. The connection between housing value and educational attainment is the focus of Chapter Eleven that explicitly denies that racial segregation is explained by economic segregation and that academic achievement is a function of school resources. The proposal here is a comprehensive plan to support brain development from birth to young adulthood through universal prenatal care, public health insurance, regional preschool clearinghouses, and Black-owned business development.

The agenda proposed in the final chapter is threefold: (a) increasing integration in high opportunity neighborhoods (which is against longstanding traditions of local zoning), (b) redeveloping areas of concentrated poverty (which means displacing some poor with middle class households), and (c) preserving and supporting middle class neighborhoods. All of these approaches are heavily constrained by market effects on land prices. Affordable homes in high opportunity neighborhoods rarely stay affordable long as the market pushes housing values upward. Affordable homes in poor neighborhoods increase housing stock that further devalues housing due to lack of demand. Affordable homes in middle class neighborhoods create the opportunity for

gentrification. The extent to which racial segregation is complemented by economic segregation suggests that this agenda will do nothing to support housing for low income residents.

While well-researched and remarkably accessible, I do not believe that the authors represented in this volume have grappled with the value conflict that is the core of racial housing segregation. I believe that Americans value equal opportunity for all, except when providing equal opportunity might lower their home value or the quality of the education their children might receive. As noted in Chapter Four,

people will discriminate against out-groups when distributing rewards, but not when distributing punishment. What White Americans need to realize is that resistance to racial and economic integration is in itself a form of social punishment. It is not enough to support equal opportunity over there unless we are willing to promote equal opportunity in our own neighborhoods. I believe that this book confirms that there are no market solutions to segregation. Americans must choose to value people over assets or there will be little to no racial integration in housing.

Book Review

Park, Y. (2020). *Facilitating injustice: The complicity of social workers in the forced removal and incarceration of Japanese Americans, 1941-1946*. Oxford University Press.

Reviewed by D. Lynn Jackson, Ph.D., LCSW, ACSW
Freedom Rehabilitation

Journal of Social Work Values and Ethics, Volume 17, Number 1 (2020)
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Facilitating Injustice is Yoosun Park's first book. She is an associate professor of social work at Smith College whose scholarship focuses on immigration and social work's role in immigration. Park's aim for the book was to describe the involvement of the social profession in the removal, incarceration, and resettlement of Japanese Americans during World War II and to include that involvement in the history of the social work profession. This book has relevance for social work students and practitioners particularly as lessons can be applied to our current immigration conversations.

Park's discussion of deserving and underserving clients; her analysis of the social work profession's reluctance to speak out more against FDR's administration, possibly due to the active role the profession had in shaping New Deal legislation; and policy discussions within the War Relocation Authority (WRA) Camps would be useful in any policy class as students learn about the effects of social policy at the local and federal level. Her detailed description of the work of nonprofits like the YWCA in creating board policy about their commitment to the Japanese while in the camps would further add depth to policy discussions but also could be utilized by macro students as they examine how much these organizations were changing outcomes of unintended government policy for Japanese Americans, both in the camps and during resettlement.

There are also many case examples and discussion applicable to diversity topics, i.e., cultural competency,

immigration, racism. One such description is of the work of Grace Coyle, well-known to those studying group work, who was employed by the YWCA. Coyle's work was to develop groups that would help the Japanese prepare and plan to leave the camps for resettlement but were also designed to assimilate the Japanese and instill in them American ideals. Parks also described the way in which the Japanese valued their independence, privacy, and pride, viewed as noble while in the community, and problematic and disloyal once in the WRA Camps, which provides a good case example for a diversity class trying to understand how race, culture, and socioeconomic status can affect the relationship between clients and social workers.

Further analysis of how people were treated based on their race and ethnicity (as some were US-born) by not just the Army and local citizens, but by social workers within the camps, provides excellent case examples for an ethics discussion or class. There is also the disagreement that the profession initially had as to whether all Japanese Americans should be removed from their homes or whether only those who could be determined to be disloyal to the United States should be removed. The profession's eventual deferment to the government policy of overall removal and cooperation with the program of mass incarceration is worth consideration. It provides an opportunity for students or practitioners to examine how a profession tied so closely with social welfare policy and the system but committed to social justice can find solutions that are ethical and mindful of the value of the dignity and worth of individuals.

Facilitating Injustice has many strengths including numerous instances of first-hand accounting through written letters, government documents, and actions of those involved that provide greater depth and understanding of what occurred in and outside of the camps and how it was all being viewed at the time. Further, it provides a comprehensive history of the removal, incarceration, and resettlement of Japanese Americans during 1941–1946. At the same time, this can also be seen as a weakness, as the history is quite comprehensive and at times quite dense to read through. Another strength is the documentation of involvement of individual social workers and the social work profession during these years. In an era of accountability, it is important that our profession be accountable and transparent about our involvement, so that we learn and continue to evolve as the kind of social justice profession that we espouse to be.

Book Review

Reyes Mason, L., & Rigg, J. (Eds.). (2019). *People and climate change: Vulnerability, adaptation, and social justice*. Oxford.

Reviewed by Joan Groessl, Ph.D., LICSW
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Journal of Social Work Values and Ethics, Volume 17, Number 1 (2020)
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Social workers who have not considered climate change as a social justice issue will learn how closely the two are aligned by reading this book. The text brings together experts from across the globe outlining the impacts of climate on vulnerable populations and delineates policy strategies to promote resilience in adaptation to climate change.

Reyes Mason and Rigg frame the content beginning with the premise of joining the hard sciences to social science in order to solve the problem of climate impact. The authors link wealth and status to greater negative consequences to vulnerable populations and outline historical foundations in support of that assertion. This recurring theme centers on the greater impact on vulnerable populations and raises the social justice questions, which in turn highlight larger moral issues.

Using research as a base, the authors make the arguments that vulnerable groups—poor, female, older, and indigenous—have increased risk because of environmental hazards. The probability of risk to a group increases when hazards are combined with vulnerability. Hazards are described in terms of weather and land conditions. From extreme heat to the dangers of flooding, those who are of lower socioeconomic status are impacted at higher probability than those with wealth. The studies from multiple disciplines within the book cover areas such as Arizona, Argentina, England, and Indonesia and outline the range of factors leading to these negative outcomes.

Outlining “climate justice,” the authors contend we must create opportunities for full and meaningful participation in decision making, fair distribution of burdens and benefits, and recognition of status difference in the impact of climate change and the disasters which result. Resilience is described as the social, physical, and ecological measures taken by communities in response to variables associated with risk, vulnerability and changing climate.

The role of social workers as partners for policy change, community development efforts, and empowerment of marginalized groups as it relates to climate becomes clear as one progresses through the book. A great resource for educators in social work, the text brings together multiple disciplines, yet the connection to social work’s mission and obligations to social justice are clear. Aside from use in educational contexts, this text is useful for all social workers in understanding the impact of climate on those we work with at a micro level and provides strategies for policy change at a macro level. The global problem of climate change is one which cannot be ignored; reading this book will help those uninformed about the issue to advocate for vulnerable and oppressed groups as well as the wellbeing of our communities.

Book Review

Sacks, T. K. (2019). *Invisible visits: Black middle-class women in the American healthcare system*. Oxford University Press.

Reviewed by J. Porter Lillis, Ph.D.
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Invisible Visits: Black Middle-Class Women in the American Healthcare System is a profound contribution to the understanding of racial and gender inequities in health care for Black women. This text is the publication of a research study designed to both illustrate and answer questions about the experiences of middle-class Black women and their mostly unknown experiences with race and gender discrimination in health care settings. Using the qualitative methodology of grounded theory, Sacks ran focus groups and conducted in-depth interviews on 30 participants to investigate "...the ways in which Black women who are not poor adapt, resist, and are shaped by race and gender discrimination, particularly in healthcare settings" (p. 15).

In the succinct and thorough review of the literature, the author points out that much is known about poor and low-income Black females, but Black middle-class women are all but overlooked in most studies. Research tells us that the broadly held notion that as socioeconomic status (SES) increases, health increases, does not hold for Blacks; it has been shown that with higher SES comes more opportunities to experience discrimination and depression. Black women do not have as much variation in their health care experience as a result of SES as White women do. That is, low SES and higher SES White women are treated differently in health care settings while low SES and higher SES Black women are treated much more similarly. To Sacks, the smoking gun for health disparities is the combination of racial and gender stereotypes that health care providers hold. Among the mechanisms for poor health outcomes is the stress middle-class Black women

suffer when negotiating a health care encounter, partially as a result of the need to rebuff any of the stereotypical labels that a health care provider may consciously or subconsciously hold. The text "... delineates the conditions under which women feel they need to counter such stereotypes, the burden the experiences in enacting these behaviors and the potentially negative effects on their health" (p. 13).

In four chapters, Sacks illustrates the vulnerabilities and stereotypes, how and what middle-class Black women do to obtain quality health care, current reproductive health care and issues Black women face based on physical hardiness stereotypes as well as the overuse of hysterectomies, and the arguments that racial and gender stereotypes negatively impact Black middle-class women. The chapters further demonstrate that negative stereotypes, unconscious or conscious, are damaging, and just the threat of stereotyping is a cause for the differences in treatment. Sacks then concludes (Chapter 5) with suggestions for "further exploration and intervention" (p. 118).

This is a fantastic reader on health disparities, on the dangers of conscious and unconscious biases in health care, and on the importance of theory that examines the multiple interactions of sociodemographic variables (particularly how the positive correlation between SES and health care is not guaranteed). Lastly, this is a fantastic reader because it tells the stories and experiences of a population about very little was known in their own voices.