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A Dedication to Bruce Donald Buchanan

Donna DeAngelis, MSW; Kathleen Hoffman, MFA; and Steve Marson, Ph.D.

Journal of Social Work Values and Ethics, Volume 17, Number 2 (2020)

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With great sadness, we announce the recent passing of our colleague and friend Bruce Buchanan. Bruce was a charter member of our editorial board and assisted in the process of conceptualizing the *Journal of Social Work Values and Ethics*. Since that time, he was deeply involved in editing and assessing clinical social work manuscripts. He was a tremendous asset to the journal and will be missed by all of us who worked with him. Because of his popularity, three journal associates have written this dedication. They include Donna DeAngelis, Kathleen Hoffman, and Steve Marson.



Directors, chair of the ASWB (Association of Social Work Boards; the name was changed in 1999) Nominating Committee, chair of the Disciplinary and Regulatory Standards Committee, and member and chair of the ASWB Examination Committee. On the all-important Examination Committee, he led the Clinical exam section. He also chaired the Job Analysis Task Force, as well as too many other committees to mention. But Bruce loved best the Exam Committee and its work. He never missed a meeting!

Bruce served as the ASWB president from 2001 to 2004, which included a year as president-elect and a year as past president. During that time, we traveled to many meetings together. Two trips stand out in my memory. We were in New York City to meet with the New York State Social Work Board about the examination. Bruce hadn't been there before and we walked all over Manhattan visiting the Empire State and Chrysler buildings, Central Park, Rockefeller Center, and as many neighborhoods as we could in an afternoon. He was like a kid in a candy shop! During that trip I was fortunate to be able to take Bruce out to dinner to celebrate his 50th birthday. The second memorable meeting was in Washington, D.C., for a National Association of Social Workers (NASW) leadership conference. It was the first week in December, and it had snowed. We had to walk several blocks in ankle-deep snow. Bruce did not have boots and walked the three days of the

Donna DeAngelis: What I remember most about Bruce is his laugh. When Bruce laughed, I had to laugh with him whether or not I knew what he was laughing about. He laughed at his own jokes and he laughed at himself, a wonderful quality to have.

Bruce served as a member and chairperson of the Iowa Board of Social Work and was active in the American Association of State Social Work Boards (AASSWB). I met Bruce in October 1994, when he was a member of the AASSWB search committee for a new executive director. Bruce later admitted, after I was hired and signed a contract, that he and his colleague Dr. Sunny Andrews were watching the University of Nebraska football game on a TV on mute behind me in the interview room! Maybe that's why I got the job. In addition to being president, Bruce was a member of the AASSWB Board of

conference in his loafers, taking his shoes off at his chair so they and his feet could dry! Bruce was dedicated.

Bruce was active in NASW and many other social work organizations, but I like to think that ASWB was his favorite. Bruce has always been my favorite, and I and the social work profession he loved will miss him very much.

Kathleen Hoffman: Bruce Buchanan was the kind of man who would admit to the nickname “Babycakes” without hesitation. He was a big guy in every way—physically, mentally, and emotionally. He liked people a lot, even the “pissed-off adolescents” that he said were his specialty. I can imagine those sulky kids coming in, resenting being sent for therapy, and deciding within the first session that this was a man who understood them and wouldn’t be put off by anything they did or said.

As a non-social worker who was deputy executive director of ASWB, I learned that social workers might have a quirk or two but they were good people who believed in empathy first of all. Bruce was the king of empathy, and he wanted people to return his feelings in kind.

When the then American Association of State Social Work Boards in 1999 held its 20th anniversary celebration in New Orleans, Bruce stood up on the floor of the delegate assembly to proclaim that what had been a troubled past was now firmly behind the organization. Everyone would always pull together, he said, because—here quoting somewhat loosely from a “Pogo” comic strip—“We Are Us!” That was Bruce. A bit of a cheerleader dedicated to the idea that everyone wanted to do right by each other. He also made the suggestion in that same session that the name should be shortened and made more inclusive, since the American Association of State Social Work Boards had recently added Canadian provinces to membership. The vote approving his idea was quick.

Lest I paint him as a saint, I should convey that he had a sense of humor that wouldn’t stay suppressed and enjoyed nothing more than having people share with him in his enormous laugh. Once he had driven a few ASWB visitors around Iowa for a time, going to the fabled State Fair to see the Butter Cow and then stopping by the bridge in Madison County, Iowa, that was supposedly the one referenced in the book and movie “Bridges of Madison County.” Headed to Iowa City for a meeting of the Exam Committee the next day, we stopped for dinner. At some point he began a story about his mother finding five-year-old him in the middle of a huge mud puddle surrounded by a couple of small girls—and all of them had shed their clothes and replaced them with mud. He acted out the pouncing and subsequent shaking by his outraged mother, in the middle of the restaurant. “Don’t – shake – ever – shake – let me catch you – shake – doing this kind of thing again!”

We all laughed so hard people were glancing over at us, disapproval in their eyes. Had they known Bruce, they would not have disapproved.

A quote from Bruce for the 1999 AASSWB history book is a good summation of the man.

I started with this group in the early ’90s, when I had been on the board in Iowa for a while. The reason I’ve been so thrilled with the association, and wanted to stay with it, is that I’ve been able to watch this group move through some difficult, difficult times, to the point it could have disbanded. And I’ve watched caring people work through those hard times, always with care for the regulation of practice and for social work in general foremost in their minds.

Steve Marson: On Monday, August 3, 2020, at 8:59 p.m., my heart dropped into my stomach. I had just sent out a request to review a manuscript

addressing homeless veterans and I received a reply from Bruce's email address. I was expecting to read something thought-provoking followed by something humorous. Instead it was a transmission stating that Bruce had passed away. The email paralyzed me. I just sat at my desk in disbelief.

I first met Bruce in 1999 when I volunteered to join ASWB's Examination Committee. The Examination Committee employs a set of systematic criteria to intensely assess each single test item to be used on the various tests found on licensing exams. It is an intellectually exhausting experience. The process of assessing test items creates an environment filled with intellectual and adversarial positions. Debates like: What adjective is best suited to make this sentence both economical and clear? Seem like a silly debate? Looking from outside, it does seem silly, but consider the high cost of allowing an ambiguous item on a test. All committee members had a clear understanding of their responsibilities. After the first day of intensely tearing apart sentences, professionals become cantankerous—except for Bruce!

Bruce brought stability and reassurance to the exhausted group. Unlike the rest of us, he never seemed to get tired. Most importantly, he used his sense of humor to keep the group grounded in the reality of our mission. He became a role model for everyone.

In 1999, when I first met Bruce, I chaired a national committee that addressed social work values and ethics in higher education. The committee was responsible for leading the profession in the use of technology for teaching "social work values and ethics." The committee immediately realized that values and ethics was the only curriculum area that lacked a practice or academic journal. During this time period, the absence of a journal was a hot topic of discussion between Bruce and me. Through our discussions, he encouraged me to use the committee as a catalyst for the development of a newsletter or a journal. Soon, the *Journal of Social Work Values and Ethics* (JSWVE) was born,

and Bruce immediately volunteered to be on the editorial board.

Since inception of JSWVE, Bruce has been on the editorial board. He routinely accepted manuscripts for editing that had a clinical focus. His detailed knowledge of clinical social work was a great asset and his commentaries on the manuscripts were a great resource to both the journal and to the various authors he guided through the publication process.

He was not just a colleague; he was my good friend. Even after we no longer could see each other face-to-face, we kept in contact. In my last conversation with him, we hypothesized the various psychiatric diagnoses of Auguste Comte—a philosopher from the 1800s. Without adequate clinical training, I recognized that Comte was a victim of a bipolar disorder. After giving Bruce more details of Comte's aberrant behavior and suicide attempt, he was able to nail down the type of bipolar disorder and then hypothesized several other disorders Comte was likely to have had. Bruce was incredibly accurate. He described Comte in ways that only a person who read Professor Pickering's mammoth three-volume *Auguste Comte: An Intellectual Biography* could have. Bruce never read Pickering's books, nor did he remember Comte from his undergraduate studies; but he had an intimate understanding of human behavior. I vividly recall that Bruce was saddened by the emotional crises that Comte faced. He said that if Comte had been born in the 20th century, he could have had normal relations with others and made a greater contribution to science.

As I write this, I am tearful. I feel a great loss in my heart. I lost a good friend and the world has lost a great intellect.

Bruce passed away unexpectedly on Sunday, July 26, 2020, at the age of 66. His charm and humor are dearly missed by those of us who had the pleasure of working with him. Following are memorial statements made by his friends and colleagues.

In the midst of a summer of uncertainty and sadness, I learned last week that my friend and colleague Bruce Buchanan died unexpectedly. Bruce was the social worker's social worker; he was wise, and giving, and had the best laugh, and was always happy to see everyone, almost every time. I met Bruce through the Association of Social Work Boards many years ago. We began our friendship in committee meetings and delegate assemblies and cemented it in airports traveling back to the Midwest after weekends of work, me to Omaha and Bruce to Des Moines.

Bruce practiced with children and families in Des Moines and won every award possible for his service to the community, to the profession, and to ASWB. He was awarded the NASW Lifetime Achievement award, Social Worker of the Year and many honors for his devotion to children, especially those in need of care in the child welfare system. Bruce was also a lifelong member of the Boy Scouts of America, and a very proud Eagle Scout.

Bruce was the person many of us called with a question on a particular case, or an ethical dilemma, or just the need for a thoughtful and valued second opinion. He admired the work of Carl Whitaker and modeled the simple love and humanity of that perspective in his work. He also fiercely believed in regulation and licensure and the need for professional social workers to practice with the highest ethical standards, because those we serve are the most vulnerable of all. Through the Iowa Board of Social Work and the Association of Social Work Boards, Bruce helped to craft and consistently improve social work licensure, and his impact will long continue to be felt in the profession. Bruce was the ultimate social worker, wise, caring, hard-working, generous and joyous. He will be so very missed by many and by the profession.

Amanda Randall, Ph.D.
Former ASWB President

I am very sorry to hear about the passing of Bruce Buchanan. I had the pleasure of serving with Bruce on the ASWB Board of Directors when he was president and on the Exam Committee when he was chair of the clinical section. Bruce was such an inspiring leader and colleague. He loved social work and he loved being a part of ASWB. To him, ASWB fulfilled his goal of making sure clients and consumers were protected and were provided competent social work services. He knew and mentored for others that a well-prepared social worker can help others to improve their lives but, he also knew and equally mentored for others that social work services had to be provided in a professional, ethical manner. I have so many fond memories of us discussing ethical dilemmas and the manner in which he treated me with professional respect in these energy-filled debates. Bruce had a big presence in my life, in the lives of others and in the social work community. Our world needs his kind of leadership now more than ever. Fortunately, many of us who worked with and served with him will continue to provide social work services in a more competent, fair, and ethical manner because of what we learned from him.

Janice James, MSW
Former ASWB President

I was associated with Bruce through our work with the Association of Social Work Boards for several years. I quickly learned that Bruce was indeed a man of many talents: a social worker par excellence, a strong professional leader, a teller of funny jokes - many of which were reality-based on his life and experiences - and a strong advocate for the state of Iowa. He introduced us to the Iowa State Fair and their famous butter sculptures. He had a compassion for others, and he enjoyed life. He will be missed.

Ann McAllister, Ph.D.
JSWVE Editorial Board

I was so sorry to hear about loss of Bruce. I have fond memories of our talks at the ASWB national meetings. Both of us are from the Midwest. We often talked about how we experienced growing up in the Midwest and the impact of that culture on us.

Bruce was a very pragmatic, practical person who was well grounded in the values and ethics of our profession. His approach to problems was to look for workable, reasonable, realistic solutions to problems and he knew the importance of listening to other points of view. For him, compromise was a viable approach to dealing with divisive issues.

Bruce was a very astute clinician. I appreciated his practice acumen. I enjoyed our discussions about practice challenges and how to confront them.

He was a special person and I am so glad that ASWB meetings gave me the opportunity to know him and call him friend and colleague.

He'll be missed.

Barbara L. Holzman, AM
Retired, Clinical Social Worker

Thank you for letting us know and I am sorry about the passing of your colleague/friend. I am sure Bruce must have been an incredible individual. My thoughts are with you, and Bruce's other friends and family.

With Sympathy,

Nina Esaki, PhD, MSW, MBA
Assistant Professor, Springfield College

May his soul find sweet rest.

Felicia Rodgers, Ph.D.

I'm so sorry to receive this news. I didn't know him, but I care. I'll keep his loved ones in my prayers.

Thanks for letting us know.

Ravita T. Omabu Okafor, MSW, LCSW
Adult-Child Counselor/Trainer/Consultant

Editorial: Students Are *Not* Clients. Treating Students as Clients Is Unethical.

Stephen M. Marson, Ph.D., Editor, and Paul Dovyak, MSW, LISW-S

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We are writing this editorial as the result of hearing and reading social workers who state that the client of the social work professor is the student. The social work professionals who make such a claim are locked into envisioning social work as a clinical function. Social work education is *far from* clinical social work. Social workers must stop using a clinical paradigm to conceptualize social work practice outside of clinical intervention. This is particularly true when addressing professors who teach social work. Their activities (like community organizers) simply *do not* fall into the realm of clinical intervention. In an opened Q&A meeting at the annual CSWE conference, a clinical social worker/educator asked the question, “Is community organization social work?” Paul Dovyak and I were shocked to hear the question, but that experience is part of the catalyst for writing this editorial. First, to understand the philosophical foundation of “students are not clients,” an examination of social work history is in order.

History—The Generalist Model

The best manner to envision a professor’s social work practice is the recognition that “education” is housed within the “generalist model.” “Education” is an unambiguous task and is included *by definition* within the generalist model. Thus, the role of a professor *is by definition* social work practice. The generalist model is a theoretical framework that embraces all the specialties within social work practice. The problem with the generalist model is that it is woefully inadequate for addressing the complexities inherent in *all* specialty areas of social work practice. Yet, the strength of the generalist

model is its power in describing the totality of the “knowledge, skills and values’ (KSV) for all social work practice -- including KSV’s under the purview of social work professors. Prior to the publication by Pincus and Minahan (1973), the conceptualization of social work could best be described as chaotic. Depending on where a social worker was educated, they came to envision social work as “casework, groupwork and community organization” with a highly fragmented and disorganized conceptualization of each of these elusive categories (Broadhurst, 1971). Pincus and Minahan (1973) brought order out of chaos and produced a major paradigm shift in our understanding of what, in fact, is “social work.”

When it was first published, was the work of Pincus and Minahan (1973) easy to understand? Well, it is derived from the work of Talcott Parsons (1951) who is well-known as the foremost worst English-speaking writer/scholar in the history of the written word. In some pages (like Parsons’ books), the writing of Pincus and Minahan appeared to be translated by Google from German to English. Yet, this assessment of Pincus and Minahan may be simply too harsh. Pincus and Minahan gave us a paradigm shift that required social workers to totally reconceptualize their vision of social work practice. As for me, I vividly recall shamefully lowering my head to the dean of the college of social work at The Ohio State University and admitting, “I had to read Pincus and Minahan twice to understand it.” With my head lowered, I heard uncontrolled laughter. As I raised my head, the dean with measured giggling said, “I had to read it twice, too!!!”

Social workers were shifting the vision of the profession to an arena of greater clarity and coherence and moving out of the “functionalist” dominated educational system. Pincus and Minahan demanded greater clarity for all areas of social work practice. The fact is, the social work profession made a dramatic shift in the mid-1970s. The National Association of Social Workers and the Council on Social Work Education became the catalyst for the paradigm shift. How do I know this? Once again, the answer lies in the work of Pincus and Minahan. At first publication, Pincus and Minahan (1973) was considered extremely cumbersome to read (for me and even very smart people like the dean of the college of social work). Currently, the basic concepts of Pincus and Minahan have become public domain.

The concepts first introduced by Pincus and Minahan are addressed in virtually every text adopted in the social work curriculum. If social work students read Pincus and Minahan (1973) today, their typical reaction would be, “So what? There is nothing new here.” Pincus and Minahan gave us a major paradigm shift that has been accepted in a manner that is so incredibly profound, we witness a failure to acknowledge the authors’ contribution. This is, without a doubt, the greatest compliment a scholar can be afforded. The work of Pincus and Minahan (1973) has become the fountainhead of contemporary social work thought. Today, the work of Pincus and Minahan is mostly forgotten, and as a result we are beginning to see a disconnect among the various social work specialties.

The History as Applied to Contemporary Educational Social Work Practice

Understanding the generalist model is like learning to play chess. In chess, a person learns the pieces and the definition of their actions. Within Pincus and Minahan’s Generalist Model there are the four key definitions for understanding the basis for generalist practice. They are:

- *Change Agent System:* A social worker or other social entities that spearhead a planned change for the benefit of a client system.
- *Client System:* A social entity (micro, mezzo, or macro unit) that establishes a contract for a positive change with a change agent. The term “client” is often abbreviated from the term “client system” who becomes contractually (not necessarily a written contract) accepts the services of the change agent.
- *Target System:* A social entity (micro, mezzo, or macro unit) that is the focus of a change by a change agent and other social systems. Changing the target system is completed for the benefit of the client system.
- *Action System:* A social entity (micro, mezzo, or macro unit) that is recruited by or approaches the change agent to facilitate or instigate change within the client system and/or the target system.

By definition, social work students are *not* the professor’s client system, but rather the primary client system includes the various agencies and communities who hire the social work graduates. The professor’s primary and legal obligation is to the community and to the agencies who hire the graduates. Social work students are, by definition, *the target system*. Professors overtly and intentionally produce change within the student to become competent social workers for the community where they will practice their craft in a professional manner. Clearly, professors produce change within the target system (students) for the benefit of the client system (agencies and communities who hire them). Thus, the social work practice of the professor has more in common with the social work practice of the community organizer than the clinical social worker.

A university serves as an intermediary in the relationship between the student and community citizenry that negotiates for professional services. As it has evolved over the most recent century, that interaction is increasingly scrutinized by external groups interested in quality assurance, return on investment, and equity. Accreditation review and licensing boards, taxpayer funding shifts, social justice affirmative action, and workplace protection have all asserted an impact on assuring that professional education yield a well-prepared “target system.” All of this effort is advocated on behalf of the “client system,” the citizenry.

When a professor envisions a student as a target system, does this vision preclude the professor from acting in a manner that forgoes the basic protections afforded to a client as stipulated with the NASW Code of Ethics? NO!!! The [NASW Code of Ethics](#) includes a vast array of ethical obligations afforded to targets systems—like, social workers do not engage in sexual intimacy with target systems!!! This is made abundantly clear in standard 2.06—among others. For an undefined reason, some professional social workers find it ethically problematic to envision social work students as something other than clients. This conceptualization is absurd. As defined by Pincus and Minahan, students are *targets* for social work intervention and are *not* clients.

There are plenty of examples of normal accepted practice among social work professors that would be totally condemned and grounds for the removal of a clinical social work license in all U.S. states. For example, in everyday practice for a social work professor, grants are written. It is common and expected practice to enlist students to participate in the grant work. Such work is a fabulous educational experience for the student. Institutional Research Boards (IRBs) commonly allow students to collect data (which includes interviewing), analyze data, help write the report and **get paid**. This could never ethically happen in clinical practice. First, in clinical social work there is a problematic dual relationship. In the practice of social work education, a dual relationship exists. A social

worker has two distinctive roles in relationship to the student: the professor and the employer. If a clinical social worker was conducting research on their case files, he/she would lose their license by allowing one of their clients involved in assessing the case files for monetary compensation. Because social work professors are obligated to produce the best social work practitioners for the community, dual relationships that would *never* be tolerated in clinical practice are commonplace and expected in social work education. Why? Because students *are not clients*, they are target systems that professors change for the community.

Here is another example: If a clinical social worker has a client with emotional problems, is a member of the Klan who hates Jews and African Americans, and envisions women as nothing but sex objects, the clinician envisions the client as a challenge who must be afforded value-free clinical intervention. If a professor realizes that a candidate for a professional social work academic program hates Jews and African Americans and envisions women as nothing but sex objects, the professor is a gatekeeper and such a student is rejected from the program. No empathic understanding is expected from the professor. In fact, if a current social work student is found to hate Jews *or* African Americans *or* envisions women as nothing but sex objects, the student can easily be removed (or expelled) from any academic social work program. *This is case law*, and, therefore, social work academic programs are protected when expelling students whose value structure is contrary to basic social work values. Thus, *students are not clients*; they are target systems. The racist student can be legally rejected from receiving a professional social work degree in order to protect the “client system,” which is the community or agencies who hire the graduates.

In clinical practice, client goals are established. Yet, what happens to the client who reaches the zenith of his capacity and fails to achieve the prescribed goals? Here, the clinician recognizes that the client is doing his best but has reached his maximum

effort. Typically, the clinician realigns the goals to be congruent with the client's capacity. If a professor of social work employed this model, he would be considered unethical and, when caught, he would be fired. A full professorship with tenure cannot save a faculty member from being sacked for lowering the outcome expectations for a student.

When it was discovered that student athletes received course credit and good grades for no work, the chancellor at one highly ranked university resigned before the board had a chance to fire her. It is simply not ethical to allow a poor-performing student to graduate. Standards can easily change for the client system, but the goals of the target system are based on the requirements or needs of the client system. By lowering the academic goal for an incompetent student to receive a passing grade, the professor is acting in an unethical manner within the context of the NASW Code of Ethics and the AAUP Code of Ethics. Professors must protect the community and agencies (the client system) from those students (the target system) who are assessed as being incompetent.

Within clinical social work, there are times in which the person receiving therapy in the office *is not* the client system. When a court orders a person to receive clinical intervention, the court becomes the client system, while the person receiving therapy is the target system. In such cases, the person receiving therapy has no right of confidential protection from the court. The court (the client system) deliberates on the basis of the clinician's assessment and decides a course of action for the person (the target system). This may be the only similarity that clinical social work has with social work practice in higher education.

As a professor emeritus and a professor who has been teaching for 40 years, we become annoyed with professional social workers who state that students are the functional equivalent to the client found in clinical social work. By definition, students are target systems and not client systems, and the professional interaction with these two different systems do not

share the same practice strategy approach. If you find yourself distressed with our analysis, express your opinion. Email me at smarson@nc.rr.com and your position will be published.

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LETTERS TO THE EDITOR

Dear Editor,

Standing Up for the Lives of Babies: An Ethical Imperative

Thank you for this opportunity to reply to the letter published in your journal authored by [Dr. Erica Goldblatt Hyatt](#), which she submitted in reaction to my article titled *Aborting abortions: How you can reduce abortions in your community* (Thyer, 2019). She says I made multiple uninformed assumptions about the reasons why woman have abortions, and that my article stigmatized women and minority/underserved populations. In particular she took exception to my contention that for many women the decision to have an abortion is one of convenience. She says I did not rely on readily available peer-reviewed publications of widely disseminated statistics on abortion in the United States (citing none herself). I made it crystal clear that I accepted the need for abortions in many cases: "...women seeking an abortion do so because of pregnancy caused by rape or incest, or a have a legitimate medical condition that poses serious health risks" (Thyer, 2019, p. 95) and I stated many pro-life advocates agree that in such circumstances abortion is necessary and justified. I am among them. What I took issue with are the large proportion of abortions occurring because of the failure of men and women to engage in responsible birth control, stating that the taking of a human life via abortion is not justified in such circumstance.

Abortions for non-medical reasons do account the majority of these procedures. According to Biggs, Gould and Foster (2013), of 954 woman who obtained an abortion, 40% reported financial reasons, 36% reported timing issues, 31% reported partner-related reasons, and 20% the need to focus on other children. 81% of these women rated their health as good or very good. *Only* 6% of the women gave as a reason for having an abortion a concern for their own health, and only 5% said it was because of concern for the health of their fetus. Only 0.7% said they did not want adoption. An earlier study

conducted by researchers from the pro-choice Alan Guttmacher Institute surveyed 1900 woman about their reasons for abortion (Torres & Forrest, 1988). Of these women, 1% said they were victims of rape or incest, 7% said they had a health problem, and 13% said the fetus has possible health problem. "Three quarters said they decided to have an abortion because they were concerned about how a baby would change their life. About two-thirds said they could not afford to have a child now; half said they did not want to be a single parent or had relationship problems" (Torres & Forrest, 1988, p. 171). Clearly, as I said in my earlier paper, for most women their choice to have an abortion is because abortion is less inconvenient than carrying the baby to term. Facts are stubborn things.

Almost every reasonably sized community in the United States has one or more Crisis Pregnancy Centers which can provide pregnant woman financial help, assistance with obtaining medical care, child-rearing training, and adoption referrals. Some social work programs place student interns in these centers! Many adoption agencies are seeking newborns to be placed with adoptive families. There are viable alternatives for the woman with an unwanted pregnancy besides being having an abortion because they do not want to carry a baby to term or to parent a child. (Delahoyde & Hansen, 2006).

I note that the federal regulations pertaining to conducting research on human being includes separate guidelines for research involving fetuses and non-viable neonates (https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=83cd09e1c0f5c6937cd9d7513160fc3f&pitd=20180719&n=pt45.1.46&r=PART&ty=HTML#se45.1.46_1204)

Given that this governmental document is titled *Basic HHS Policy for Protection of Human Research Subjects*, legally there is little doubt that fetuses are human beings. And as human beings fetuses are fully deserving of the protections social work has particularly paid to the least powerful members of our society. The victims of abortion, babies, are

disproportionately found among minorities of color, and of the poor. I admit to using harsh language. I referred to abortions of convenience as murder. A good many social workers agree with me. One study of social work students (Ely, Flaherty, Akers, & Noland, 2012) surveyed BSW, MSW and Ph.D. students at one large university regarding abortion attitudes. Of the small sample of 116 students, “nearly half of respondents said they would not refer a client for abortion services if this was requested by a client” (p. 39) and 26% said abortion is the equivalent of murder. Thirty-five percent agreed that a fetus should have the same rights as a person. Such pro-life individuals are a silenced voice in social work discourse. Woe betide the brave social worker who challenges the profession’s explicit pro-choice agenda. They deserve to be heard, as I should be, respectfully and without accusation of heinous acts such as encouraging the murder of abortion providers. This does nothing to advance discussion. As a pro-life social worker, I am equally against the death penalty and abhor the initiation of violence.

I invite inspection of the following quotations and see if the reader can guess who made these “outrageous” statements:

“While there are cases where even the law recognizes an abortion as justifiable if recommended by a physician, I assert that the hundreds of thousands of abortions performed in America each year are a disgrace to civilization.”

“Human society must protect its children—yes, but prenatal care is most essential! The child-to-be, as yet not called into being, has rights no less imperative.”

“Although abortion may be resorted to in order to save the life of the mother, the practice of it merely for limitation of offspring is dangerous and vicious.”

“we explained simply what contraception was; that abortion was the wrong way—no matter how early it was performed it was taking life; that contraception was the better way, the safer way—it took a little

time, a little trouble, but was well worth while in the long run, because life had not begun.”

These are harsh words indeed. Who dared utter them? Margaret Sanger, the racist and feminist icon of women’s reproductive rights early in the 20th century. These quotes can be found here: <https://www.redstate.com/ironchapman/2013/01/23/what-did-margaret-sanger-think-about-abortion/>. According to David Tell, who reviewed several of Sanger’s books:

She turned women seeking abortions away from her clinics: “I do not approve of abortion.” She called it “sordid,” “abhorrent,” “terrible,” “barbaric,” a “horror.” She called abortionists “blood-sucking men with MD after their names who perform operations for the price of so-and-so.” She called the results of abortion “an outrageous slaughter,” “infanticide,” “foeticide,” and “the killing of babies.” (also found in the above URL)

Ugly words indeed, making my modest article appear very mild. These issues are not simple but one-point Dr. Goldblatt Hyatt and I agree upon is the appropriateness of abortion is cases of rape, incest, threat to the physical health of the mother, or in the case of fetal anomaly. Dr. Goldblatt Hyatt as written compellingly, indeed movingly, about her personal experience with this and her counseling work with such woman (Goldblatt Hyatt, 2019a, 2019b). I know of no one, certainly not me, who advocates restrictions on abortion access in such instances.

Dr. Goldblatt Hyatt also criticized something I wrote in another paper (Rainford & Thyer, 2019) dealing with the issue of fetal pain. She claimed that fetuses do not feel pain. Another difficult fact for the pro-abortion camp is that neonatologists regularly treat fetuses for pain (Pierucci, 2020), including when fetuses are being operated on while in the womb. This is not being done for imaginary reasons. Older fetuses do indeed feel pain. And if the issue is uncertain in the eyes of some, is it not better to conservatively err on the side of assuming fetal pain is present?

I was heartened to see, prior to Dr. Goldblatt Hyatt's commentary, a letter from Harrell stating, in reference to my article: "I am so glad that different viewpoints were recognized. I think we need to do more of this within the social work profession so that those who hold a minority viewpoint can feel supported and free to voice their opinion." (Harrell, 2019, p. 4). Thank you, Katy Harrell.

Bruce A. Thyer

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Subject: Re: [EXT] ["BPD-L"] Impact Factor

Steve:

I agree with you and believe that the impact factor is being used as a false metric. Social work journals are particularly vulnerable here. I have great difficulty in getting an impact factor for the *Journal of Baccalaureate Social Work*, which I edit. Indeed, I have had several knowledgeable people look for this and have been told that the impact factor is better suited to the sciences (and the factors are generally higher). Except for a few social work journals this factor is hard to find. I am afraid that the use of this metric encourages social work faculty to publish outside of social work - a very disturbing idea. Impact factors are likely used by P & T committees to compare people across disciplines, which is an unfair type of comparison because they tend to differ significantly. For example, in the sciences it is not uncommon to pay a significant fee if an article is published in a high impact factor journal. We don't do that in social work. There are other ways to determine the significance of a publication that are likely more valid. I am not sure that any method we have now would have a high reliability coefficient given the variation in the universities across the country. but I do think that external peer reviews are much superior to a single metric that gives a false sense of precision.

Michael R. Daley, PhD, LMSW-AP, ACSW
Chair & Professor of Social Work
Social Work Pioneer
Editor-in-Chief, Journal of Baccalaureate
Social Work
Texas A & M University - Central Texas

Subject: RE: ["BPD-L"] Impact Factor

Steve, nice editorial, the last refuge of free speech these days is the journal editor's introduction to an issue! I enjoyed it immensely at Reflections.

Open Access journals are at a disadvantage in IF, as the reality of the wider distribution of their articles

isn't always apparent. Open Journal Systems has a measure of downloads. That is not clicks on the citation information (there is a message of that as well) but of opening a PDF of an actual article. That is an important measure. Sometimes they can be very high.

If I were making tenure decisions, I'd want to understand more about how people have cited your work. In the longer version of my resume, my vita, I actually discuss and except from the citations of my work in the Encyclopedia of Social Work (which by the way should count if substantive, and which makes available statistics upon request and of the most cited articles routinely) and in various journals. **How** people cite and use your work, not **how many** seems important, and not just citation in journals but as you say other measures of impact. I doubt the attached is an effective resume for a faculty position, you never know. It's not the number of publications but their quality and contribution, including theoretically, if you ask me! (:)

For instance, your posting may make your article go viral! (:} If you can show that the data you reported or the conceptual problems you solved have been read and used by others, that is a valuable claim by the candidate and metric for the evaluators. However, it could work against people doing important work in neglected and emerging areas, and that could work against those doing international work, work related to oppressed and vulnerable populations, etc.

But there may be other and better measures of how many than the IF. For instance, my recent article on a needs-based theorization of human injustice, fully published in paginated form last fall: <https://journals.sagepub.com/toc/hasa/43/4>

You can click on it and choose article metrics: Article Metrics; Article Usage; Total views and downloads: 361. That is more than some articles in the same issue and less than others. Comparative data of that kind, within and between journals in your field of specialization, may be valuable.

Ditto on my 2016 article in the *Journal of Human Behavior in the Social Environment* on the Moment of Microaggressions:

<https://www.tandfonline.com/doi/abs/10.1080/10911359.2016.1237920?journalCode=whum20>

721 views, 8 Crossref citations, 2 Web of Science, 4 scopus, and Altmetric score of 45: News Outlet mention (5), Twitter (2), Mendeley (48). Altmetrics says "in the top 5% of research outputs scored by Altmetric," the meaning of which wasn't clear to me. If you click more it says, "One of the highest scoring outputs from this source, #6 of 208," with source meaning I think means from this journal in the given time frame. And it says "high attention score compared to outputs of the same age (94th percentile), which relates to time frame, but there I may benefit if it is say a 5-year time frame and I'm already in my fifth year. And it says, "high attention score compared to output of the same age and source," which may "control" for age better, 80th percentile. I wasn't aware of Altmetric: <https://www.altmetric.com/>

Its citations says 7 dimensions and what that means is not clear, it only lists 2 citations, but I know of many more including dissertations.

Michael A. Dover, Ph.D., M.S.S.W., LISW
College Associate Lecturer
School of Social Work
Cleveland State University (2007-Present)

Steve,

Here is a bit of fan mail. We use your journal articles in our required Social Work Ethics course at Boston University. It's been a great help and resource. Our course is a delight to teach and I've been chairing and/or collaborating on it for almost thirty years. I used to serve on our state licensing board, and I swear people who came through BU were underrepresented among the complaints. (I never did get to conduct a formal study of that, which I'd have liked to have to done). I believe Boston University's Ethics education has gone largely

unrecognized and yet I think it is quite unique. We created and update our course, which begins with and includes a whole section on the sociology of the profession, and then we break into teaching seven discrete skills of ethical decision making. We end with a strong section on licensing, impairment, etc. It is quite “contextual” in its approach, which is my orientation, and much less prescriptive than much of what passes for ethics education in social work. We really have tried to encourage a strenuous critique of social work professionalism and its discontents, and to critically examine the way the profession has grown and persisted. I always tell students it’s not a “rah rah social work” course--that it’s a place to lay down your worries and concerns about the rhetoric and the reality of this endeavor and to become better critical thinkers. Thanks for continuing to provide an important set of resources for those of us who attempt to teach in-depth about moral imagination, ethics, and doing the right thing in social work.

Betty J Ruth
Clinical Professor
Director, MSW/MPH Program
Boston University School of Social Work

Journal Impact Factors: The Good, The Bad and the Ugly

Dr. Marson’s 2020 editorial in this journal titled *Is the Impact Factor (IF) Ethical to Use for Promotion and Tenure Decision* is a welcome excursion into the critical analysis of this increasingly influential academic metric. There is large literature describing problems with the use of the IF as a measure of a journal’s influence, and it is good to see this being brought to the awareness of social work scholars.

Impact factors for journals are published in an online outlet called the *Journal Citation Reports (JCR)*, found in the Web-of-Science database available through most university library online systems. JCR is now owned by a company called Clarivate. The JCR staff selects some journals from a given discipline and decides to calculate an IF for each of

those journals. In the field of social work the JCR lists about 43 journals (out of several hundred social work journals around the world), and the criteria on selecting these journals and publishing an IF for them is fairly opaque. Not one, apart from the minions behind the curtain at Clarivate, knows how these journals are selected. This is unfortunate and goes against the principle of transparency which should govern academics. However unlike Dr. Marson’s claim, one cannot buy an impact factor for \$500, or any other amount. Otherwise all journals would pay the fee and obtain an impact factor. The IF is a problematic metric, but being available for purchase is not one of its problems.

Marson’s ire was exercised by his colleague having told him that her P & T committee wanted to know the IF for each of the journals she had published in, and she was discouraged from publishing in journals lacking an IF. It is a very common practice to list this information in the vitae and P & T dossiers of faculty active in the STEM (science, technology, engineering, medical) disciplines, and I increasingly see it being used in the behavioral sciences, including social work. In China, Hong Kong and Korean social work programs where I have frequently consulted, faculty are indeed actively discouraged from publishing in journal’s lacking an IF. And reciprocally, it is a common practice to provide a bonus (sometimes several \$1000 dollars) to faculty who get their work accepted in a journal with a high IF. Some social work programs in Asia hire outside consultants to work closely with junior faculty with the explicit goal of getting the junior person’s work accepted in a high IF journal (Shu, 2017). Like it or not, these practices are increasing, spreading around the world, and are unlikely to recede in significance.

Marson concludes that the “IF coefficient is such a weak measure of an individual’s scholarly impact that it is unethical to employ as a method of making rank and tenure decisions” (2020, p. 4). He raises the specter of faculty who were denied being hired, promoted or tenured suing their university because of the IF’s lack of reliability and validity. Perhaps

this could happen, but then virtually all of the other forms of evidence of one's academic impact and reputation used in hiring and P & T decisions are similarly deficient. One could similarly appraise other commonly used factors such as student course evaluations, letters of recommendation, receipt of 'teaching' or service awards, the merits of certain forms of grant funding, etc. None of these factors have established reliability and validity, except perhaps of the weakest form, face validity. Could negative P & T decisions be challenged on the basis Marson suggests are pertinent to the IF? Perhaps. But virtually all such measures used to arrive at career-changing decisions are equally vulnerable. In my own program our P & T committee is explicitly prohibited from providing failed candidates with specific reasons for not being promoted or tenured, beyond saying something like "Insufficient scholarship" or "Inadequate evidence of quality teaching" (or service). It is unimaginable in my program for a candidate to be told "Sorry, but you were not tenured because you published in journals with no (or low) IFs." We hide behind non-specifics to avoid the types of legal troubles Marson envisions.

Marson complains that the IF metric does not take into account other forms of potentially valuable scholarship, such as book chapters, books, works only available on line, etc. He is correct in this but recall that the IF is a measure of a *journal's* impact. Journals publish articles, hence the IF for journals is limited by its very purpose which is to evaluate citations to articles published in that journal. It is not legitimate to criticize something for not doing what it was not intended to do. Curiously, the IF was originally developed to help libraries decide what periodicals to subscribe to, not to evaluate the quality of someone's scholarship. Marson segues into the use of Google Scholar, which does include books and chapters but not, to my knowledge, works that are solely available online, or are otherwise unpublished. He displays a graph depicting citations to his own works from 1984-2019, and lauds this bar chart as a better assessment of an individual's scholarly impact (being cited)

than the IF of the journals published in. But this conflates apples and oranges. Google Scholar is indeed a great way to assess an individual's impact, and the well-known h-index found on one's Google Scholar account is seen as a surrogate for this (see Thyer, Smith, Osteen & Carter, 2019), But the h-index is intended for a different purpose than the journal IF. The former is to estimate the influence (as determined by citations) of a single *author*, the latter to estimate the influence of a *particular journal* that author published in. P & T dossiers at prestigious universities laudably include both metrics, the individual faculty member's h-index and the IF of the journals they published in. Two different things for two different purposes.

It is ironic that Dr. Marson's publication of his editorial, and gracious invitation to readers to prepare a response, which he will publish in this journal, would elevate the impact of this journal had it possessed an IF! This tactic is often used by journal editors, along somewhat different lines, when, in their editorial presented at the beginning of each issue, they mention and cite each article appearing in that issue. This immediately generates one citation for these newly published articles and thus elevates the impact factor of that journal. Now, self-citations such as this are not excluded in IF calculations, but they should be if the intent is to assess the extent to which articles are cited and influence the work of others, after publication. This is another flaw of the IF, one not mentioned by Dr. Marson, and one which disadvantages journals which forego self-serving editorials. Some journals purposively publish provocative or controversial articles, hoping to generate a number of submissions in response to the original work. Or a crafty journal editor may deliberately publish a 'target' article which is accompanied by a number of responses from different authors, and these in turn being subject to a reply from the target article author. Everyone ends up citing everyone else in the same issue, and voila, the impact factor is raised, via this manipulative ploy. A variation of this is for the Editor to publish editorials that cite a large number of papers published in their

journal during the past two years. Martin (2016) describes various ways an unscrupulous Editor can artificially raise their journal's IF, which in effect devalues this metric. The Leiden Manifesto is one resource which outlines practical protections regarding using research metric such as the IF from being improperly used (Hicks, Wouters, Waltman, DeRijke & Rafols, 2015)

Dr. Marson is indeed correct to raise concerns about the use and misuse of the journal IF. But the solution is readily at hand if we wish to avail ourselves of it. It was stated by Garfield, the very originator of the journal IF: "The use of journal impacts in evaluating individuals has its inherent dangers. In an ideal world, evaluators would read each article and make personal judgments" (Garfield, 2006, p. 92). Unfortunately, many faculty are lazy louts, and it is much easier to rely on condensed metrics, such as journal IFs, the h-index, citations per year over time, number of articles published, aggregated student course evaluations, etc. Like the ancient Romans, we might do as well by hiring Augurs to sacrifice animals and read their entrails to ascertain the future success of a candidate for promotion or tenure. Tea leaf readers would be less messy. Using the Magic Eight Ball easier still. Or just leave it to me to make purely qualitative judgements. These cannot be effectively challenged.

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There are no social workers that have the mastery over the written word to the degree possessed by Dr. Thyer. However, we can reduce my IF editorial to two points:

1. As a measurement tool for individual productivity, using the IF coefficient defies all the rules I have learned for the ethical use of a complex instrument.
2. I offered an alternative that is not perfect, but light years ahead of employing the IF.

Stephen Marson, Editor

Assessing the quality of faculty scholarly work has important ethical dimension and significant ramifications for knowledge building. Scholars have the right to have their work judges fairly and the growth of knowledge requires that we have rational ways to judge the quality of scholarship.

The introduction of scholarly metrics is an important contributor to this effort. This is a judgement issue and judgements can reflect bias and can be unfair. Metrics can be important counterpoints to other forms of assessment. It's also important to note that they have limitations.

At one point in my career, good journals were what senior faculty said they were. There were a smaller number of journals and often general agreement

on which ones were “good” journals. On balance, this was often tilted toward the journals that had been around for a while and that tended to publish “safe” scholarship. As Everett Roger’s (2003) work teaches us, innovation tends to come from outside the majority.

This was replaced by looking at circulation numbers (better journals had larger readership). This was progress. It was more rational but circulation was often tied to association memberships. We also began to look at rejection rates and submission rates.

When scholarly metrics were introduced, they represented a move forward. This was not only a way to judge journal quality, it was a way to systematize scholarship. Because early technology was limited, this was still a time-intensive task.

The first set of metrics are journal-level measures. These assess an entire publication in terms of quality and impact. The growth of Impact Ranking was a dramatic improvement. These are based on the number of citations that the articles in a journal receives. Web of Science was probably the first major system in the social sciences, followed by Scopus and Google Scholar (there are others). While this can suggest which journals have higher levels of impact, there are several issues that need to be considered. All of this is based on the number of citations that can be identified, something that varies from system to system. The three systems vary in coverage and not every publication is included. Inclusion is often dependent on the resources that the journal has available for the application and the technology needed to make data available to the ranking system. This means that less well-funded journals aren’t always included. Many of these journals exist in nations in the Global South. It also often means that older issues are not included. This is a significant social justice issue

From a faculty evaluation standpoint, Journal Impact Factors don’t say much about the individual articles. So do good journals publish low-quality articles? Probably. It seems far less likely than in

lower quality journals but data on retractions suggest that they do. Impact factors do a real service to the profession by encouraging journal quality.

The second set of measures are article-level metrics. These look at the number of citations to a specific article. There are different ways to slice and dice the measures, but they relate the number of citation to the impact of the article. These can be aggregated for an individual author or a department or a school. The H Index and H10 index are often used in addition to raw citation rates. Article level citations represent a substantial move forward. Of course, they can only speak to materials in the dataset and they do not tell us much about how the article was cited.

In the past few years, there have been several refinements. Alt Metrics looks at the impact that articles have on public decision making. We can look at which papers are cited in syllabi and how many times papers are downloaded or read online.

These measures provide a better view of the quality of an article than any of the previous systems. There are still limits, but this is a move forward.

We can now do an analysis that exceeds simple article and citation counts. The growth of data science and high-performance computing makes it possible many things that would have been unthinkable in the past.

Article level measures have emerged as central. As open science becomes more of the norm, we can expect to see a wider range of materials incorporated and there will be a metrics that look at larger issues such as connections between scholarly products and the progression of research thinking.

On balance, we know that these measures do not replace professional judgement. They can greatly assist decision making and possibly make the process less biased, but judging the quality of research programs and scholarly quality are still judgements we should make.

LETTERS TO THE EDITOR

Many academics object to the metrics revolution saying that it is incomplete and unfair. Those things can be true, but not as often as some charge. I think the real issue is that someone else (not the faculty) is controlling the narrative and defining which data is important. These metrics are often incorporated into systems that judge faculty and departments without context. Some of the systems are simplistic and some measure factors that are arguably irrelevant. Taking control of your data is important and we certainly need to make the effort to participate in the discussion of scholarly metrics and faculty data.

Academics need to take control of how research is assessed, how the data is collected and how it is used in decision making. If we don't offer an alternative, someone else will.

John McNutt, PhD, MSW
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The Joseph R. Biden, Jr. School of Public Policy
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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:

Anthony Bibus
Amelia Chesley
Kay Hoffman
Melissa A Schaub
Jennifer Wood

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

Ottis Murray
Elaine Spencer
Mary Ann Thrush
Bertha DeJesus

To our Manuscript Review Board, we welcome:

Lauren A. Ricciardelli, Ph.D., professor at Troy University. Lauren will be reviewing manuscripts in the areas of criminal justice, death penalty, immigration, disability, social welfare, social media/digital technology, social work education, and program evaluation.

Edward Hernandez, Ph.D., chair of the social work department at Medgar Evers College. His background is in veteran services.

JSWVE has been receiving an increasing number of manuscripts in the arena of capitalism, business, accounting, and macro structures. As a result, I have recruited board members with MSW, MBA, and Ph.D. degrees. These new board members include:

Lisa Hines, professor at St Augustine College. Her specialty is leadership and management. In addition, she is a licensed insurance agent.

Nina Esaki, professor at Springfield College. She specializes in social policy, research methods, and administration.

JSWVE is seeking full-time clinical social workers to join our editorial board. In answer to that call, Richard Herbig, Ph.D., LCSW, is joining our board. Richard is currently in private practice with Our Counseling Group Associates.

ANNOUNCEMENTS

Stephen M. Marson, Ph.D., Editor

- ASWB is seeking qualified social workers to write questions for the licensing exams used in the United States and Canada. Deadline for applications is December 31, 2020. Practicing social workers—item writers—write all the questions on the ASWB social work licensing exams. These writers are selected for their social work expertise and balanced to reflect diversity in practice area, geography, and demographics. Item writers work on a contract basis and are paid \$1,500 for 30 questions approved for review by the ASWB Examination Committee. ASWB needs social workers from all categories of licensure with a variety of backgrounds in education and experience. [Learn more and apply.](#)
- I have been anonymously asked to explain the order of featured articles that we publish in each issue: Articles are published in the order they were originally submitted for review. Thus, within this issue Anna Pekkarinen's manuscript arrived to me first, while Sanjoy Roy's manuscript arrived last.
- JSWVE is seeking persons to be copy editors. We ask for copy editors to assess one manuscript per year. We are also seeking social workers who are in full time private practice *without* university teaching experience to be manuscript reviewers.

Virtues in Social Work Research With Children and Families: The Ethical Accounts of Finnish PhD Theses

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Abstract

This article addresses virtues in child and family social work research by analyzing the accounts of Finnish PhD theses from the last decade. The purpose of this paper is to participate in the revived scientific discussion concerning the virtue-oriented approach in social work with regard to the Finnish perspective. In this paper, I explore virtues that are embedded and nurtured in social work research with children and families. The data are analyzed by using thematic reading. From the data, I have distinguished five virtues: respect for human dignity, engaging in the polyphony of voices, confidentiality, justice/responsibility and integrity. The three former virtues are discussed in greater detail than the latter.

I suggest that even though the data do not explicitly virtues, they are located from the ethical questions of the analyzed theses. I propose that a virtue-oriented approach is essential to interpret and balance ethical codes and rules and make context-bound ethical decisions in research. In this respect, the “moral self” acts as a yardstick in determining how to reconcile principles that lead to diverse directions. Methodological choices hold the power of definition over the ethics of research, and dissertations express a balance between virtues of social work and scientific research, and, the theses reflect a virtue range of their own, a hybrid of two discourses. In practice, the division of virtues is highly abstract because virtues operate as ranges, and therefore, they are weaved together.

Keywords: virtues, research ethics, human dignity, polyphony, confidentiality

Introduction

Within this article, I examine virtues that are embedded in social work research with children and families. Ethical care in social work research with children and families because children are vulnerable and have diverse and competing voices and relationships within a family. The intrusion into the privacy of family life and the multi-dimensional sensitivity of the research topics are present. The ethically and morally complex nature of this sort of research calls for sustainable ethical practice, as codifications (in codes of ethics) alone are not key to recognizing and resolving ethical quandaries (Banks, 2018).

Virtue ethics have been revived both in scientific research (e.g. Emmerrich, 2018; Resnik, 2012; MacFarlane, 2008) and in social work (Banks & Gallagher, 2009; Barsky, 2010; Clark, 2006; Pawar, Hugman, Alexandra & Anscombe, 2017a; Papouli, 2019; Martínez-Brawley & Zorita, 2017). Virtue ethics can act as a complementary counterbalance to principle-led research ethics that emphasize reason over emotion (Banks & Gallagher, 2009), and thereby, it has the potential to support ethical practice (Banks, 2018).

In this paper, I explore the virtues of *respect for human dignity*, *engaging in the polyphony of voices* and *confidentiality* in detail. The data consist of 16 Finnish doctoral dissertations from the last decade that explicitly address social work

with children and families. The data were analyzed using the method of thematic reading (see Braun & Clarke, 2006). The primary focus of this paper is to combine empirical analysis and theoretically oriented research in order to gain insight concerning virtues in social work research and to continue the debate over a virtue-oriented approach in social work research.

Ethical Complexity of Social Work Research With Children and Families

Social work research with children and families poses particular ethical dilemmas, many of which relate to under-aged participants and the vulnerability of children (Gabb, 2010; Liamputtong, 2007). Ethical questions are often perceived to be different, when conducting a study that includes children as participants rather than adults (Punch, 2002, p. 323). Attention is paid to issues of informed consent and confidentiality. These questions are often more or less juridical, depending on the national context (Eldén, 2013; Bogolub & Thomas, 2005; Munford & Sanders, 2004; see also Nieminen, 2010). They are relevant, especially from the perspective of ethical regulation. However, more abstract ethical considerations are also required, and they should include the relationship between the researcher, the child and possible other adults in the field (see e.g. Christensen & Prout, 2002; Punch, 2002; Hämäläinen, Pirskanen & Rautio 2014).

Social work research with children and families is problematic regarding the ethics of researching families per se—as a family is more than one of its members and more than the sum of its parts (Gabb, 2010; Pösö, 2008). The diversity of families ethically challenges social work with children and families, as the boundaries between acceptable and unacceptable, ordinary and extraordinary become more obscured (Forsberg, 2013). In a similar vein, Hämäläinen et al. (2014, p. 56) have addressed questions of ethical writing and stigmatizing the nature of concepts, that may arise when researching sensitive family topics.

Family life positions itself in the private

sphere, especially in the Western world (Notko et al., 2013; Hämäläinen et al., 2014; Gabb, 2010). Families can also be subjects to moral accounts (Gabb, 2010), and thus, family research requires ethical sensitivity. Moral accounts refer to the ethics of utilizing knowledge (Pohjola, 2007). Family research can be utilized to make moral judgements, in order to understand families and like all knowledge areas, are both moral and political (see Denzin, 2009, p. 154). Hämäläinen and others (2014, p. 57) have suggested that family relations are particularly emotionally charged because, for the most part, each member possesses a normative conception about the essence of family. The right to research controversial or sensitive family relations has also been addressed, as concerned statements question whether research of this kind exploits and deprives its participants of agency (Pösö, 2008; Hämäläinen et al., 2014).

Research with families can pose considerable risks to participants, for example, ones that relate to personal disclosures (Hämäläinen et al., 2014; Gabb, 2010). Pösö (2008) consider that families represent the diversity of competing voices, liquidity and the ever-changing nature of relations and diverse webs of power. These perspectives place significant ethical demands on the ethics of research. In this sense, disclosures and non-disclosures challenge research ethics. Reporting the personal voice of a single participant is ethically a considerably different case than reporting about sensitive and contested family relations; even if there is only one narrator, there might be several voices and colliding interests. Therefore, the ethics of social work research with children and families is constantly contested ethically, and because of it, we should not only be interested in the rightfulness or wrongfulness of a certain action but also pay attention to the actor's morality (see Bibus, 2013).

Virtues as an Ethical Approach in Social Work Research With Children and Families

The regulation of ethical conduct is, by nature, prescriptive (Banks, 2018). However, virtue

ethical approaches are successful in explaining the human motivation behind the ethical conduct, whereas principle-based perspectives are not always able to do so (Resnik, 2012; Banks, 2018). For example, we do not strive to honor confidentiality in research only because it is our duty, but because we are morally driven to do so, as we want to be good people.

A virtue-oriented approach to research ethics reaches its diverse nature, but does not shut out the principles or outcomes of actions (see Banks & Gallagher, 2009; Banks, 2018; Bibus, 2013). Banks (2018, p. 23) remarked that Beauchamp and Childress (2001), who have developed duty-based perspectives to research ethics, also recognize the multi-sourced nature of ethical knowledge production. According to Beauchamp and Childress, “in everyday moral reason, we effortlessly blend appeals to principles, rules, rights, virtues, passions, analogies, paradigms, narratives and parables” (p. 408). Moral rightness constructs from practicing virtues and following rules (Resnik, 2012, p. 5). When understanding virtues as complementary to principles, virtues and principles do not clash with each other. They are fundamentally different types of approaches and thus not commensurable with each other (Banks, 2018, p. 23-24). There is a shift of focus regarding virtue ethical perspectives and approaches in social work. The emphasis turns into moving, context-bound qualities that are more than the attributes of a single moral agent (Pawar et al. 2017a; Barsky 2010; Clark 2006). In broad terms, virtue ethics is concerned with the character of the moral agent (see Banks & Gallagher, 2009; Banks, 2018; Emmerich, 2018; Resnik, 2012). However, in their work, Pawar and colleagues (2017b) reason that virtues go further than the character or qualities of an individual. According to them, virtues are located at the intersection of principles/values, qualities/attributes, roles and functions (p. 2–5). Virtue ethical approaches are criticized for responsabilization, especially among care professions such as social work; an individual can accept her or his moral responsibility in situations, where the matter is not about the individual’s

morality i.e. when institutions flounder (Clifford, 2014; Banks, 2018). The conceptualization offered by Pawar and colleagues (2017b) challenges this critique because their interpretation concerning the nature of virtues take them beyond the morality of a single agent and, in this context, an individual social work researcher. Therefore, virtues are elements of ethics that are admired; they are not the traits of an individual’s character. Nor are they principles. In this sense, they are abstract entities, in which different dimensions, such as functions, roles, values and qualities, are combined.

Concerning the virtues of scientific research, MacFarlane (2008) highlighted the virtues of courage, respectfulness, resoluteness, sincerity, humility and reflexivity. Resnik (2012) expanded the virtue repertoire of the researcher provided by MacFarlane and argued that in addition to MacFarlane’s six virtues, virtues such as fairness, openness, conscientiousness, flexibility and integrity should be added to the list. According to Pietarinen (1999), the virtues of the researcher consist of the requirement for intellectual interest, conscientiousness and honesty, eliminating danger and harm, respect for human dignity, the requirement for social responsibility, promoting exercise of a profession and collegial respect. Whereas Banks (2018) explored the virtues of the social researcher and argued that integrity creates a certain kind of cardinal virtue that unites and channels the other virtues of the researcher such as courage, care, trustworthiness, respectfulness and practical wisdom.

Shaw (2007) has asked, whether social work research is in fact distinctive. As an answer to his question, he reasons that it is more relevant to ask what makes social work research distinctively good. Among other benchmarks, Shaw viewed that reference points for distinctively good social work research are consistency, with broader purposes of social work, and attention to aspects of the research enterprise that are close to social work, but at the same time, taking the aspects of the research mission that seem, at first glance, far from social work (Shaw, 2007). In his work, Barsky

(2010) specifically visited the virtues of the social work researcher. He determined the virtues using three perspectives: universal social work values, researcher-role virtues and method-specific virtues. Barsky's (2010) analysis points to the pluralism of the social work researcher's virtue range and the diversity of the field in which social work researchers operate. Barsky's view of the plural virtues of the social work researcher resonates with Shaw's scrutiny on the distinctiveness of social work research; for a social work researcher to attain research integrity (for the concept, see Banks, 2018), different and complex ethical dimensions of social work research ought to be considered, even when these dimensions are not measured by the same standard.

Conducting of the Study

The aim of this paper is to gain insight into the virtues in social work research and conceptually develop a virtue ethical approach by using empirical analysis as a tool of understanding. From this perspective, the research questions are as follows:

- What kind of virtues are absorbed into ethically desirable decisions in research, and how they are expressed and reconciled?
- What does the analysis reveal about the nature of virtues?
 - The second question is approached by combining empirical analysis with a theoretical discussion.

For the analysis, I used the method of thematic reading (Braun & Clarke, 2006). The data consist of Finnish doctoral theses from the last 10 years that address social work with children and families. I have explored doctoral dissertations starting from the year 2009 from the databases of each domestic university. Six universities in Finland offer education in the academic discipline of social work. In order to qualify as a social worker in Finland, a master's degree (M.Sc.) in social work is required. Finland diverges from several European countries in the sense that it is possible

to obtain a PhD specifically in social work, instead of completing a doctoral degree in other social sciences (Mäntysaari, 2005; Enroos & Mäntysaari, 2017, p. 10).

The doctoral theses were selected from the degree programmes of social work. In total, 16 doctoral dissertations were retrieved. Nine of the theses were traditional monographies, and seven were peer-reviewed article-based dissertations with extensive summary sections. I excluded dissertations that approached the topic solely from a professional perspective. I wanted to focus on dissertations that held a client perspective due to the complex and diverse ethical landscape of social work with children and families. Therefore, theses which fell in the scope of child and family social work research and concerned clients of social work were chosen. I chose to capture the depth of certain virtues in social work research, and therefore, the study was limited to Finnish dissertations. The research itself was conducted between January and July of 2018.

I acquainted myself with both to the peer-reviewed and concluding articles, as I did not want to pass on relevant ethical considerations that may come from the theses formulated as collections of articles. However, it became evident that the richest ethical contemplations were articulated in the concluding articles of the dissertations. I did not limit my study only to the ethics chapters of the selected dissertations, but paid attention to every passage I viewed that addressed ethical dimensions. Some of the dissertations expressed great explicitness in the ethical decisions made and situations encountered, and in some dissertations, the ethical contemplations were kept by the researchers themselves and did not include vast considerations in the research report.

In the beginning of the analysis process, I separated ethics speech from the data. After this phase, I simplified the sections that addressed research ethics and then abstracted and coded the data by naming central arguments relating to research ethics. After coding the various ethical considerations of the doctoral dissertations, I formed discussion threads that operated as thematic entities, keeping in mind the theoretical framework

of virtue ethics (Braun & Clarke, 2006). However, I have not directly drawn the virtues from discussions concerning virtue ethics; the data itself guided the identification and the naming process.

On this account, it is worth noticing that doctoral theses that represent the data in this article did not address virtue ethics explicitly (see also Bibus, 2013). Virtues were embedded and nurtured in the ethical weighing. I retrieved five virtues: respect for human dignity, engaging in the polyphony of voices, confidentiality, justice/responsibility and integrity. However, in this article, I closely analyze only the first three virtues. The scope was determined based on my aim to address ethical questions and considerations that hold special relevance to child and family social work research. I do not claim that justice/responsibility or integrity would not hold significance in the mentioned context, but rather these virtues and their expressions in the doctoral theses touch more the general dimension of social work research ethics. It would not do justice to the virtues found, if all of them were analyzed briefly due to the space constraints. I have also translated the data extracts from Finnish to English.

A table of the data, including summations of the studies and the virtues emphasized in each dissertation, is provided in Table 1. I have listed the most prominent virtues addressed in the theses based on my interpretation. For reasons of clarity, in the collections of articles, I have named only the summaries.

Next, I introduce the three virtues more closely. Firstly, I shall address respect for human dignity, secondly—engaging in the polyphony of voices and, lastly, confidentiality.

Respect for Human Dignity

Respect for human dignity is expressed in the doctoral theses through several kinds of decisions. Many of the questions are familiar from the ethical codes of conduct. However, the virtue of respect for human dignity is much wider than ethical principles lead to believe. The respect for human dignity constructs of informed consent, right to self-determination, empathy and sharing of emotions, protecting the participant and other

parties involved and general respectful treatment.

Questions related to gaining (informed) consent from potential participants are contemplated diversely in the doctoral dissertations. Gaining honest, non-coerced consent is viewed as an ethical dilemma. Kannasoja's (2013) thesis includes under-aged participants, and especially in this context, consent is viewed to be highly problematic. According to Kannasoja, gaining informed consent from young people is questionable, as generally, the decision about the participation is made by the gatekeepers, usually the parents. Kannasoja describes that young people were allowed to make their own decisions about participating, after their parents had given consent (Kannasoja, 2013, p. 193). Korkiamäki (2013), however, decided not to ask for consent from the parents but instead requested written consent to use the essays and interviews from the young people themselves. Her reasoning for this was based on her wish to highlight the autonomy of the young people and deconstruct the expert power she held as a researcher and as an adult among the youths that participated in her research (Korkiamäki, 2013, p. 104).

Consent is not portrayed as unambiguous when conducting research with adult participants either. The project of gaining consent relates to boundary issues; therefore, this ought to be recognized in the process of gaining consent from the participants. Regardless of their age, blurry boundaries between researcher and authority might have a serious impact on whether consent is actually informed or is given because of false expectations or misunderstood duties. Enroos (2015) considered the motivations of participants and the voluntary nature of participating and explains it as follows: "I think a lot about how I can be sure that for example prisoners see the voluntary and confidential nature of the situation, in which I come to conduct an interview, escorted by an employee" (p. 85). Similarly, Poikela (2010, p. 85-86) contemplated whether the participants of her research felt as though they should participate in order to advance their own cases.

Researchers seek to gain consent in a communicative relationship with potential participants, and in practice, this is realized through

discussion and negotiation (Kiuru, 2015; Enroos, 2015; Eronen, 2012; Veistilä, 2016). Negotiation is a result of a genuine encounter with the potential participant, in which background information and information about the execution and the objectives of the research are offered. Gaining consent is not described as a ticked box but as a process.

Gaining informed consent reflects the participant's right for self-determination and autonomy. The dissertations described diverse lines of action for securing an open and permissive atmosphere, that also makes refusal and withdrawal possible. Kiuru (2015, p. 92–93) analyzed the shared language between the participant and the researcher that creates places for not answering. Enroos (2015, p. 67) weighed if the inmate-participants experienced that they were genuinely able and allowed to refuse the interviews due to the inherent distrust of the prison as an institutional environment. Eronen (2012, p. 71) brought forward her efforts to respect silence; she explains that she did not pose a question when it felt too intrusive.

The sympathetic understanding of emotions and sharing them is a discussion that arises in many of the theses. Experiencing and displaying empathy and compassion relate closely to respecting and promoting human dignity

Table 1. The data		
Thesis	Summation	Virtues emphasized
Enroos, R. (2015). <i>Prison, parenthood and children: Different perspectives on family practices.</i> Collection of articles University of Tampere	The thesis examines the parenthood and family relations of prisoners, and how the relations are negotiated when a mother is in prison with the child. The data consists of interviews with mothers in prison with their children, group interviews with staff members from Criminal Sanctions Agency evaluation units, group interviews with staff members from the prison's family units, members who work closely with family unit and documents. The study shows how different parties balance and negotiate between family responsibilities, organizational tasks and perceptions of ideology.	Confidentiality; respect for human dignity; justice/responsibility
Eronen, T. (2012). <i>Children's home as part of the life story: a narrative study on the stories of former children's home residents</i> Collection of articles University of Tampere	The thesis focuses on the narrativity of childhood lived in a children's home as a part of the personal life. The data consists of autobiographies, interviews and group discussions/interviews of former residents of children's homes. The research shows that in a narrative of life story shaped by child protection, overlapping stories, emotions, relationships and practices are entwined.	Respect for human dignity; engaging in the polyphony of voices; confidentiality
Helavirta, S. (2011). <i>Children as producers of well-being knowledge</i> Collection of articles University of Tampere	The research addresses children's conceptions of well-being. Additionally, the study examines how different methodological decisions reach children's experiences and what sort of conditions are attached to questions of methodology when researching children. The data is comprised of questionnaires and empathy-based stories from 8–15-year old children and interviews from 5–11 years old. The study shows that the well-being knowledge produced by children manifests itself as protected, hushed-up, sparse, emotion-provoking, non-verbal and as shattering self-evident truths.	Engaging to polyphony of voices; integrity; respect for human dignity
Hietamäki, J. (2015). <i>The outcomes of the assessment in child welfare from the parents' perspective</i> Monograph University of Jyväskylä	The research concentrates on the experience of parents of the assessment and its outcomes in child welfare from the perspective of a realistic evaluation. The data comprises of structured and cognitive interviews, structured interviews and a questionnaire. The research brings forward that the social worker should invest in a good relationship with the client, review family's strengths and give the summary of the assessment made as well as work with the whole family.	Integrity; confidentiality
Hämäläinen, K. (2012). <i>Meanings given by foster children to their home and family relations</i> Monograph University of Jyväskylä	The research focuses on the meanings given by foster children to their home and family relations. The research data consists of interviews of 8 to 12 years old foster children, network maps and diaries kept by the foster children. The research points out that children's views are in many ways in conflict with child welfare practice.	Respect for human dignity; confidentiality; engaging in the polyphony of the voices
Kannasoja, S. (2013) <i>Social functioning among young people</i> Monograph University of Jyväskylä	The study focuses on social functioning among young people. The data is comprised of group interviews with young people, photographs taken by the young and a survey data. The research highlights the importance of the living contexts of young people.	Respect for human dignity; engaging in the polyphony of voices; confidentiality
Korkiamäki, R. (2013). <i>No friend left behind! Social capital and young people's peer relations</i> Collection of articles University of Tampere	The research addresses social capital in the peer relations of young people. The data consists of scientific literature, a survey data, young people's written narratives and individual and pair interviews. The study brings forward that social capital as described by the young people themselves is expressed as a relative process.	Respect for human dignity; engaging in the polyphony of voices; confidentiality

Table 1. continues		
Thesis	Summation	Virtues emphasized
Kiuru, H. (2015). <i>A story of tragedy: The life of young people— ended through suicide. As told by the parents</i> Monograph University of Turku	The research concentrates on the suicides committed by young Finnish people, and it utilizes the perspective of human and social dimensions. The data is comprised of narrative interviews with the parents of young people who had committed suicide. Some of the youngsters were underage. The study makes visible that the parents criticize widely the assistance work, and their critical agency increases the visibility of the complex relations between the individuals and the society.	Respect for human dignity; engaging in the polyphony of voices; confidentiality
Krok, S. (2009). <i>Good mothers and everyday survivors: Single mothers on the margin</i> Monograph University of Tampere	The research addresses on how low-income single mothers living on a suburban housing estate experiences the everyday life. The data consists of interviews of women. Theoretically the research is engaged to marginality, research on everyday life and phenomenological-hermeneutic approach. The study highlights the right of people on the margin to full citizenship, which is a social policy question.	Engaging in the polyphony of voices; respect for human dignity; integrity
Laakso, R. (2009). <i>Everyday routines and surprises: an ethnographic study of residential child</i> Monograph University of Tampere	The study is an ethnography of residential child care work. The study seeks an answer to the question what is the everyday child care work. The data was collected during the periods of participant observation spent in children's homes. Additionally, care workers were interviewed and other data concerning children's homes was collected. The study articulates four dimensions of residential care: everyday caring, the work with children and parents and troublesome issues.	Confidentiality; respect for human dignity; engaging in the polyphony of voices
Poikela, R. (2010). <i>From a client plan to user perspective in multi-professional social work: A method of emerging object with multiple voices.</i> Monograph University of Helsinki	The research addresses client plans in health care and social work. The client plan is studied as a method of multi-professional family work by exploring the relationship between the plan and practice client work. The data is collected from videotaped sessions from client meetings, the interviews with the client and the workers and client documents. The study points out that the settings of objectives were defined by the repertoire of institutional services.	Respect for human dignity; integrity; confidentiality
Veistilä, M. (2016). <i>From migration to well-being: The construction of social well-being of families with a Russian background during integration processes</i> Collection of articles University of Helsinki	The research focuses on the social well-being of families with children who have moved from Russia to Finland as a phenomenon that constructs during integration processes. The data consists of polyphonic interviews, re-interviews and stories of migrated children. The research brings forward that the construction of social well-being is a relational action, and constructing social well-being challenges social work into building methods that are family-centered.	Confidentiality; engaging in the polyphony of voices; justice/responsibility
Vierula, T. (2017). <i>Examining child welfare documents from a parental perspective</i> Collection of articles University of Tampere	The study addresses how parents of children who have received child welfare services regard documents about themselves and the documentation practices employed in the child welfare system. The data comprises of narrative, thematic interviews of parents whose children have been clients of child welfare services. The research shows that the documents are equivocal, and they are connected to the experiences of parents about their position as clients.	Respect for human dignity; engaging in the polyphony of voices; confidentiality
Viitasalo, K. (2018). <i>Aspirations and capability set of mothers: A conceptual study on mothers' financial capabilities</i> Monograph University of Jyväskylä	The research concentrated on financial capabilities of mothers from a conceptual perspective. The research contains both theoretical and empirical approaches. In the empirical section, the data has been collected from mothers using method of memory-work. The dissertation shows that the capability set of mothers is constructed of assets within the family, labor position of the mother and family benefits.	Integrity; respect for human dignity; engaging in the polyphony of the voices

(Kagan, 2015), even though it is commonly seen as intuitive and not necessarily considered deeply in the act of conducting interviews. The expression of empathy is thereby an expression of recognizing the human condition and the indivisible human worth of the participant. Kiuru (2015), in her thesis, weighed her right to experience emotions with parents who have lost their children. However, she portrayed the impossibility of not entering the emotions and lives of the participants, which is a consequence of the parents' total immersion into his/her narrative (Kiuru 2015, p. 92). Similarly, Vierula (2017) explained:

The parents' stories awoke in me, in both the interview situations and when later reading and listening to them, many kinds of feelings, from empathy to disgust. In the interview situations, I shared and felt with the parents the grief, anger, shame and bitterness, as well as joy, happiness and also thankfulness... (p. 68)

Protecting participants from harm is a minimum standard for respecting human dignity that translates, at the very least, into the prohibition of inhuman or degrading

treatment. Consequently, avoiding maleficence is a central element in the dissertations. Securing the well-being of the participants in particular is discussed. Children are often viewed as especially vulnerable research participants, and hence, they have the right to receive special protection (see Liamputtong, 2007). On one hand, Helavirta (2011) and Hämäläinen (2012) associated the dimensions of the protection of children with both matters addressed in the data collection as well as threats that may arise in the research setting. On the other hand, Kannasoja (2013) focused on the harm connected to a child being denied participation by the parents and the emotions of discomfort related to participation. In other words, the respect shown for the human condition and dignity include different dimensions of practice. The protection of children in the research contexts relates not only to the need to secure human dignity in the data collection but also to the situations that may precede and follow it.

The nature of the participant's vulnerability might require unexpected lines of action in order to respect and promote the participant's human dignity. However, the excessiveness of a virtue is a vice (Banks & Gallagher, 2009). In a research setting, too much respect for human dignity creates a vice of paralysis (see e.g. Kannasoja, 2013; Pekkarinen, 2010). Thereby, it is a question of striking a fair balance; the excessiveness of respect towards human dignity does not promote it because it leads to an inability to take action. The boundaries between inhumane and acceptable harm are, however, highly complex as well as vague.

The sensitivity of the research topics shows a need for human protection (Kiuru, 2015; Helavirta, 2011; Kannasoja, 2013; Vierula, 2017; Eronen, 2012; Hietamäki, 2015; Enroos, 2015; Hämäläinen, 2012; Krok, 2009; Viitasalo, 2018; Pekkarinen, 2010). Several theses address the issue of the well-being of the participant during and after data collection, which is connected to the balancing act mentioned above. However, the dimension of protecting participants from immoderate anxiety and distress is portrayed as fundamental.

The researchers express care toward the participants, especially if the participant showed

strong emotional reactions during the research. For example, Kiuru (2015) described returning to the participant's state of the mind in the latter part of the interviews and after in the days that followed. In her dissertation, Kiuru walked through a situation in which the participant began to feel physically sick during the narration and described becoming frightened herself about the reaction of the participant (p. 87-90). This reaction mirrors the importance of emotions in balancing virtues. Emotions may work as an ethical radar.

Respectful treatment is a necessary expression of respect for human dignity. Respect is portrayed as highly practical. It is expressed through respectful gestures such as offering lunch (Eronen, 2012, p. 74; Viitasalo, 2018, p. 53), a small gift (Veistilä, 2016, p. 84–85; Enroos, 2015, p. 66; Hämäläinen, 2012, p. 88), using respectful language, addressing the participants formally (Veistilä, 2016, p. 84–85), conforming to the thoughts of the participants (Kiuru, 2015, p. 95) or writing about the participants in a way that respects their values (Krok, 2009, p. 41).

Writing about the research and especially about the participants requires safeguarding the dignity of the participant (Enroos, 2015; Vierula, 2017; Eronen, 2012; Kiuru, 2015; Laakso, 2009; Helavirta, 2011; Hämäläinen, 2012; Krok, 2009). Respect for human dignity is also shown through weighing the human condition of the participants. Hämäläinen (2012, p. 89) concludes that naming children who participated in her research was an ethical decision, as it articulated the authentic and genuine nature of children in contrast to simply numbering the interviewees.

The manner through which the researcher conceptualizes the research phenomenon is described as meaningful (see e.g. Helavirta, 2011; Krok, 2009; Viitasalo, 2018; Hämäläinen, 2012; Känkänen, 2013). Showing sensitivity in the language used is an important element of respecting the dignity of others. The participants represent individuals, groups, communities and the phenomena per se. Thus, language has great power in recognizing or denying the dignity of a person. Promoting human dignity is portrayed in

the theses as highly practical, and therefore, it does not exist just at a theoretical level. In this respect, promoting and respecting human dignity is not only ontological but is embedded in particular decisions made in particular circumstances.

Engaging in the Polyphony of Voices

The virtue of engaging in the polyphony consists of a diverse range of ethical expressions that include others as well as researcher self-regard (see Banks & Gallagher, 2009). In the doctoral theses, hearing one's voice and the right to act in participation are particularly emphasized. The theses also illustrate the spheres of beneficence. Engaging in the polyphony also reaches the core relationship that is formed between the researcher and the participant. I conceptualize the polyphony of voices as a moral virtue that has a deep connection with the ethics of child and family social work research.

In the dissertations, beneficence-related aspects relate closely to the experience of meaningfulness (gaining something from participating). For example, the objectives of empowerment are considered. Empowerment is not particularly emphasized, but the possibility of it is touched upon. For example, Enroos (2015, p. 67) thinks that participation might be empowering by nature because, in the interviews, participants can talk about their lives, make constructions and share their stories for general use. In the dissertations, empowerment is framed as a potential experience—not a self-evident truth (Enroos, 2015; Vierula, 2017; Eronen, 2012; Helavirta, 2011; Veistilä, 2016; Korkiamäki, 2013; Krok, 2009; Viitasalo, 2018; Känkänen, 2013). From the perspective of the participant, the experience of being heard and the potential of the research to help other people outweigh the distress that might relate to the participation (Vierula, 2017; see also Kiuru, 2015). All things considered, the potential of empowerment is deeply connected with the polyphony of voices because therein lies the potential of empowerment being formed as a by-product to help others.

Hearing the participant's voice penetrates the doctoral dissertations examined in the article. Hearing, listening and giving a voice to the participants relates to respect for equality as well as to the respect and promotion of diversity, which are all conceptual components of the polyphony described here. An important objective of the ethical considerations made in the theses is to bring the voices of the participants to the same level as the dominant voices and discourses. A need to fill the research field with diverse voices also prevails in the academic community. In this respect, promoting the possibilities to be heard and listened to simultaneously relates to the promotion of pluralism per se as well as to actual equality.

Kannasoja (2013) contemplated young people's right to participate in research. She discussed equality in a context, in which the guardian has not given consent for a young person to participate. She deliberated the decisions she made in order to strengthen the right to act in participation and concluded that the research ought to include a general project, where everyone could participate regardless of their parents' consent (Kannasoja, 2013, p. 193–196; see also Helavirta, 2011; Hämäläinen, 2012). This reflects engagement in the polyphony, as she decided to openly promote the equal treatment and worth of all children.

For me, Helavirta's (2011) reasoning includes expressions committed to equality, as she shares the feedback she received on her unfinished dissertation. Her colleagues emphasized her responsibility to protect the children, especially ones who are users of child welfare services. Parallel to this, the decision to approach well-being knowledge from the perspective of children was questioned due to the conception that child welfare clients are subject to considerable strain. As an answer to this conception, Helavirta reasoned that the voices that questioned the legitimacy of researching child welfare clients from their perspective categorized and over-simplified the clientship of child protection and the experiences of children (Helavirta, 2011, p. 54, see also Hämäläinen, 2012, p. 86). This illustrates the pursuit to avoid monophony, in

other words, the lack of the virtue of polyphony. The vice described here can be portrayed as the discrimination of voices; a view that some voices are too poor to be heard.

The pursuit of the democratization of voices in the context of data collection is addressed in the dissertations and the agency of the recognized participant. Eronen (2012) wrote: "...and I tried to find a place for the researcher that gives for both me and the narrators of their own lives an opportunity to act as subjects who talk and write" (p. 69). According to Vierula (2017, p. 63), her relationship between the participants was a subject-subject relationship, which helped construct a shared space of knowing. The methodological decisions made can strengthen the polyphony of voices and, thus, be a part of the ethical dimensions of the research. For example, Heino and Veistilä (2015, p. 147) argued that their methodological choice of using narrative reflection as a method of analysis can be described as shared 'researchership'. Similarly, Eronen (2008) and Känkänen (2013) shared their ideas of participants as co-researchers. Eronen (2008) explained that co-researching can equalize the relationship between the participants and the researcher, when collecting the data and in some respect, during the analysis (p. 23). Känkänen (2013, p. 54) addressed questions concerning the best ways of being present in young people groups and in relation to each another and to the staff of a theatre. However, Hämäläinen (2012, p. 91) discusses the limitations of interpretation. She views that the researcher, who studies other people's experiences, must also acknowledge and recognize the constraints of understanding (Hämäläinen, 2012, p. 91).

The democratization of voices must be challenged by the inherent arrangements of power. Enroos (2015) showed the pronounced power relations in the prison context. She reflects on her own freedom to leave, whereas the freedom of the inmates was stripped, and they were forced to stay in prison after the interviews. Enroos described trying to balance the power relations by laying herself on the line in order to communicate. She described the actions she took to create equality between her and

the inmates (Enroos, 2015, p. 66–67). Similarly, Helavirta (2011) made a methodological decision to free children from the fixed definitions and interests of adults and decided to use empathy-based stories produced by children. She concluded that trusting the stories would give more space for the children's own narratives (Helavirta, 2011, p. 45). Korkiamäki (2013) chose to use different research methods to reach the pluralism that is connected to her research topic, the peer relations of young people. She concluded that qualitative data made it possible to address important questions by utilizing the voices of the young people themselves (Korkiamäki, 2013, p.107). Therefore, without confidentiality and the desire to promote the voices of the socially and institutionally oppressed, a diversity of voices cannot be achieved.

Eronen (2012), Vierula (2017), Laakso (2009) and Poikela (2010) described their relation to the theme of research and participants. Pekkarinen (2010, p. 52) claimed that the researcher ought to acknowledge their subjective starting points as thoroughly as possible. Eronen (2012, p. 64) noted that the positioning of the researcher and writing about it are connected to the questions of conducting research and the production of knowledge. Hence, engagement in the polyphony of voices is, in this respect, self-regarding: the flexible positions reflect the polyphony of the researcher's own voices, as the positioning is not static. Instead, the different positions create different voices. This includes moral dimensions in the sense that the shifts in positions are often provoked not only by shifts in research strategies but by moral awareness, which manifests through emotions such as shame, courage and compassion.

Confidentiality

Confidentiality lies in the relationships between people, and in this respect, it is portrayed as being personal. In the research context, this relationship is generally centered on the participants, the researcher and on the findings. However, confidentiality does not return wholly to its personal dimension, as confidentiality is also

procedural: for example, the researcher has the duty to report planned, serious infringements of criminal law in order for them to be prevented (The Finnish National Board on Research Integrity, 2019).

The doctoral theses raise concerns about the voyeuristic nature of social work research, which is inherently connected to conducting research that supposedly involves vulnerable participants (Eronen, 2012; Enroos, 2015; Krok, 2009; Hämäläinen, 2012; Viitasalo, 2018; see also Korkiamäki, 2013). Hence, confidentiality is indivisibly connected with the question of anonymity. Securing anonymity represents a highly practical and procedural sphere of confidentiality that is not straightforward. Kiuru (2015) reflected: “In my estimate, the risks related to the safety of anonymity are lesser than the loss that would have occurred by overly masking the life stories. The fates of the people are too valuable not to be heard” (p. 95). In turn, Pekkarinen (2010, p. 52) addressed the tensions between the participants’ right for privacy, when the participants do not even know that documents concerning their child protection processes have been chosen as the data of the study, and the need to perform research on a subject that carries significant societal importance. Put differently, she discussed the tension between a fundamental private interest and a general interest.

It is recognized that removing identifiers does not guarantee anonymity, and instead, it is perceived to be a more pervasive project. For example, Enroos (2015, p. 87) stated that in addition to just replacing identifiers, she also had to choose the analytical methods, bearing in mind the objective of anonymity. Furthermore, she reflects on finding a balance between relevant descriptions and questions of confidentiality. In turn, Veistilä (2016) and Kiuru (2015) described not using data extracts from especially vulnerable interview situations and the stories produced in those contexts. In my view, they address avoiding deprivation, which goes further than the questions of anonymity and the right to privacy. The atmosphere of confidentiality is preserved and cherished: even though the stories of the participants are meant to be told behind the curtain of anonymity, some tales are too sensitive to

be utilized directly without potentially harming the participant.

Creating closeness and distance in relation to the participants is expressed to reach further than securing and strengthening the participant’s right for privacy and anonymity. In my opinion, it relates to something fundamental, reconciling the virtue itself. The balance between the closeness and the distance of relationships is not objective, which is why it needs to be weighed contextually. Kiuru (2015) considered that:

The common language is built on a parent by parent basis, based on an appropriate amount of closeness or distance, and the mutual ability to ask about things honestly, but so that the other person can still choose not to answer (p. 92–93).

Trust is built through small but meaningful gestures that are connected with the position of the researcher. It appears that displaying personal dimensions outside the role of a researcher is significant in the theses. For example, trust is built by telling something personal to the participants. Enroos (2015, p. 66) described telling the interviewees, who were mothers in prison, something personal that the participants can relate to, for example, being a relatively new mother. In this respect, confidentiality and trustworthiness are built through expressing humanity and personal ties to the phenomenon being researched.

During the data collection, considerable weight was given to external circumstances. Veistilä (2016, p. 73–74) described that when conducting interviews with families, the families were allowed to decide where they wished the interviews to take place. According to her, most of the families chose their own homes as the sites of interviews. Eronen (2012, p. 74) conducted the group interviews in her own home. She justifies this decision by explaining that if the interviews were conducted in the homes of the participants, the circumstances would have resembled home visits by a social worker in an overly stressful manner. Vierula (2017) reasoned

that the decisions about the place or space where the interviews took place were based on the right of self-determination of the participants. She brought forward the spheres of power that relate to the spatial dimensions of conducting interviews in places and spaces chosen by the participants (Vierula, 2017, p. 57–58). Korkiamäki (2013, p. 103) took notice that the environments where the interviews were conducted influenced the depth and intimacy of the interviews. In schools, the interviews were shorter, and interviews that were conducted in a clubroom were deeper, intimate and intensive. Hence, it appears that questions about place and space hold significant force to the conditions of confidentiality of the research. Arguably, decisions made concerning the space or place of data collection can either strengthen or weaken the confidentiality, especially the subjective nature of it.

Thus, an excessive amount of closeness is portrayed as a risk for participants; this risk relates to breaking confidentiality, when the researcher reports the study in order to proceed in accordance with good scientific practice. Eronen (2012) argued that:

On the other hand, the researcher is in an intimate and confidential relationship with people sharing their life stories and, on the other hand, a responsible member of the scientific community. To the interviewees the ethical responsibility includes guaranteeing the dignity, privacy and well-being of the participant, whereas the claims of scientific community are connected to exactness, authenticity and interpretation (p. 67–68).

In a similar vein, Viitasalo (2018, p. 50) contemplated her positioning as a researcher. She considered that the role of the researcher is one of a ballast between the pull of science and the loyalty to the participants.

Parallel to this, Vierula (2017) discussed her emotions of guilt. She viewed that the emotion of guilt emanated from breaking the private nature

of the interviews by interpreting and bringing what was said to the public sphere (p. 69). Emotions are fundamental for morally desirable action but also for wrong conduct. It has been pointed out that the emotions of guilt and shame are actually “emotions of self-assessment” (Stempsey, 2004, p. 50; see also Banks & Gallagher, 2009, p. 67). Hence, Vierula (2017) observed the current state of affairs in relation to how matters ought to stand (Stempsey, 2004, p. 50), which highlights the tension between deep confidentiality and the conditions of practicing science; disclosure is a condition of existence for research.

Eronen (2012, p. 71) contemplated if through her personality, she charmed the interviewees to tell her things that they had not planned to. Correspondingly, Laakso (2009, p. 85) claimed that in the context of doing ethnographic research in children’s homes, being a researcher is also a question of relationships, gaining closeness and keeping separateness. She pointed out that the researcher might seek to create as close a relationship with the participants as possible, but this can be also a precarious concern (Laakso, 2009, p. 85). Viitasalo (2018, p. 51) considered that her position as a researcher shifted between empathy and alienation. These considerations reflect the goal of avoiding the excessiveness of confidentiality, which can be realized if the relationship between the researcher and the participant becomes too close or intimate, and by way of that challenges the conducting of research

Excessiveness of closeness can operate in both ways: the researcher’s closeness to the participant and the participant’s closeness to the researcher. Ordinarily, the researcher comes to the participant’s life as an outsider and is present and deeply interested in the life of the participant for the fleeting moment that research process takes. In her thesis, Laakso (2009, p. 89–90) reflected on the justification for the researcher to enter and exit participants’ lives and described the difficult encounters with children who might not have understood the temporary nature of the researcher’s stay in the children’s homes. By way of this, she

visited the risk of too close a relationship between the children and her as the researcher. On the other hand, the secession from the intimate relationship with the participants can be a journey to the researcher as well. Eronen (2008, p. 23) depicted that disengaging from a close research relationship took a lot of time and was a harrowing experience.

Thereby, confidentiality is constructed and expressed through human relationships. Technical confidentiality and the more abstract, relationship-orientated sphere of confidentiality intertwine. Confidentiality is proposed to be an interplay between concealment and disclosure, togetherness and separateness and, finally, between closeness and distance. The expressions of confidentiality that are embedded in the doctoral theses analyzed expressively mirror the central element of virtue ethics—the aspiration for a reasonable amount of confidentiality, which is positioned confusingly close to the idea of the golden mean.

Discussion and Conclusion

In this paper, I aimed to capture ethical dimensions of child and family social work research utilizing a virtue-based perspective and to continue the debate concerning the nature of virtues in that context. The relationship between ethical codifications and more situational ethical decision-making is portrayed to be a multi-faceted one in the theses analyzed. The doctoral dissertations express concerns about the insufficient nature of codes of ethics in the complex reality of conducting research. Therefore, when implementing codifications, the researcher must consider what moral values and other intentions the codifications reflect, and how these can be transferred into an ethical research practice. In practice, however, this is far from straightforward, as the codes of ethics might mirror the various interests of gatekeepers of a particular domain (Mertens & Ginsberg, 2008, p. 491–492).

MacIntyre (1999) has looked into the relationship between principles and virtues and argued that “principles and rules also play an important though not exhaustive or exclusive role for evaluating whether or not we are being virtuous”

(p. 111). Furthermore, Banks and Gallagher (2009, p. 49) noted the nature of virtues that the virtue ethical approach can operate as a “counterweight to deontological and teleological perspectives”. My study is aligned with these notions; weighing ethical quandaries is not only a question of a particular act, but that the abstract virtuous self can be used as a tool of moral reasoning. Put differently, an action can be right only if a virtuous moral agent would perform such an act given the circumstances (Adams, 2009, p. 97). Therefore, I suggest that a virtue-oriented approach is essential for interpreting and balancing ethical codes and making context-bound ethical decisions in research.

The data addresses the inner conflicts between the varying roles of the researcher. As discussed above, the questions of the roles of a “pure” researcher, a social worker and a companion arise in the theses. Eskola and Suoranta (1998, p. 55) also have pointed out that occasionally social work students have experienced that they have adopted a role of a social worker when conducting research interviews. In order to focus on the position-related tensions, it is relevant to return to the conceptualization of virtues by Pawar et al. (2017b), who have argued that virtues are at the core of functions, values/principles, roles and qualities/attributes.

In my view and based on my analyses, these dimensions are interwoven. Thus, the liquid nature of roles leads to confusion in the functions as well; the function of research is—at least partially—different than the function of social work practice or general companionship. Due to the shared mission of social work, this kind of confusion is presumably impossible to avoid.

However, the complexity of roles, functions, values and attributes in social work research requires balancing and careful reflection. According to Pawar et al. (2017b), the same range of virtues can be expressed in social work with different emphases. This does not, however, signify that virtues would be relative by nature, but instead they appear bound to time and place (Pawar et al., 2017b, p. 8; see also Banks & Gallagher, 2009). Barsky’s (2010) view of

the social work researcher's virtues paints a diverse picture of a virtue repertoire. On the one hand, the social work researcher is bound to the values of social work, just like a social work practitioner, but on the other, the researcher harnesses virtues that serve the scientific world.

The ethical accounts of the explored dissertations are expressed mostly through methodological contemplations, but these are interlaced with broader values of social work and the more general virtues of a researcher. The interplay between the differently oriented traits of virtues appears to be complex, and the ethical accounts sometimes speak with diverse, worried, competing and even paradoxical voices, but all the traits share a common denominator, which is not to harm the participants. However, even this denominator is not completely inviolable because it would make conducting research utterly impossible (see Pekkarinen, 2010). From this perspective, virtues do not take the form of a blanket rule but instead help to weigh different interests.

Put differently, virtues are embedded in the reports of methodology, but the choices also carry ethical accounts that are not merely method-specific. It is explicit that, in the dissertations studied, methodology in particular holds the power of definition over the ethicality of research. Methodological choices are colored by a social work value-driven lens, and the virtues of the researcher in general seek to be reconciled in the accounts. From this perspective, social work researchers harness differently oriented virtues to serve the ethics of research that in fact reflect a virtue repertoire of their own, the virtues of social work research that synthesize the virtues of social work in general and the virtues of scientific research.

The virtues of social work, if understood as a practice, might not be completely aligned with the virtues of social work research because the latter is positioned at the intersection of two dissimilar worlds. Barsky (2010) has pointed out that a certain virtue of a social work researcher might be in conflict with another, but in order to resolve these conflicts, researchers ought to use virtues balance them to ensure critical analysis. To

address potential virtue-related conflicts, we should return to the nature of virtues. Virtues do not work well individually, but instead they should be seen as holistic (see Martínez-Brawley & Zorita, 2017). The three virtues I discussed in this paper are a vivid reflection of this argument; each of the categories—respecting human dignity, engaging in the polyphony of voices and confidentiality—hold diverse lines of thinking, doing and being that shape ever-changing map-like patterns. A single virtue can be identified by utilizing theoretical conceptualizations, but the division is completely artificial because virtues work as ranges and repertoires along with other virtues. Therefore, I could have used several of the data extracts in conjunction with other virtues presented in the paper.

The contextual, not relative, nature of virtues poses challenges to the ethics of child and family social work research. Virtues are not black and white, nor is a single virtue a virtue in every circumstance. As Barsky (2010) emphasized, virtues require a critical eye, striking a balance, moderation and circumspection, and therefore, virtue ethics is not an easy way out of an ethical dilemma. For instance, I referred to Korkiamäki's (2013, p. 104) argument concerning consent in participating in the research. Korkiamäki asked for consent only from young people themselves and not from the parents, which I regard as a reflection of respect for human dignity, as she reasoned that the line of action she chose would deconstruct the expert power she held as a researcher. Undeniably, her judgement could be viewed as an expression of an unethical decision because parents are the legal guardians of under-aged children, and therefore, they should be allowed to be heard in decisions concerning their children. In this sense, a certain kind of moral order has been broken by giving another moral norm I appreciate the care everyone is taking to review their credit card statements. I the child's moral right to participation—priority over the moral norm that reflects the right of parents to put their responsibilities for the child's wellbeing into practice in ways they perceive as most suitable.

This example shows how the abstract virtuous self is used to balance competing ethical

claims because the researcher knows the principles but is not bound by them (after Martínez-Brawley & Zorita, 2017, p. 112). In this respect, the “moral self” acts as a yardstick in determining how to reconcile abstract principles that point to different directions. In this vein, the ethical sustainability of choices made is reflected mainly in the arguments of the researcher, and as such, the responsibility for the protection of ethical decision-making is distributed among the researcher, the participant and the reader of a given study. We might not always be able to be moral agents, which challenges the practical relevance of virtue ethics (see Clifford, 2014); however, if virtue ethics is perceived to be something more than the traits of an individual’s character, this critique becomes less compelling. For this reason, the nature of virtues also needs to be analyzed.

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The Roles of Values and Advocacy Approaches in Irish Social Work Practice: Findings From an Attitudinal Survey of Practicing Social Workers

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Abstract

This paper focuses on the profession of social work in Ireland. It examines the role of values within the profession and the relationship of the profession to independent advocacy groups, exploring themes of fundamental importance to social work. The findings presented are drawn from a quantitative attitudinal survey of practicing social workers conducted in the Republic of Ireland in 2016. Sampling was conducted across Ireland within a population of approximately 3900 practising social workers and resulted in 128 responses, 111 of which were complete. In relation to values, overall findings suggest a preference for traditional value types, with many respondents indicating that the tasks associated with emancipatory values are best placed with other groups in Irish society. In relation to advocacy, the study found that social workers frequently engage in advocacy tasks. However, despite this, it also found that a majority of social workers feel that such tasks are best placed with other groups in Irish society. The study found that a majority of social workers acknowledge a shared value-base with independent advocacy groups. However, it also suggests that the relationship between social workers and advocacy groups is complex and conflictual. While social workers recognize the importance of advocacy groups, they also acknowledge that advocacy groups do not always complement the social work role. Ultimately

this study suggests that to many practitioners, the necessity for advocacy groups in Ireland can be ascribed, in part at least, to the ways in which contemporary social work practice is carried out.

Keywords: social work; values and ethics, advocacy; independent advocacy groups; Ireland.

A Common Base: Values and Ethics in Social Work

Social work values can be viewed as the discourse through which the structure of the profession is maintained, justified, and transmitted, latterly becoming codified and legitimised through formal codes of ethics (Spano & Koenig, 2007). Thompson (2009) defines a value as “something we hold dear, something we see as important and worthy of safeguarding” (p. 126), with Banks (1995) describing social work codes of ethics as “The fundamental moral/ethical principles of social work” (p. 04; see also BASW, 2014; IASW, 2006 for precise examples). These definitions are succinct but their aptness is debatable. In reality, social work values and ethics are abstract and contested concepts and therefore extremely difficult to adequately and satisfactorily define (Banks, 1995; Shardlow, 2002a; Dominelli, 2002). However, along with knowledge and skills, values and ethics are central pillars of the profession and, as such, a heavy feature of generic social work

textbooks (Banks, 1995; Shardlow, 2002b; 2009; Beckett & Maynard, 2005; Reamer, 2006; Higham, 2006; Thompson, 2009; Wilson et al., 2008).

In terms of the development of contemporary values and ethics discourse, Reamer (1980; 1983; 1994; 1998; 2006; 2014; 2015), writing in the United States, has published extensively in the area and provides a useful model for analysis. He has identified four distinct periods through which the genealogy of contemporary social work values and ethics can be traced. It is important to point out that these periods do not denote a linear progression and often overlap, occurring at different times in different jurisdictions. They are detailed as follows:

1. The morality period;
2. The values period;
3. The ethics theory and decision making period;
4. The ethical standards and risk management period.

The “morality period” refers to the late 20th century and posits that social workers were more concerned with the morality of the client rather than with what may have contributed to their need for intervention. This analysis is largely congruent with the Irish example where social work developed in the moral atmosphere of charitable intervention couched in the language of Catholic social teaching (Curry, 1998; Cousins, 2003; Considine & Dukelow, 2009). To further highlight the link between social work values and religious morality, it is interesting to note that Biestek (1961), himself a Catholic priest, is credited with developing what has subsequently been identified as the traditional social work value-base in his foundational work *The Case-Work Relationship*. In this work, Biestek (1961) developed seven principles of social work. Because of their ongoing importance to social work they are listed as follows:

- Individualization,
- Self-determination,
- Purposeful expression of feelings,
- Controlled emotional involvement,
- Acceptance,

- Confidentially,
- Non-judgemental attitude.

The values espoused by Biestek (1961), while highly individual in nature, remain hugely relevant in social work today.

The period in which Biestek was writing encapsulates what Reamer (1998) referred to as the “values period” and was marked by a focus on developing specific social work values. Further notable contributions from the values period come from Levy (1972; 1973) who attempted to develop a typology of social work values and subsequently went on to help create and develop social work codes of ethics (Chase, 2015). Following this, but preceding Reamer’s (1998) third period, we see the development of what have come to be known as emancipatory values (Highman, 2006; Thompson, 2009). These values differ extensively from traditional social work values in that their focus was much more on matters of social justice and structural inequalities (Highman, 2006; Thompson, 2009). Much of the emancipatory movement in social work originated in the US and was perhaps reflective of the turbulence of a period so characterized by struggles for social and civil rights (Reamer, 1998). Academics and practitioners espousing emancipatory values were openly and directly critical of traditional casework approaches (Chase, 2015; Reamer, 1998). Notable entries from this time include Emmet (1962), Lucas (1963), Plant (1970) and Lewis (1972).

Reamer’s (1998) third period is referred to as the “ethics theory and decision making period” and is characterised by a renewed focus on applied professional ethics. This period can be viewed as reflective of developments in the field of medical ethics. This period led directly to the fourth period, the “ethical standards and risk management period,” which is arguably most reflective of contemporary social work in Ireland today. It is the period of the social worker as the “bureau professional” (Parry & Parry, 1979) who works within a hierarchical structure where ethics and values represent a code for practice, a guide for conduct, and a template for decision making (Spano & Koenig, 2007; Chase;

2015; Banks, 2013; Reamer, 1998). While the discourse of values remains largely intact, located within these codes of ethics, it is uncertain how reflective this discourse is of actual practice.

An Irish Code of Ethics: Competing Forces in the Ethics Space

When it comes to formal codes of ethics in a contemporary Irish context, social workers have traditionally turned to the Irish Association of Social Workers (IASW) for guidance. The IASW is the professional organization for social workers in Ireland, having been founded in 1971. Membership in the IASW is not compulsory, and members are expected to pay a nominal fee in order to join. The organization currently has approximately 1300 active members (IASW, 2019). The IASW is also a member of the International Federation of Social Workers (IFSW) and in terms of the articulation of values and ethics, it is from the IFSW that the IASW draws its own guidance and mandate. In the first instance, the IASW adopts global definition of social work as approved by the IFSW General Meeting and the IASSW (International Association of Schools of Social Work) General Assembly in July 2014. The IASW also promotes a values statement and professional code of ethics which greatly mirror those of the IFSW while also adhering to that body's own "Statement of Ethical Principles and Professional Integrity." More recently, and in recognition of the somewhat abstract and, arguably, difficult nature of ethical statements in the context of actual practice, the IASW has issued a code of practice for its members (IASW, 2009). This consists of separate lists of concise statements in the form of "members will..." and "members will not..."

With respect to its code of ethics, while the IASW (2006) states that it expects that "social workers will use this Code of Ethics as a foundation on which to frame procedures guiding day-to-day practice" (p. 02), it must be noted that the code to which this direction pertains has no legal basis or statutory footing. Furthermore, it is difficult to see how this would or could apply to non-members

who appear to be the majority of practicing social workers in the Republic of Ireland. In terms of a legislative basis for social work values and ethics, it is the Health and Social Care Professionals Act of 2005 that functions to formalize this space in a legal-rational context. More recently, in 2012, the Act was amended, which led to the establishment of CORU, a regulatory body which includes Health and Social Care Professionals Council and the Registration Boards established under the Health and Social Care Professionals Act 2005 (as amended). The stated role of CORU is to:

- Set the standards that health and social care professionals must meet
- Ensure that the relevant educational bodies deliver qualifications that prepare professionals to provide safe and appropriate care
- Maintain and publish a register of health and social care professionals who meet established standards
- Ensure that registered professionals keep their skills up to date by promoting continuing professional development
- Run Fitness to Practice hearings into the conduct and competence of registrants

Fundamentally, CORU retains the primary role in governing the profession of social work in Ireland. In the context of values and ethics, CORU (2011) has its own Code of Professional Conduct and Ethics for Social Workers in the Republic of Ireland, which, while not necessarily incongruent with the previously mentioned IASW code, is nevertheless, entirely separate from that entity's articulation of values and ethics. It also very much represents the formal legal basis on which social work in Ireland is expected to be carried out. In terms of a value position, CORU (2011), lists the following values as paramount:

- Respect for the inherent dignity and worth of persons;
- Pursuit of social justice;
- Integrity of professional practice;

- Confidentiality in professional practice;
- Competence in professional practice.
(p. 04)

It then goes on to list the particular duties of practicing social workers, before expanding on the value statements given above.

A close reading of these value positions denotes an overt emphasis on the responsabilization of social workers, particularly in the areas of legal awareness, extensive record-keeping, and continuing professional development. These are arguably less prominent in the codes of ethics articulated by the IASW and others. What is also writ large across the CORU code of ethics, both implicitly and explicitly, is the continuous reiteration of the consequences for non-compliance. Social workers are effectively told that in order to meet the basis for legitimate practice, they must read and understand the code. Failure to do so, they are told, could result in a “complaint of professional misconduct” which the code defines as “any act, omission or pattern of conduct of the registrant which is a breach of the code” (CORU, 2011, p.03). This clearly denotes the more formal level of governance that the CORU code of ethics implies.

The advent of CORU and the implementation of a formal code of ethics as a tool of governance has arguably pushed the profession of social work into a new space in the Republic of Ireland. This new form of regulation and governance has not yet had sufficient time to bed-in and, resultantly, it is difficult to assess the overall impact of CORU and the CORU code of ethics in the context of Irish social work practice. It is also difficult to assess where less formal codes of ethics, such as those given by the IASW, sit in relation to codes which exist on a statutory footing. While they may not necessarily be incongruent with one another and social workers could, in that sense, be reasonably expected to observe both, there is no doubt that the code of ethics as given by CORU ultimately articulates the standard at which Irish social work should and indeed must be practiced. Whether or not Irish social workers have caught up to this new paradigm

of governance is a question we will return to in the data summary that follows.

Delivering a Discourse: Values in Social Work Education

Imparting a strong and robust discourse denoting social work as a value-led profession must almost certainly form part of any social work educative curriculum (Hugman, 2005; Mackay & Woodward, 2010). Hugman & Smith (1995) echo this sentiment and argue that the teaching and imparting of the profession’s value-base is the single most important aspect of training new social workers. However, such a task is not without challenge and this is reflected in the literature. Clifford & Burke (2009) argue that methods relating to the teaching of social work values remain underdeveloped. Allen & Friedman (2010) acknowledge the essentialness of imparting social work values to students but argue that a difficulty arises from the fact that the take-up of these values is incredibly difficult to assess.

Valutis, Ruben, & Bell (2012), using Erikson’s stage model as a template, argue that *when* we teach is as important as *what* we teach and that different students will learn and internalize value-beliefs more thoroughly at different stages of their training. They further argue that age is closely related to self-awareness and identity development and that this has an effect on professional socialization and the ability and readiness of students to take on new value systems and beliefs. Perhaps compounding the difficulties in imparting social work values to students is the question of the types of students being recruited. Gustavsson & MacEachron (2014) assert that there is huge external and economic pressure on social work schools to abandon restrictive ethical gatekeeping in student recruitment policies. Despite such difficulties, the fact remains that values and ethics are core to the social work profession, and this must be reflected in the education of new social workers.

It is possible that there are competing values discourses in social work education and that this is reflective of the conflicted nature of the

profession in general. The literature consistently highlights the divide that exists between these competing discourses in the form of traditional and emancipatory values. Mackay & Woodward (2010), writing in Scotland, have recognized this. They highlight the influence of market-driven, neoliberal ideologies and managerialism in the formation of social work curricula which, they argue, is reflective of governmental influence on modern social work codes of ethics. They further argue that students consistently do not recognize the more structural components of the social work value-base. Furthermore, they suggest that students are often preoccupied with individual approaches to values at the expense of structural analysis and critical reflection. This is a point that they are not alone in making; Price & Simpson (2007) have previously argued that social work education needs to reclaim sociology in order to best meet the needs of the most disadvantaged. In a more general sense these arguments have clear parallels with Ferguson's (2008) call to reclaim social work by challenging the neoliberal agenda through the pursuit of social justice. This all clearly implies the importance of emancipatory values in social work and their continuing importance in social work education. In a follow-up piece concerning the same themes, Mackay & Woodward (2012) conducted a small-scale research project where 22 student social workers answered a qualitative questionnaire relating to values. The results showed that for students, values often remain abstract. Students were also found to have difficulty articulating emancipatory values and many struggled to say how they would apply such values in practice. Sayre & Sar (2015) have argued that social justice is a primary value in social work and that this should be reflected not only in what is taught but in how it is taught, particularly where students themselves may be facing inequality and oppression. In this respect, they argue that by modelling values that promote social justice, instructors may also impart those values to students accordingly.

There can be no doubt about the importance

of social work values in all aspects of the education process. However, values themselves are clearly conflicted and this is reflective of the conflicted nature of the profession itself. Individual values are important but are also arguably consistent with the neoliberal agenda which promotes social work as a form of governmentality or as a vehicle for social control as part of a "Bismarckian"-style welfare state (Philp, 1979; Bryson, 1992). Emancipatory values, located in radical approaches, sought to challenge individualistic approaches at the time of their inception and, arguably, remain suitable for doing so now (Fook, 1993; Ferguson, 2008). The process of maintaining and implementing a strong and robust value-framework, which is inclusive of all social work values, must necessarily begin in social work education (Mackay & Woodward, 2010).

Incongruent Discourses: Personal, professional and organizational values

Social work does not take place in a societal vacuum. Social workers come to practice with their own biographies and, despite the socializing effects of the educative process, their own values and belief systems (Abbott, 1988; Landau, 1999; Reamer, 2001; Vanderwoerd, 2002; Cree, 2003; Allen & Friedman, 2010; Chechak, 2015). Of course lived experience can be both powerful and advantageous and may in fact lend beneficial insight to practitioners (Christie & Weeks, 1998). Conversely, an over-reliance on lived experience as a form of practical knowledge may prove to be a barrier to practitioners who find themselves implementing professional values at the expense of personal ones (Gough & Spencer, 2014). In the literature, this phenomenon is referred to as value incongruence (Constable, 1983; Spano & Koenig, 2007; Stewart, 2009; Chechak, 2015). This conflict, or incongruence, naturally leads to the question of how influential personal values are in social work practice. Gough & Spencer (2014), writing in Canada, carried out a study which targeted 1800 registered social workers by way of a questionnaire. Of this group, 300 social workers completed

responses. From these results the researchers were able to show that personal values ranked very highly in the order of importance in social workers' day-to-day practice and in fact ranked higher than the Canadian Association of Social Workers' code of ethics. This is a very real concern for a profession that purports to operate within a strict code of ethics that, ideally, allows no place for personal values to influence professional decision making.

However, this is not the only value conflict apparent in contemporary social work practice. Professional social work values and ethics can also conflict with organizational values and standard operating procedures. The Gough & Spencer (2014) study also addressed the issue of value clashes, finding that 82% of respondents reported incidences of conflicts between their individual person values and those of their employing organization. In an earlier study, Levin & Weiss-Gal (2009), writing in Israel, undertook a quantitative content analysis of social work job descriptions to ascertain how much emphasis was placed on the use of social work values. The findings assert that agencies are either not at all or, at best, only partially interested in value-led participatory approaches with service users. Banks (2002; 2013) further encapsulated this argument by highlighting the conflict that exists between personal engagement and professional accountability in social work practice. Personal engagement, she argues, is value-led and is characterized by challenging structural oppression through critical practice. It reflects the discourse of emancipatory values in practice. Professional accountability, she argues, is concerned with standards, justifying decision making, effectiveness, and efficiencies. It reflects the neoliberal political atmosphere in which contemporary social work is constructed and carried out, and it is embedded within the paradigm of managerialism. These arguments are generally reflective of the work of authors such as Ferguson (2004; 2008) and Harlow et al. (2013) and speak to the general conflicted nature of social work.

The Development of the Advocacy Discourse in Social Work

The roots of contemporary advocacy as a practice are to be found particularly in the legal field. Here advocacy is concerned with the processes that lawyers or solicitors engage in on behalf of their clients (Wilks, 2012). Social work-orientated empowerment and advocacy, with an emphasis on achieving social objectives, arguably stems from 1980's and 90's practice approaches (Payne, 1997). However, it can be argued that advocacy has always been implicit within social work; some authors argue that social workers have long been leaders of reform, advocates for social justice, and champions of the many issues facing vulnerable populations (Brawley, 1997; Talbot & McMillin, 2014; Bliss, 2015). It is perhaps useful to separate advocacy as it relates to social objectives from other forms of advocacy. "Social advocacy" is almost always concerned with helping disempowered cohorts to realize rights, and in this way it represents an avenue for empowerment. Leadbetter (2002) helps to define this position by stating that "Empowerment and advocacy are both concerned with a shift of power or emphasis towards meeting the needs and rights of people who otherwise would be marginalized or oppressed" (p. 201). The values inherent in advocacy and empowerment approaches are those that can be characterised as emancipatory and it can be suggested that rights work, empowerment approaches, and advocacy can be viewed as inseparable or interchangeable. Dalrymple (2004) has also made the distinction between two types or levels of advocacy, both of which may be the domain of social workers depending on the context. They are interpreted here as follows:

1. Case level advocacy, which is concerned with working at the level of the individual to help them realize goals, achieve objectives, or exercise their individual rights;
2. Structural level advocacy, which is concerned with advocating for changes at a societal level around matters that may be affecting whole cohorts of a given population.

While there can be no doubt then that advocacy work, whether implicit or explicitly named as such, is deeply embedded in the social work role, it does not represent a social work panacea, and such approaches can be potentially problematic. Payne (1997) has argued that closely related to empowerment and advocacy is the concept of management theory located within a political ideology that emphasizes motivating individuals to take responsibility for meeting their own needs. This point has been echoed in the literature by those who champion service user participation and empowerment but who also realize the potential for such concepts to be degraded to a rationale for the state to provide fewer services and resources to those who actually need them (Beresford, 1991; 2001; Beresford & Croft, 1993; Wright, 2012). Furthermore, Hardwick (2014) has noted that stakeholders, in the form of state-provided social work services, have shown a recent and increasing interest in independent advocacy groups, which they view as a useful resource in times of limited resources. There is a danger then that discourses of advocacy and empowerment can and are being hijacked or manipulated by those with vested interests in preserving state resources. This is perhaps best encapsulated within the wider paradigm of welfare devolution (Sheely, 2012; Bifulco, 2013; Chaney & Wincott, 2014). Advocacy and empowerment approaches can potentially be viewed as the moderate radical in the family of emancipatory approaches—perhaps the less troublesome, less unkempt, and slightly more acceptable first cousin to more radical anti-oppressive practice approaches and the discourses they represent.

Competing Discourses: Advocacy in Social Work or Advocacy versus Social Work?

Brydon (2010), writing in Australia and examining social work advocacy in Singapore, argues that social work is delivered in sociopolitical contexts that allow for varying degrees of tolerance to advocacy approaches and that advocacy, as

a function of social work, is constructed and constrained by the context in which the practitioner is working. Of course, Dalrymple (2004) has previously distinguished between advocacy carried out at a case level and that carried out at a structural level. The type of advocacy being carried out then is, arguably, reflective of the context and constraints which Brydon (2010) alludes to. There is no doubt that advocacy work, at whatever level it occurs, does take place in social work settings. In this respect, Brydon (2010) argues that advocacy must necessarily entail collaboration between practitioner and client. This again speaks to the emancipatory nature of advocacy work. Hardwick (2014) makes a similar point by illustrating clear parallels between the purposes of advocacy and the social work value-base. However, for Hardwick (2014) this is where the parallels cease. Hardwick's (2014) study has highlighted the distinction between social work and independent advocacy groups by evaluating a city-wide advocacy hub in the north of England. She notes that the peripheral nature of advocacy in social work is contrary to the profession's espoused principles and values, and argues that social work is fast becoming a resources-led rather than a needs-led activity, with social workers acting as bureau-professional labourers cloaked under the thin veil of managerialism. One result of this, along with current policy trends and the inability of statutory social work to adequately respond to people's needs, is a movement of service users towards independent advocacy groups (Hardwick, 2014). Barnes (2012), in a study conducted in the United Kingdom concerning young people's rights, echoes this point and argues that while social workers do indeed share many common value positions with rights advocates or advocacy workers, advocacy workers operate more closely in line with an ethic of care while social workers are more concerned with management. Furthermore, her study showed that rights workers often find themselves compensating for the limitations of the social work process through simple but effective methods such as being available by phone or ringing to check in with clients to see how they are doing.

It is clear then that advocacy and empowerment work is not the sole preserve of the social work profession and indeed the advent of independent advocacy groups along with state-sponsored advocacy initiatives means that both are clearly working in the same space. Furthermore, it can be argued that for each social work client group there is a related advocacy group or groups. This can be clearly and easily demonstrated in the Irish context as shown Figure 1 below.

Many of the client groups shown above have more than one related advocacy group. It is

groups. The Irish Health Service Executive (HSE) also staffs a dedicated advocacy unit to help citizens navigate the health system here, and the Citizens Information Service (CIS) provides a free advocacy service available to all citizens on virtually all issues requiring advocacy.

Having now examined the debates around advocacy as it relates to social work, we see a correlation emerging between the two. There is a link between how contemporary Irish social work practice is constructed and carried out and the formation of and necessity for advocacy groups.

Client Base

Children in care
Care leavers
Persons with disabilities
Adopted persons
Persons experiencing poor mental health
Young persons
Older persons
Hospital patients'
Young offenders

Advocacy Group

EPIC (Empowering people in care)
Care leavers Ireland
NAS (the National Advocacy Service)
Adoption rights alliance
The Irish advocacy network
Youth advocate program
Alone
Patient focus
Irish penal reform trust

Figure 1: Correlation between social work client base and advocacy groups.

worth exploring why this is the case. It could be argued that the values espoused by many of the above-named advocacy groups greatly mirror core social work values (Barnes, 2012; Hardwick, 2014). It is therefore worth asking why social work in Ireland did not naturally assume the roles that such advocacy groups now fulfil. It can be argued that a lack of adherence to the profession's own value base, particularly the emancipatory elements thereof, has ultimately allowed for many of the above-named organizations to become necessary (Barnes, 2012; Hardwick, 2014).

So, despite social work, independent advocacy is clearly necessary in contemporary Irish society. The state, as a concessionary measure, has recognised this and partly or fully funds many advocacy groups. EPIC (see Epic, 2013) and NAS (see CIB, 2012) make good examples of where state funds are being used to support advocacy

The key to understanding this link is undoubtedly in the social work value-base. In this respect, the competing discourses within and between advocacy and social work are largely reflective of the conflicts seen in the values and ethics discourse and the conflicted nature of the profession itself.

Research Design

The study was conducted by way of an attitudinal survey using the web-based survey platform Survey Monkey. Participants were provided with brief explanations of the intent and purpose of the study. Aside from the section seeking participants' profile information, which included questions about current and previous roles and time spent in practice, the survey utilized forced choice attitudinal measurement devices such as the Likert scale throughout (de Vaus, 1999; Bryman, 2012). Estimated to take between five and ten minutes,

the survey was designed to be relatively quick to complete. The purpose of this was to help generate a higher rate of response. Participants were also given the opportunity to comment after each section in an optional comment box.

The sampling process

This study was conducted using a purposive sampling technique, which is where a specific group or cohort are deemed to hold the answers to the questions being asked and so are deliberately and exclusively targeted (de Vaus, 1999; Bryman, 2012; Whittaker, 2012). The cohort in this instance was made up of practicing social workers. A form of snowball sampling was also utilized; initial contact was made with gatekeepers—largely principal social workers who generally oversee social work units in specific regions—who were then encouraged to circulate the survey to other suitable participants (de Vaus, 1999; Bryman; 2012; Whittaker, 2012; Dawson, 2013). A breakdown of the resulting sample is detailed below.

Sampling resulted in 128 responses, 111 of which were complete. Of the 109 who answered fully, 86 or 77.5% identified as female and 25 or 22.5% as male. Age varied highly, with 2 respondents identifying as being under 25; 30 as being between ages 25 and 35; 29 as being between 35 and 45; 27 as being between 45 and 55, and 22 as being between 55 and 65. There was also significant variance in respondent roles, with the majority (60%) of respondents coming from child protection backgrounds. While the response rate to the survey is quite small, it must be nevertheless be borne in mind that the population of practicing social workers in the Republic of Ireland at the time the survey was conducted was relatively small also, standing at approximately 3,900–4,000 (out of an overall population of just under five million) registered social workers. At the current juncture, this figure has risen to 4,756 registered social workers (CORU, 2020). Nevertheless, even with this increase, the response rate comprises a representative sample.

Data analysis

Descriptive statistics are those which summarize patterns in participant responses. Inferential statistics seek to identify if the patterns observed are generalizable to the whole of the population from which the sample was drawn. The data being presented here has been analysed using both techniques (de Vaus, 1999). The aim has been to present and describe findings in order to identify trends or patterns that may generate discussion.

Values in General: Key Findings

One of the key objectives of this paper has been to explore social work values and ethics discourse in professional practice. In order to first gather a general sense of the importance of social workers' values, the survey asked participants to respond to the statement that social work values represented an important feature of their day-to-day practice. Of the 111 who answered, an overwhelming majority either agreed (52.7%) or strongly agreed (43.64%) with this statement.

A hierarchy of values

In order to then begin differentiating between different types of values and their respective importance to social work, participants were asked about the importance they place on traditional values and emancipatory values respectively. When asked if traditional values played an important role in practice, a strong majority said yes, with 54.86% agreeing and 26.55% strongly agreeing. However, when participants were asked the same question in relation to emancipatory values, a marked difference was apparent. An overall majority of 52.25 % still agreed that emancipatory values were important in practice; however, this reflects a much smaller majority than that seen in the question about traditional values. The question relating to emancipatory values also received more neutral responses, at 41.44%. Taken together, these findings lend credence to the notion of competing discourses within the overall field of social work values and ethics (Chase, 2015; Reamer,

1998). These findings also, arguably, indicate the existence of ambiguity surrounding the espousal and articulation of emancipatory values (Mackay & Woodward, 2010, 2012).

In order to further understand the place of values in social work practice, researchers provided participants with a list of specific values, both traditional and emancipatory, and asked them to identify which 3 values they felt featured most in their day-to-day practice. A “non-judgemental attitude” and “empathy” represented the two most popular values from the list, at 56.52% and 52.17% respectively. These values can undoubtedly be characterised as traditional and individual in nature (Thompson, 2009), with their formal origins traceable to the work of Biestek (1961). These two were closely followed in popularity by the values of “partnership” (45.22%) and “empowerment” (45.22%) which, conversely, can be characterized as emancipatory (Thompson, 2009). However, while “partnership” and “empowerment” are considered emancipatory or radical values, they are, arguably the more individual of this type. They can be associated with advocacy and empowerment approaches (Leadbetter, 2002) or with strengths perspective approaches (Saleeby, 1997), each of which have been criticized for being overly individual and ignoring the wider structural problems in clients’ lives (Payne, 1997; Gray, 2011). Moreover, it is noticeable that other important emancipatory values, namely “social justice” and “equality,” scored quite low in perceived importance, with “equality” representing the overall lowest scoring value—only identified by 15.65% of respondents—despite social work’s overt commitment to its realization in society. Again, this is arguably reflective of competing value discourses and an apparent trend of apathy in relation to emancipatory values (Reamer, 1998; Mackay & Woodward, 2010, 2012; Chase, 2015).

However further findings lend more complexity, nuance and ambiguity, particularly in the context of social justice, which eschews the notion of apathy as a baseline sentiment. As noted above, when respondents were asked to rank values

in order of importance, “social justice” scored quite low. Yet when respondents were asked in a separate question to respond to the statement that social justice was a key practice value, a strong majority of 80.7% agreed that it was. Further complexity is added on the basis that a majority (40.35%) of respondents felt that matters relating to social justice are best pursued by other groups in Irish society a majority of respondents (40.35%) with many others choosing to remain neutral (32.46%) on this question. Taken together, this demonstrates an ambiguous relationship to the value and pursuit of social justice at best on the part of respondents. There is a sense that it is important, yes, yet it ranks far less highly than other more individual values. There is also the sense that while it is important, in many cases in is perhaps best pursued elsewhere. Demonstrating that this ambiguity in responses happened more than once, we see that when it came to the question of addressing structural inequalities a slight majority of respondents (38.05%) felt that this was in fact a key feature in everyday practice. However, the findings also show that a majority of respondents (51.33%) agreed that there are other groups in Irish society better placed to address structural inequalities. Again, this demonstrates complexity and ambiguity relating to these themes and this would necessarily need to be unpacked through a more qualitative approach.

Taken together, these findings amply demonstrate a perceived hierarchy of values in day-to-day social work practice, allowing us to begin identifying which values social workers feel are most realistic and implementable in their day-to-day practice. Arguably, these findings also reveal an incongruity between many of social work’s espoused values and the reality of practice on the ground. These findings also reveal something about how those working in the profession view their role. Despite social work espousing an overt commitment to pursuing social justice and addressing structural inequalities, many practitioners who took part in this study feel that these tasks are best taken up elsewhere, and this view mirrors several arguments from the literature (Reamer, 1998; Mackay &

Woodward, 2010; 2012; Chase, 2015). It can therefore be argued that social work values in Ireland are firmly within the “maturation of ethical standards and risk management period” (Reamer, 1998) of articulation.

Formalized codes of ethics

In order to examine the use of formalized value systems, such as codes of ethics, the survey asked participants to indicate how often they referred to social work codes of ethics in their work. The vast majority (55.26%) indicated “occasionally,” along with a small number of participants indicating “quite often” (15.65%) and a smaller group indicating “very often” (13.04%). Participants were also asked about which formal set of standards or codes took precedence in how they reached decisions. A majority, at 55.26%, indicated that “Agency Policy and Standard Operating Procedures” took precedence in their decision-making processes. This was followed by “Social Work Values and Codes of Ethics” at 35.96%, with “CORU Standards and Proficiencies” referred to by only 6.14% of participants. These findings appear to indicate that professional codes of ethics do feature somewhat in social workers’ day-to-day practice. However, they are referred to only occasionally and are not as prominent in practice as might be expected, with agency policies and standard operating procedures taking precedence among a more sizeable majority of practitioners making ethical decisions. This mirrors the findings of Gough & Spencer (2014) who also found that in Canada, professional codes of ethics were not entirely prominent. It is also notable that the option of CORU’s standards and proficiencies scored very low, even though these are maintained by the body which oversees social work in the Republic of Ireland and with which all practicing Irish social workers must register. The CORU standards appear to be little used, despite the fact that, as the state-sanctioned regulatory body, CORU now effectively controls official values and ethics discourse in Irish social work practice. This suggests that Irish social workers are not yet fully aware of CORU’s

role of governance over the profession. Overall, it is possible to suggest that broader, nationwide discourses of values and ethics are not necessarily congruent with the reality of day-to-day practice, yet still remain dominant forms in legitimizing the activities of professional social work structures (Phillips & Hardy, 2002).

Personal and professional values

A further objective of this study was to explore relationships between personal and professional values. In this respect, participants were first asked to address the statement that personal values play a role in practice. A clear majority (76.99%) agreed that they did. Participants were then asked to address the role of personal values in their decision-making processes. Again, a clear majority (55.75%) indicated that personal values played a role in their decision-making, with only 23% disagreeing and many others preferring to remain neutral (21.24%). Participants were then asked to indicate how often they felt their personal values clashed with professional values. Of the 111 that responded, an 80.18% majority indicated “occasionally.” Taken together, these findings suggest personal values feature prominently in Irish social work practice. Again, this mirrors Gough & Spencer’s (2014) study which collected responses from 300 practitioners and highlighted the prominence of personal values in practice. Gough & Spencer (2014) also found that 82% of the practitioners surveyed reported occasional clashes between personal and professional values. The prominence of personal values in these responses, along with the clashes and conflicts they may cause, reflects much of the literature around the concept of value incongruence (Constable, 1983; Spano & Koenig, 2007; Stewart, 2009; Chechak, 2015). However, it should be acknowledged that this incongruence may not necessarily be negative; practitioners’ personal values may in fact mirror core social work values. More research in this area would need to be conducted to establish this.

Advocacy Approaches in Social Work Practice: Key Findings

This section explores the relationship of social work to the practice of advocacy, as well as to independent advocacy groups. In order to first gain an appreciation of the prevalence of advocacy approaches in social work practice, participants were asked about their own engagement in this type of work. A considerable majority (85.97%) of respondents indicated that performing advocacy tasks does form part of their day-to-day practice. However, of those who took a position, a small majority (36.53%) also felt that there are other groups in Irish society who are better placed to carry out advocacy work. Notably, many respondents preferred to remain neutral (35.65%) and a considerable number of respondents (27.83%) did disagree that this was the case. Taken together, these findings suggest that while advocacy work certainly makes up a part of day-to-day social work practice, many workers feel these tasks are best carried out by other groups. Of course, no distinction was made within the survey between the different levels of advocacy that social workers may be engaged in. Neither were the socio-political contexts or constraints under which individual workers answering the survey may be operating taken into account. However, these findings nevertheless indicate the ceding of the advocacy role from social work to other groups, and this greatly mirrors arguments found in the literature (Barnes, 2012; Hardwick, 2014).

Social work and independent advocacy groups

A further key objective of this study has been to explore the relationship between the profession of social work and independent advocacy groups in Ireland. In order to first get a general sense of how advocacy groups are perceived within social work, participants were asked to indicate their level of awareness of such groups. A clear overall majority (74.11%) indicated a high level of awareness of advocacy groups and their roles and functions. This question was then followed by questions that aimed

to explore the nature of the relationship that social work has with independent advocacy groups. In this respect, when participants were asked if they agreed that advocacy groups provide a vital service to social work clients, a strong majority (65.77%) agreed that they did. An overall majority (54.06%) of respondents agreed that advocacy groups largely compliment the social work process. However, a good number of respondents also preferred to remain neutral (30.63%) on this point. A majority (42.2%) of respondents also agreed that advocacy groups share a similar value-base to social work. However, it is notable that many respondents (17.43%) disagreed and a large number chose to remain neutral (40.37%) on this point. Finally, a strong majority of respondents (89.1%) were in agreement that they would have no hesitation in directing a service user towards an advocacy group.

Taken collectively these findings suggest that social workers have an adequate awareness of independent advocacy groups, generally view them favorably, and are willing to involve them in the social work process if needed. This suggests that societal discourses surrounding social work and the need for independent advocacy groups are relatively complementary. However, the argument that state-sponsored social work services have a vested interest in independent advocacy groups, which they view as useful in times of limited resources (Hardwick, 2014), must also be taken into account.

Advocacy versus social work: Competing discourses

Despite the findings above, which suggest independent advocacy groups and social work professionals have a relatively harmonious relationship, other aspects of this study's findings suggest something different. As well as being asked about negative aspects of advocacy group involvement, respondents were also asked about the necessity of advocacy groups in light of contemporary social work processes. In the first instance, a majority of the social workers surveyed (55.46%) felt that advocacy groups can sometimes stall or interfere with the social worker's role.

However, despite this strong assertion, a majority of respondents (47.71%) also acknowledged that advocacy groups fulfil a role for service users that contemporary social work does not. When asked if advocacy groups were less restricted and therefore better able to uphold core social work values, a slight majority (36.7%) disagreed. However, there was almost as much agreement (24.77%), with some respondents strongly agreeing (3.67%). Perhaps the most telling of all the findings in this respect revolves around the statement that advocacy groups have become necessary, in part, because of the ways in which contemporary social work is constructed and carried out. A sizable majority of respondents agreed that this was the case (53.58%) with many others preferring to remain neutral (28.57%).

When taken together, these findings suggest that social work practitioners are aware of the competing discourses representing social work and independent advocacy groups. Barnes (2012) and Hardwick (2014) have both separately acknowledged the overt similarities that exist between the values of social work and those of independent advocacy groups. Many participants in this study seemed to struggle with this notion. However, the general attitude of practitioners towards independent advocacy groups was clearly measured as favorable and this was despite the fact that a majority also felt that such groups could sometimes negatively impact social work processes. Participants seemed to possess a clear awareness of the need for advocacy groups; a clear majority acknowledged that this need is at least partly because of how contemporary social work is constructed and carried out, which in turn can be linked to agency policy and wider sociopolitical contexts (Brydon, 2010).

Discussion

This study proposed to explore the notion that there is a relationship between the values and practice of contemporary Irish social work and the formation of and necessity for advocacy groups. Exploring this relationship has involved conducting an extensive literature review and an attitudinal

survey of practicing social workers. In deciding whether a relationship is in fact present, a number of key factors became relevant. Firstly, there are clearly competing threads of discourse within the overall discourse of values and ethics in social work. Many aspects of these competing discourses do not necessarily match the realities of day-to-day practice. The dominant discourses are controlled and espoused by those with a vested interest in presenting social work in a particular light. While social workers clearly recognize the importance of advocacy groups, they also acknowledge that advocacy groups do not always complement the social work role. However, a majority of social workers surveyed agreed that advocacy groups have become necessary, in part, because of the ways in which contemporary social work is constructed and carried out. Taking the above key findings and all of the wider findings of this study into full consideration, there is a relationship between the practice of contemporary Irish social work and the formation of and necessity for advocacy groups.

Conclusion

The overall aim of this study has been ambitious and unlike any carried out in the Republic of Ireland before. Questions of fundamental importance to the profession of social work were placed squarely on the agenda. This research scrutinized how the social work value-base is articulated by practitioners and collected data on perceptions of social work's relationships with other groups in society. The findings produced have been rich, varied, and at times surprising. In the context of previous studies and arguments from the literature, these findings reiterate many key arguments. Social work values are elusive and contested entities containing competing discourses, which are in turn reflective of wider sociopolitical discourses (Banks, 1995; Shardlow; 2002b; 2009; Beckett & Maynard, 2005; Reamer, 2006; Higham, 2006; Thompson, 2009; Mackay & Woodward, 2010; Chase, 2015). Social workers see themselves as engaging in advocacy work and also as sharing a similar value-base with independent advocacy

groups. However, each can be viewed as presenting conflicting discourse on social values (Brawley, 1997; Payne, 1997; Leadbetter, 2002; Barnes, 2012; Wilks, 2012; Talbot, 2014; Hardwick, 2014; Bliss, 2015). These positions have all been reiterated and reintroduced by the findings of this study. However, the study has also produced findings that go towards developing new understandings of social work in an Irish context. These findings show which values social workers view as realistic and implementable, and these perspectives, in turn, reflect a marked preference for traditional value types. We also see a current lack of prominence ascribed to CORU standards and proficiencies by practicing social workers. Furthermore, a majority of social workers acknowledge that the necessity for advocacy groups can be ascribed to the way in which contemporary social work practice is constructed and carried out.

These new contexts, coupled with pre-existing contexts that this study has reiterated, produce a picture of a profession in a constant state of change and flux and, as a result, the findings are both broad and revealing. Social work is a profession with the potential to affect a multitude of people. Therefore, how we define our collective profession, the values we espouse, and the effects that social work has on society are fundamentally important issues that must be continuously examined and re-examined.

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Challenging the Grand Challenges for Social Work

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Abstract

When Abraham Flexner refused to grant the status of “profession” to the field of social work, it sparked a century old drive to meet his standards and obtain that recognition. The grand challenges for social work are the most recent effort to that end, but this article will show his arguments were flawed, undeserving of the weight given to them, and not universally accepted. Thus, the group that introduced and currently oversees social work’s grand challenges initiative may not adequately represent all members of the field of social work. The early proponents of the grand challenges for social work recognized the many achievements throughout social work’s history, but not the multiple approaches to those achievements as evidenced in the careers of its founding mothers Jane Addams and Mary Richmond. The grand challenges for social work have the potential to unite the field of social work or to splinter it further. This article challenges the need for a grand challenges approach using a historical social work lens and a critical look at the wording of the grand challenges for social work.

Keywords: social work, grand challenges, academy, practitioners, professionalism, Flexner effect

For over 100 years, the profession of social work has experienced an identity crisis regarding its place as a profession and within the realm of science (Austin, 1983; Flexner, 1915/2001; Gibelman, 1999; Gitterman, 2014). This identity crisis and resulting lack of professional self-esteem are rooted in the reaction to Abraham Flexner’s speech at the

National Conference of Charities and Corrections in 1915 regarding the status of social work as a profession (Flexner, 1915/2001). The boldest and most recent attempt to garner social work’s rightful place at the proverbial table of science is the grand challenges for social work (GCSW). The idea of using a grand challenges approach for social work was presented to a small group of social work deans and academics to bring organization, focus, and increased recognition for its ongoing work in all aspects of social justice (Barth, Gilmore, Flynn, Fraser, & Brekke, 2014). The intent of this article is to critically evaluate the need for the GCSW using a historical view of the profession of social work while challenging its language.

What Are the Grand Challenges for Social Work?

The GCSW are similar in nature to other grand challenge initiatives such as that endorsed by the Canadian Government, National Academy of Sciences, National Academy of Engineering, and the original initiative by David Hilbert at an international society of mathematicians in 1900 (Uehara et al., 2013). The GCSW encompass three umbrella goals: welfare of individuals and families, strengthened social interconnection, and societal justice (grandchallengesforsocialwork.org). Each of these goals has four specific challenges (i.e., stop family violence, end homelessness, promote smart decarceration; grandchallengesforsocialwork.org). Each challenge is led by a network of scholars whose research falls within the sphere of that challenge (grandchallengesforsocialwork.org).

More information regarding history and goals of the GCSW is discussed below.

Historical Context

History of the Grand Challenges for Social Work

The GCSW initiative was first introduced in 2012 by the American Academy of Social Work and Social Welfare (AASWSW). The GCSW were presented as set of societal goals, which although intimidating, indicated scientific promise of resolution through collaborative efforts that utilize emerging technology and innovation (Barth et al., 2014). The grand challenges approach has been utilized by numerous other groups, typically groups within the field of science (Barth et al., 2014). The first person to use this approach was a mathematician who presented a list of unsolved mathematic challenges he felt should be addressed and solved (Uehara et al., 2013). Over a century later, the engineering field used the grand challenges approach to meet current engineering challenges throughout society, bridge the scientist/practitioner gap, and increase recruitment of new engineering students (Uehara et al., 2013). Since the early 21st century and the inception of the engineering field's use of the grand challenges approach, several other groups have begun to use it as well, including the Canadian government, the United Nations, and scientific communities such as the National Institutes of Health and the National Academy of Sciences (Uehara et al., 2013).

The most recent attempt to bring social work into a full recognition scientifically and academically is the introduction of the GCSW (Uehara et al., 2013). The introduction and oversight of the GCSW have been streamlined by the AASWSW, and one must understand the history of the AASWSW to fully understand the history of the GCSW. In 1999, a group of deans that would later come to be known as the St. Louis group met for the first time (Barth et al., 2014). Historically, this was a time of increased attention to the science of social work, and leaders in the field were being

newly recognized at professional conferences (Barth et al., 2014). It was through this St. Louis group and conversations during conferences of the Society for Social Work and Research (SSWR) and the Group for the Advancement of Doctoral Education in Social Work (GADE) that the formation of an academy in social work emerged (Barth et al., 2014). According to Barth et al. (2014), the purpose of forming an academy was to promote social work as an equivalent to other disciplines that already had academies, such as engineering and medicine. Further, having a social work academy would serve to complete the academic standing of social work and bring to focus the rigor of social work research (Barth et al., 2014). The formation of a social work academy received two reactions. Those focused on social work as science reacted positively, while deans from more practice-oriented schools and those supporting the unification of the field under a single social work organization were opposed to the idea (Barth et al., 2014). Ultimately, despite these tensions, the American Academy of Social Work and Social Welfare (AASWSW) was formed in 2009 (Barth et al., 2014).

The GCSW initiative can be linked to the outgrowth of the movement of social work science that began in 2011 with John Brekke's *Aaron Rosen Lecture* at the SSWR annual conference (Brekke, 2012; Padilla & Fong, 2016; Palinkas, He, Choy-Brown, & Hertel, 2017). This promoted multiple articles encouraging Ph.D. programs to have a strong social work science focus (Fong, 2012; 2014). In 2012, a committee was established to begin spearheading the grand challenges initiative (Padilla & Fong, 2016). In 2013, the grand challenges committee began the process of collecting ideas for the grand challenges, reading through submissions, and determining the initial grand challenges list. A public request for papers on the selected areas occurred in 2014 (AASWSW, 2016; Padilla & Fong, 2016). In 2015, at the annual SSWR conference in a special roundtable session, the proposed grand challenges were revealed and opened to the group for discussion (SSWR, n.d.; Williams, 2015). Following the roundtable

discussion, changes were made to the proposed list, leading to a finalized list of grand challenges, which were then presented at the following year's SSWR annual conference (SSWR.org; Uehara et al., 2013).

History of the profession

Social work as a profession began in the late 1800s and early 1900s to meet the emerging needs of people brought about by increased industrialization and urbanization of the era (AASWSW, 2013). From the beginning, there were two different foci of this new profession of social intervention: Charity Organization Societies (COS) and Settlement Houses (AASWSW, 2013). The COS were known for their "friendly visitors" and served as a precursor to the modern caseworker (AASWSW, 2013). Alternatively, the Settlement Houses challenged issues faced by society in the workplace including child labor, environmental issues, and more (Addams, 1910). In addition to the societal issues tackled, the Settlement Houses served as places where the less fortunate could experience art, literature, and other privileges typically reserved for the more affluent (Addams, 1910). Both the COS and the Settlement Houses practiced early versions of social work research in their own unique ways (AASWSW, 2013).

The profession of social work continues to seek equity for all persons with a concerted focus on the experiences of marginalized peoples. The founding mothers, Jane Addams and Mary Richmond, came from very different backgrounds and experienced life differently. Jane Addams was born in 1860 and had a privileged childhood; but from an early age, she was intrigued by the differences between the haves and have nots (Addams, 1910). Before the age of seven, when she witnessed poverty for the first time, she also recognized the physical divide between the two groups (Addams, 1910). She vowed then to have a big house built amongst the smaller houses of the poor, rather than amongst the larger houses of the wealthy (Addams, 1910). By age eight, she began inquiring into the predetermination of people into one group or another (Addams, 1910). She was told that there

would always be differing levels of wealth, but that even those in poverty could experience equality in education and other areas (Addams, 1910). Even at age twelve, she recognized that all people, regardless of their financial standing, experienced similar goals, dreams, and desires (Addams, 1910). As a young woman in her final year of college, she expressed the importance of studying a branch of physical science as a means of training students to search for truth and thereby make them aware of their own biases (Addams, 1910). Later, however, she began to feel as though education focused too much on learning and too little on practice (Addams, 1910). Thus, when Hull House opened, it brought together her desire as a young child to live amongst the poor, bridged the gaps between the groups by offering some of the benefits of wealth (e.g., art and information) to those who were not wealthy, and served as an opportunity for practical education for social work students (Addams, 1910).

In contrast, Mary Richmond's life diverged from her contemporary, resulting in a much different view of and contribution to the world. Following the loss of her mother when Richmond was three, she was raised by her maternal grandmother and two of her aunts (Franklin, 1986; Lederman, 1994). Financially, her childhood was neither affluent nor poor, but more middle class (Lederman, 1994). For example, her grandmother was able to afford the services of a gardener, had a plethora of books, and supported a formal education for Richmond beginning at age eleven (Lederman, 1994). Her grandmother fought for women's rights and spiritualism, which taught Richmond the personal benefits of fighting for a cause (Lederman, 1994). Richmond joined a Universalist church in the late 1880s; and through interactions with and encouragement of the minister, she applied for a position at the Baltimore Charity Organization Society, which was the beginning of her journey in charity work (Lederman, 1994). Once there, Richmond's outstanding abilities enabled her to move up to the highest position possible (Lederman, 1994). While she was moving up through the ranks of the Baltimore Charity Organization Society, she

heard a lecture by Josephine Shaw Lowell, who held the belief that the cause of poverty lay within the character of the person and could be eradicated through education and rehabilitation (Franklin, 1986). Previous influences in Richmond's life and her own experiences likely served as the catalyst for the intense influence of Lowell's lecture on Richmond's later work and writing (Franklin, 1986). Richmond believed government handouts were harmful to individuals and led to greater poverty, and she expressed throughout her career the belief that individual casework was the only way to reduce poverty. Her belief in casework was likely an outgrowth of the idea that flaws in a person's character were the primary causes of poverty and that casework should therefore focus on education and assistance addressing those flaws (Franklin, 1986). Richmond was an advocate for social work education, but she was strongly opposed to liberal arts education, preferring instead to use cases as educational materials (Austin, 1983). Richmond's influence and leadership within casework, social work education, and the professionalization of social work are still evident almost a century after her death in 1928 (Franklin, 1986).

Thus, Jane Addams and Mary Richmond helped lay the foundation of the profession and discipline of social work during the late 19th and early 20th centuries (Addams, 1910; Agnew, 2004). They are both often referred to as social work's founding mothers. The emerging profession of social work was dominated by women (Austin, 1983). Early social workers had often earned college degrees, but most other fields were male dominated and resistant to the entrance of women, while social work welcomed them wholeheartedly (Austin, 1983). Social work science methodologies, casework, and social work education were established during these foundational years of the field (Franklin, 1986). By the early 1900s, due in large part to the influence of Jane Addams and Mary Richmond, social work was gaining momentum (Franklin, 1986). What started as primarily a volunteer role was now becoming a paid position. Social workers were investigating foster homes, working at numerous settlement

houses, conducting casework, and working in newly founded agencies as the recognition of, and need for, their services grew (Austin, 1983; Franklin, 1986). The first social work schools were well into their first decade, and by 1912, a full two-year training program for social workers was in place (Austin, 1983). However, when social workers, even those who were educated in social work schools, interacted with other professions, they were viewed as volunteers, making the recognition of social work as a profession increasingly necessary (Austin, 1983). Additionally, being recognized as a profession would have offered the extended benefit of recognizing social work degrees as professional degrees and, by further extension, the faculty teaching the courses as legitimate (Austin, 1983). Thus, by 1915, this burgeoning field began to seek recognition of its place as a profession (Austin, 1983).

Those working in the social work field anticipated the 1915 National Conference of Charities and Correction as the time and place for this deeply needed official recognition (Austin, 1983). Abraham Flexner, highly regarded as one of the most influential men of his day in education generally, and medical education specifically, was asked to address the question of whether social work was a profession (Austin, 1983). His status and influence were likely the primary reason for this invitation, but he did not give social work the endorsement they had hoped for (Austin, 1983). Instead, his influential status backfired and sent the field into an identity crisis now a century old (Austin, 1983). A recent manifestation of these ongoing efforts to establish social work's identity as a profession is today's GCSW initiative.

Goals of the Grand Challenges for Social Work

The overall goals of the GCSW include focus and unification of efforts to tackle difficult emerging social problems through several internal and external goals (Padilla & Fong, 2016). Internally, the GCSW is intended to increase the scientific focus of the discipline, thereby increasing

funding for social work research, reinvigorating macro level social work, increasing and improving collaboration between practitioner and researcher, and finally, recruiting and preparing future generations of social workers (Barth et al., 2014; Gehlert, Hall, & Palinkas et al., 2017; Nurius, Coffey, Fong, Korr, & McRoy, 2017; Padilla & Fong, 2016; Williams, 2016). Externally, the goals of the GCSW include increasing the recognition of social work's contributions to scientific knowledge and social justice efforts while simultaneously strengthening those efforts through collaborations with other disciplines and community partners (Padilla & Fong, 2016; Uehara et al., 2013; Williams, 2016).

There has been a renewed effort to increase the scientific focus of social work, including efforts to define what social work science is (Anistas, 2014; Brekke, 2012, 2014; Marsh, 2012; Palinkas et al., 2017). This renewed effort is invigorated by the adoption of the GCSW, such that written into the grand challenges is a recognition of technological advances, which allow for and enable rich scientific efforts to bring lasting societal change (Padilla & Fong, 2016). Inherently connected to the increase in scientific focus is the much-needed increase in funding for social work research. Further, to meet the GCSW, which address broad level societal issues, a focus on policy change is necessary despite a current shift within the field toward a more micro-level focus (Rodriguez, Ostrow, & Kemp, 2017). Therefore, the GCSW necessitate renewed efforts toward policy changes that strengthen micro and mezzo level social work efforts and facilitate the big changes needed for real and lasting social change. Similarly, the GCSW demand purposeful efforts to bridge the gap between practitioner and researcher as work in each of these areas necessarily informs the other (Gehlert et al., 2017; Nurius et al., 2017; Palinkas et al., 2017). Finally, if social work is to meet these challenges, it requires recruiting and preparing the next generation of social workers to take on the challenges, incorporate social work science into their daily work, collaborate on projects, and increase the field's sense of identity

(Fong, 2012, 2014; Gehlert et al., 2017; Nurius et al., 2017). This, then, involves shifts in the way social work education at all levels is designed (Fong, 2012, 2014; Gehlert et al., 2017; Nurius et al., 2017).

Simultaneous to the renewed efforts toward a scientific focus are the efforts toward an increase in recognition of social work's scientific and social justice contributions (Brekke, 2012). Social work is charged with piggybacking on scientific work of other disciplines, such as psychology and sociology and blending the efforts of social work into those other disciplines (Brekke, 2012). Thus, the GCSW are intended to be a bold move by the field to portray its efforts toward resolution of large societal issues and thereby increase the recognition of social work. Similarly, to meet the challenges, a transdisciplinary approach that allows the challenges to be viewed through multiple lenses for a more thorough approach is necessary (Nurius et al., 2017). Additionally, to bring about effective change in real time, collaboration with community partners is also an essential component (Padilla & Fong, 2016). Thus, the increased recognition of social work as encouraged by the GCSW can help fuel collaboration with other disciplines as well as community partners.

Critiques of the Grand Challenges for Social Work

The GCSW have lofty aims to facilitate measurable change in large societal issues, each with its own deep implicit societal norm and policy level issues that must be addressed if the GCSW can make even a small change. To begin with, the idea that the GCSW are a necessary means toward the end of societal change flies in the face of the historical accomplishments noted by the very same people who claim their necessity (AASWSW, 2013). Social work has a long history of facilitating change at the micro, mezzo, and macro levels, and it managed to achieve such accomplishments without a grand challenges initiative (AASWSW, 2013; Addams, 1910; Franklin, 1986; Lederman, 1994). Given that the ability to create large and meaningful

societal change seemingly does not require a grand challenge initiative, there must be other, deeper reasons for the push to adopt the GCSW. Potential contributing factors are discussed next.

Abraham Flexner

From a historical viewpoint, the Flexner speech at the 1915 National Conference of Charities and Corrections comes to mind, and the identity crisis it created for some may be one contributing factor for the introduction of the GCSW (Austin, 1983). This identity crisis did not affect the entire field of social work. In fact, even at the conference where his speech took place, others gave speeches in direct opposition to Flexner (Austin, 1983). According to Austin (1983), it was primarily social work educators who took Flexner's speech as their proverbial marching orders, except Mary Richmond, who gave her retort to Flexner a couple years later (Austin, 1983). At the National Conference of Charities and Corrections in 1917, Richmond argued that social work was more than just a mediating agent as purported by Flexner and had its own identifiable techniques that were passed on through social work education (Austin, 1983). She further sought to build social work's status with the publication of her book, *Social Diagnosis*, in which she used the medical model as a metaphor for the education, analysis, and treatment of casework (Agnew, 2004; Gitterman, 2014; McLaughlin, 2002).

There remains a faction within the discipline that still thinks there is a need to determine the identity or define the profession of social work (Gibelman, 1999; Gitterman, 2014; Williams, 2015). In 1999, Gibelman claimed the adoption or recognition of a social work identity is hindered by the broad scope of social work, its susceptibility to current sociopolitical and economic atmosphere, and divisions within the field. In 2014, Gitterman also attributed the identity crisis of social work to the years following Flexner's speech during which social work simultaneously utilized the medical and psychiatric models in theory, methodology, and as exemplars of its professional status, concurrently relinquishing the distinct role and contribution of social work. In 2015, Williams discussed the

efforts that began around 2007 to improve the field by forming a definition of the profession of social work. In the same year, Howard and Garland (2015) claimed that the identity crisis faced by social work research endangers its future practicability. It is this need that the GCSW initiative is purported to address. Importantly, not everyone within the field sees this as something in need of change; some observe that social work has been dealing with questions related to its professional identity since its inception.

The articles cited above were published 85 to 99 years after one man gave a speech and refused to give the prized title of *profession* to the field of social work. Looking back at Flexner's speech, one can find multiple reasons to question the basis for his conclusions that have led to what has been coined "the most significant event in the development of the intellectual rationalization for social work as an organized profession" (Austin, 1983, p. 357). This *Flexner effect* still grips the field of social work and is evident in the current literature. The terms identity, profession, science (in relation to social work), the name Flexner, and other mentions of improving the status or recognition of social work appear in various combinations in numerous articles such as Barth et al. (2014), Brekke (2012), and Fong (2014). According to Gibelman (1999), this search for status and identity did not begin in 1915 but, instead, has consumed social work since its inception. Despite the fact that during the same 1915 conference other speakers recognized social work as a profession, Flexner's speech had the strongest effect (Austin, 1983). Gibelman (1999) also states that rather than the scope of social work being defined from within, it has been subject to the socio-political atmosphere of a given time, which may also speak to why the *Flexner effect* is still an issue over 100 years later. As a profession and a discipline, social work may be overly reliant on the opinions of other professions. Herein is another goal of the GCSW that may not be viewed as an issue in need of change by all social work scholars and practitioners.

Given the ongoing effect Flexner's speech had on an entire field/discipline/profession,

one might ask about Flexner as a person, what credentials he had that gave him the authority to determine the professional status of social work, and how he came to his conclusions. Flexner is most noted for his contributions to medical education (Austin, 1983; Editors of *Encyclopaedia Britannica*, 2012). His personal educational achievements include a bachelor's degree in the classics and a master's degree in psychology (IAS, n.d.; Editors of *Encyclopaedia Britannica*, 2012). When Flexner gave his historical speech, he was the assistant secretary of the General Education Board, founded and funded by John D. Rockefeller (Editors of *Encyclopaedia Britannica*, 2012). By 1959, Flexner was considered one of the most powerful men in the field of education, but whether his influential reverence was warranted is a completely different matter (Austin, 1983). First, the catalyst for a major paradigm shift in the delivery of medical education was a report written by a man who never went to medical school ("Abraham Flexner: Life," n.d.). Today, it is doubtful that professions would engage in paradigm shifts because of commentary by someone with his credentials and without formal education or affiliation in the specified fields (Flexner, 1915/2001). In fact, Flexner himself questioned his ability to make the assessment and placed no specific weight on it (Flexner, 2001). He states at the outset of his speech: "Hence, if the conclusions that I have reached seem to you unsound or academic, I beg you to understand that I should not be disposed to press them" (Flexner, 1915/2001, p. 152).

Flexner's authority comes into even greater question with a closer look. It is possible some of his unofficial credentials lay in his association with Rockefeller and the Carnegie Foundation (Editors of *Encyclopaedia Britannica*, 2012). Flexner was said to have spent approximately a half billion dollars of money from Rockefeller (Editors of *Encyclopaedia Britannica*, 2012). Both foundations and the amount of money he had access to likely fueled his influential status. Furthermore, tax-exempt foundations, such as the Rockefeller and Carnegie foundations, were found to have used their wealth to control education in this country

through activities deemed un-American (Dodd, 1954; Gallagher, 2008).

Following the money then, Flexner's work as an operative of both the Carnegie and Rockefeller foundations may be considered one of the methods by which these foundations pursued their goals, thereby further reducing his qualifications to determine the professional status of the field of social work.

The arguments made and conclusions drawn by Flexner are just as questionable as his credentials. First, inherent in the speech is the assumption that the professions he mentions and to which he compares social work are listed in some official register of professions or that there is some group of people somewhere that determines which occupations are granted the status of a profession (Austin, 1983). Neither of these assumptions is accurate. In fact, there has been no solid agreement regarding a list of professions (Austin, 1983). Further, there is no body of officials whose job is to assign the status of profession (Austin, 1983). Another argument against Flexner's arguments is the assumption that all professions are alike. There are vast differences between the professions of medicine and social work, the focus of his speech. While professions experience periods of change, differences between professions are not valid reasons to denigrate one simply because it is considered by the speaker to be a step behind the other. To put this in perspective, social work was experiencing a paradigm shift in 1915 away from relying on moral judgements of clients' character toward depending on practice wisdom to determine helping efforts. At the same time, the medical field was also engaged in its own paradigm shift, moving away from depending on practice wisdom toward relying more on scientific research to guide practice. Therefore, it is possible that some of Flexner's underlying reasoning was based in the opinion that practice wisdom was no longer useful or valid (Austin, 1983). Finally, there is another potential reason for his judgment of social work: gender. In 1915, social work was one of the few occupations that primarily consisted of women, including those in the top positions (Austin, 1983). Unable to break into the male-dominated

professions but seeking to build a career following the completion of their education, women generally found a home in social work (Austin, 1983).

Elitism

Formation of the academy

The group of deans mentioned earlier and known as the St. Louis group initially sought to push their respective schools further in the direction of social work science and then collectively decided to create an academy that would elect fellows who would serve as the elite of social work academics (Barth et al., 2014). The American Academy of Social Work and Social Welfare (AASWSW) began to impose the agenda of social work science on the rest of the field by becoming the gatekeepers of the direction the field should take, what should be studied and how, and who should be recognized as the chosen few (Barth et al., 2014). Initially, discussions about forming the AASWSW was met with mixed opinions. Some schools thought it was unnecessary for various reasons, not the least of which was its elitist nature viewed by some as exacerbating the divide between research and practice (Barth et al., 2014). These concerns, typically from some of the smaller schools of social work, were noted, and an attempt was made to address them with the decision “to include scholars and practitioners as potential members of the Academy” (Barth et al., 2014, p. 497). There is a sense that in forming the AASWSW, its founders gave a minimal nod to the ideas of elitism and the research/practitioner gap and, effectively, gave a greater voice to those in favor of an academy than to those in opposition. Further, this small group took it upon themselves to determine the issues faced by social work and the best way to solve those issues by initiating challenges that can only be successful with the cooperation of the entire field (Williams, 2016).

Elite science

The connection between most of the groups that have employed a grand challenges approach is science, but not just any science. There is an implicit understanding that science as it is used by these

groups is hard science that primarily recognizes randomized control trials and the scientific method (Palinkas et al., 2017; Sarangapani, 2011). This operationalization of the term science connotes a dichotomous good/bad, us/them mindset, whereby anything other than this level of science is not *real* science. It lends itself to an elitist view of science and, therefore, demeans those who do not subscribe to this view of science. This view marginalizes anyone who dares consider research methodologies that scientific purists do not believe are adequate. Historically, social work science has been considered a social science, often viewed as soft science not on par with the hard sciences (Palinkas et al., 2017; Sarangapani, 2011). Thus, when the argument over social work as a science occurs, it is likely a debate over the type of science and whether it should be recognized as equal in importance and influence as hard science rather than a debate about whether social work uses science in any way.

In fact, Williams (2016) framed the GCSW and its scientific focus this way: “There is a strong emphasis on *continuing* (emphasis by author) to conduct high-quality research” (p. 68). Additionally, Fong (2014) states, “Social work is progressively...driving research standards to new levels of sophistication” (p. 607). It is important to note here that despite recognition of social work science, Fong (2014) still distinguishes between hard or basic science and soft or applied science. Additionally, many authors writing about the GCSW have highlighted the accomplishments in the areas addressed by the initiative. For example, Bent-Goodley (2016) says “the grand challenges are in areas that the social work profession engages in scholarship and practice and in which there is a *demonstrated ability to be impactful*” (emphasis by author, p. 197). Thus, social work conducted social work science and effected meaningful change *before* the introduction of the GCSW.

GCSW momentum and funding

Currently, the GCSW are in phase three as described by Uehara et al. (2013), where the authors describe the planned efforts of the AASWSW as they relate to the initiative. Phase three includes:

announcing and broadcasting information about the challenges; collaborating with other social work organizations; and improving public opinion, awareness, and funding for social work research (Uehara et al., 2013). There is no mention of direction or advisement in organizing and tackling the grand challenges themselves. In other words, once the GCSW was initiated and set into motion by the AASWSW, their role became advertising and public relations for the profession of social work and the GCSW. This is in spite of its assertion that the GCSW vision “extends beyond the development of the grand challenges to *assure implementation support...*” (emphasis by author), but such support has not been forthcoming (Barth et al., 2014, p. 499). A cursory glance through the challenges reveals variations in organization or progress between each of the challenges, some of which show very little progress while others are much more developed (AASWSW.org). A potential factor in the different levels of progress is a lack of funding for grand challenges projects. Funding, of course, is one of the goals of the GCSW, and increasing funds from community partners is part of phase three. Without the necessary funding, meeting these grand challenges will likely be quite difficult.

A Direct Critique of the Grand Challenges for Social Work

The language of the challenges themselves is questionable. According to several articles, one of the primary examples considered during the formation of the GCSW is the National Academy of Engineering’s Grand Challenges for Engineering; however, the tone of the engineering challenges and that of social work’s challenges are different (<http://www.engineeringchallenges.org/>). For instance, where the engineering challenges contain words like *advance*, *enhance*, and *improve*, the GCSW contain more concrete terms like *close*, *stop*, *eradicate*, and *end* (<http://aaswsw.org/grand-challenges-initiative/12-challenges/>; <http://www.engineeringchallenges.org/challenges.aspx>). The challenge to achieve equal opportunity and justice seem to go beyond grand and achievable and into

the realm of grandiose as discussed by Howard and Garland (2015). Even if one considers applying macro level social work to effect policy change, it is unlikely that equal opportunity and justice will result unless implicit biases that could influence the judgments of those implementing the change are also eradicated.

A closer look at other challenges present similar levels of difficulty, especially in terms of solutions to the challenges as they are presented (<http://aaswsw.org/grand-challenges-initiative/12-challenges/>). Finally, considering the continued effect of Flexner’s speech over a century ago, a potential harm of the GCSW emerges. What if, much like the Flexner speech, this attempt to finally establish the identity of social work or be recognized as a science also backfires? The GCSW is not the first effort to find the identity of social work or unify the field; it is merely the most recent one at the end of a growing list of failed attempts (Williams, 2015). What may make it more dangerous is the level of notoriety that has been brought to this effort. In other words, rather than simply an internal attempt, this time it has been broadcast loudly. The greater the noise, the more is at stake. Of course this can be a good thing if all goes well. On the other hand, if it is not successful, the failure brings even greater repercussions to a profession still suffering from an identity crisis.

Where Do We Go From Here?

Given the absence of a convincing argument for the necessity of a GCSW, the inherent elitism associated with the challenges, and the reality of the historical accomplishments of social work, what should be done with the GCSW now? Should they be discarded in part or in their entirety? Do they offer any utility despite their questionable beginnings? The primary utility of the GCSW may lay in the organization of the discipline. First, there are multiple divisions within the field of social work that are reminiscent of the origins of the field, and perhaps the heterogeneity of societal needs in general makes these divisions inevitable. There are twelve challenges organized into categories, which can be useful in terms of helping those interested in a social

work career narrow which direction or specialty with which they are most aligned. Psychology is another field with a similarly wide range of service specialties; and it is organized by those specialties under the umbrella of the American Psychological Association (<https://www.apa.org>). In a similar fashion, the grand challenges may serve to identify the first set of social work divisions, which may very well be reevaluated and edited over time but can be useful immediately. In much the same way, the effort to organize social work education around the GCSW furthers the above organizing effort by creating educational opportunities that enable emerging social work practitioners or scholars to specialize in the area they are most interested in. Not every graduate level social work program would have to cover all the challenges. Instead, each could focus on as many challenges as possible based on size and funding opportunities and put a concerted effort into those. This focus could then help in forming natural alliances and collaborations between schools that specialize in the same challenge or challenges, hence opening research opportunities even for smaller schools.

Social work is still suffering an identity crisis fueled by the *Flexner effect* over 100 years later. This identity crisis is expressed in a lack of professional level self-esteem, whereby contributions made by social workers are often embedded in the literature of other professions (e.g., psychology) rather than proudly displayed as social work science. The science of social work is a blend of methods, some of which are considered soft or non-traditional perhaps, but nevertheless are often necessary to increase understanding of certain populations and human experiences as viewed through the unique lens of social work. Additionally, the profession and discipline of social work seeks to improve a broad range of human experiences as a function of the interaction between person and environment. It is not possible to cover such a range without social workers who specialize or focus their attention on a narrow set of experiences. This, then, is the basis for the multifaceted work of social work practitioners and scientists. Furthermore, this is the

legacy handed down from the founding mothers of social work.

What is needed going forward is a return to social work roots and a recognition of its inherent uniqueness not an assimilation into other professions or disciplines. If social work researchers purposefully published *only* in social work journals, it would build a consortium of evidence of social work contribution, even when the science of other disciplines serves as the theoretical foundation for the research. Transdisciplinary approaches encouraged by the GCSW are already being utilized by social work in this manner, but its unique pairing of theory to social justice issues or its unique interpretation remains social work's contribution to the base of scientific knowledge. If those contributions were published in a social work journal, it would allow for recognition of the unique social work lens while simultaneously building the recognition of the journals themselves. This will require systemic change within academia as journals in other disciplines often have much higher impact factors than social work journals, and those impact factors are used to judge the merit of potential faculty members or those seeking tenure. Perhaps going forward, those emerging scholars who seek to build the field of social work through exclusive publication in social work journals should be granted the same level of merit as those publishing in more distinguished journals. It is time to own the unique lens, contributions, and place within the realm of social science held by social work and proudly present research findings and successes as social work science and practice. Finally, though the GCSW may be viewed as an elitist move by a small number of social work scientists, it is nonetheless useful. In a field still trying to find its identity and increase its self-esteem, it would be wrong to further fragment the field by outright dismissal of the efforts and potential value of the GCSW. This is important both in terms of how the field will function internally and how the field will be viewed by those external to it. Perhaps the true grand challenge of social work is to find a way to unify under the umbrella of the grand challenges,

with some recognizing the value and necessity of multiple research methodologies and others of the GCSW themselves.

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Mental Health Professionals and the Use of Social Media: Navigating Ethical Challenges

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Abstract

Social media has become an integral method of human engagement. Over the previous decade there has been a significant increase with over 70% of Americans of all ages using various online media platforms such as Facebook, Twitter, Snapchat, Instagram and LinkedIn. What began as a vehicle for social communication has become a primary method of professional communication. Professionals and consumers have access to information and are now interfacing in ways that are both intentional and unintended. The mental health professional (MHP) is faced with challenges regarding the application of ethical principles in the context of ever evolving and pervasive social media. Nevertheless, it is the responsibility of the MHP to create and maintain appropriate relational boundaries intended to safeguard client welfare. The purpose of this survey research was to collect data about the scope and use of social media by mental health professionals.

More specifically, information about the MHPs' knowledge of potential risks, safeguards, and practices will be discussed.

Keywords: mental health, ethics, social media, boundaries, therapeutic relationship

Social media has become a primary method of human engagement. Social media is defined by Pham (2014) as "websites that use collaborative virtual applications that enable the creation, exchange, and broadcasting of online user generated content" (as cited in Campbell et al., 2016, p. 202). Over the previous decade there has been a significant increase with over 70% of Americans of all ages using various online media platforms such as Facebook, Twitter, Snapchat, Instagram and LinkedIn (Ventola, 2014). Of note, many individuals access these sites on mobile devices, which increase the ease and immediacy

of their use. People report that staying connected to family and friends is the primary driver for this engagement; however, shopping, romance-seeking, and discussing hobbies and politics are among other reasons for this use. What started as a vehicle primarily for social communication has become an essential method of professional communication as well (Jordan et al., 2014). Given the increased ease by which professionals and service users connect in a shared media space, social media has significantly transformed many professions, including mental health. In this context, professionals and service users have access to a wide range of information and are now interfacing in ways that are both intentional and unintended (Zur, Williams, Lehavot, & Knapp, 2009).

The authors of this study are using the term “mental health professional” (MHP) to identify individuals from various disciplines—social work, counseling, and psychology—who share in the provision of mental health services. Although these professional distinctions have relevance within their respective educational and training domains, in the marketplace, all mental health professionals are similarly charged with providing therapeutic service to those individuals suffering from emotional challenges and/or dealing with significant life events. In this context MHPs are increasingly turning to technology in their day-to-day work and finding benefits from its use (Van Allen & Roberts, 2011).

Technology allows for effective management of the multiple tasks associated with mental health practice, including scheduling appointments, transferring information, accessing data, and communicating with clients and colleagues. Additionally, through the use of technology, the MHP has a forum to discuss research-based material in an accessible manner, thus increasing public awareness regarding mental health concerns (Strom-Gottfried, Thomas & Anderson, 2014). The MHPs may also provide direct service to clients, consult with practitioners, and provide education and supervision while adhering to their respective ethical standards (Reamer, 2018). This engagement

is seemingly intentional and possesses clear, circumscribed boundaries. However, with more frequent online connection there is a risk of casual and uncertain contact (Lannin & Scott, 2013). Given this highly accessible, free flow of online information, the boundary between personal and professional information—between service user and service provider—has essentially been lost (Lehavot, Barnett, & Powers, 2010). Meaningful attempts to bifurcate the private and professional domains have been ineffective given the increased pervasiveness and fluidity of social media. This has resulted in ongoing ethical challenges for the MHP to negotiate (Ginory, Sabatier, & Eth, 2012; Lehavot et al., 2010).

Reamer (2018) discusses the ongoing challenges social workers face as they navigate and attempt to maintain professional boundaries with clients in this ever-changing digital landscape. Despite the difficulties, it is incumbent upon professionals to safeguard their personal material through mindful and calculated decision making regarding the websites they access and the content that they disclose (Reamer, 2018). Stanfield and Beddoe (2016) meaningfully contribute to this discussion in their study of social workers’ use of social media in New Zealand. The article highlights the challenges social workers face in presenting both their personal and professional identities in cyberspace. The philosophical underpinning—be it as an individual or tied to a larger organization—is an important driver in this decision-making process (Stanfield & Beddoe, 2016). Interestingly, the inevitability of the personal persona merging into a public identity and its potential influence on the broader profession is put forth (Stanfield & Beddoe, 2016). The authors further assert that although social workers are encouraged to employ technology in their work, much of social work education has been focused on social media and technology usage devoid of meaningful contemplation of their impact on the profession (Stanfield & Beddoe, 2016).

It has been and remains the responsibility of the MHP to create and maintain appropriate relationships with their clients. Given the power

differential that exists, clients may be vulnerable to perceived and/or actual mistreatment and exploitation (Taylor, McMinn, Bufford, & Chang, 2010). Although the perception of suitable boundaries may differ among professionals and be partially informed by theoretical orientation, it is nonetheless universally expected that the MHP protect client welfare and safeguard confidential and private material (Taylor et al., 2010; Zur et al., 2009). Within this expanding intersection of personal and professional engagement, indiscriminate self-disclosure is more likely and increases the risk of boundary crossing (Zur et al., 2009). It is when the boundary is lost that the clinical relationship has the potential to be emotionally threatening and violating to clients.

Outside of the therapeutic space, more points of connection between the therapist and client could increase the risk of compromising behavior, including financial, emotional, romantic or even sexual, all which are strongly prohibited; thus, avoiding additional association with clients reduces the potential for harm (Tunick, Mednick, & Conroy, 2011). It is the MHP's self-disclosure that may serve to blur the therapeutic boundary and should be undertaken only after considerable deliberation and when ultimately reasoned to be of benefit to the client (Zur et al., 2009). Within the field of mental health, "professional distance helps maintain safety for clients" (Taylor et al., 2010, p. 153), thus underscoring the importance of and justification for the establishment of clear boundaries. This expectation is informed by the standards of ethical practice governed by state and federal laws and clearly delineated by respective professional codes (Zur et al., 2009).

An additional complication in the social media landscape is that clients—present or former—may seek to "friend" or have a more casual relationship with the MHP. This level of online connection allows for increased access to personal content and boundaryless interaction (Jordan et al., 2014; Ginory et al., 2012). Therefore, allowing for this change in relationship status is ethically problematic and implies a more intimate

connection between the professional and client than should actually exist (Tunick et al., 2011). However, the refusal of this invitation may also pose significant ethical and therapeutic challenges. Some studies have indicated that MHPs often deal with this issue by ignoring the social overture or friendship request, believing it to be a more tactful and appropriate way to deflect this issue (Ginory et al., 2012; Taylor et al., 2010). However, given the powerful relational context that exists, the MHPs' ignoring or refusal of this request may engender complex emotional reactivity. Studies have found that humans are hard-wired to avoid social rejection and instead seek opportunities for connectivity (Leary, 2015). Thus, interpersonal rejection engenders a cascade of significant negative feelings which may be especially pronounced in those individuals suffering from depression, anxiety or other mental health challenges (Leary, 2015). The client may experience increased feelings of hurt, loneliness, sadness and anger from the perceived dismissal by a professional deemed to be a trusted supporter, which complicates the therapeutic relationship and jeopardizes treatment efficacy and outcome (Taylor et al., 2010; Zur, 2012).

In today's social media climate, it has been found that MHPs are frequently vetted by current or potential service users to better understand the provider and evaluate the services being offered (Williams, Johnson, & Patterson, 2013; Zur et al., 2009). Material accessed online may include deliberate or intentional posts in addition to information that is unintentional. Regardless of the intent, however, any and all information posted online may be accessible to both colleagues and clients alike (Williams et al., 2013). When using social media, patrons are essentially posting information without clear control over its distribution, viewership and ultimate destination. Given this reality, there is an ever-increasing risk of clients viewing service provider-posted material that they deem to be unappealing or distasteful. This inappropriate online content may significantly harm the provider's professional image. Material regarded as unseemly may be erroneously construed

as a stable aspect of the professional's personality with the potential to disrupt and undermine the therapeutic alliance (Hofstetter, Ruppell, & John, 2017). Of concern, digital information is considered permanent and impossible to completely erase (Hofstetter et al., 2017). It is, therefore, the responsibility of mental health professionals to post material with intentionality, periodically review their media content, and ongoingly safeguard their professional identity.

Even on a large institutional or macro-level, the firewalls that have been developed to protect confidential information—financial, banking, private health information, legal records—have been shown to be penetrable (Denning & Denning, 2016). For example, in recent years, cybercriminal activity is commonplace as evidenced by the large-scale breaches that have occurred (Wolff, 2016). Noteworthy examples include the 2013 Target financial data breach and the ongoing questions surrounding misinformation disseminated through Facebook and other social media during the 2016 presidential campaign. Of particular relevance to mental health are the Personal Health Information (PHI) breaches that have occurred throughout the country (Denning & Denning, 2016). Additionally, malicious content is spread at an unprecedented rate and scale. Given this reality, it would be wise to regard information as vulnerable, regardless of system-wide privacy settings and safeguards used. With a simple push of a button, content can be seamlessly accessed, transmitted and misused.

Each respective mental health profession, be it counseling, psychology or social work, has specific ethical guidelines. Scholars and experts in these fields have sought to apply relevant standards to social media's ever-increasing and expanding force in human engagement. The fundamental issues of confidentiality, boundaries, and dual relationships have been cursorily discussed, but not sufficiently explored. The exception is ethical edicts put forth by the National Association of Social Workers (NASW) which offer rules specific to social media (NASW, 2017). The NASW Code of Ethics requires social workers to take the necessary

steps to become informed and proficient in the use of technology in their service to clients. Social workers are responsible for seeking information, training, and guidance to better understand relevant legal and ethical mandates that govern the use of social media (Reamer, 2013). However, as Zur and Donner (2009) maintain, it is difficult, or potentially unreasonable, to hold practitioners to professional standards when they are engaged in their personal lives. Nonetheless, given the blurring of the personal and professional domains in the current technological space, there are continuing ethical challenges faced by practitioners requiring ongoing and specific guidance and support (Kaslow, Patterson, & Gottlieb, 2011). It is essential that practitioners better understand the complexity and pull of social media engagement to effectively manage their own behavior and understand the motivations of clients and others.

The allure of social media is powerful; social media companies have tapped into the uniquely human need to interact and share with others (Tamir & Mitchell, 2012). The process of communication often leads to some level of personal disclosure, which has important benefits but also carries inherent risks. Thousands of years of evolution have left humans seeking interpersonal connection, which is crucial for both physical and psychological well-being (Pietromonaco & Collins, 2017). Research has shown human connectivity has a positive effect on the immune system and is associated with lower risk for anxiety and depression (Pietromonaco & Collins, 2017). It is important to consider that personal disclosure is inherently gratifying; it has been theorized that a specific area of the brain—the mesolimbic dopaminergic pathway—is activated by self-disclosing, which creates a reward value for the discloser (Tamir & Mitchell, 2012). Interestingly, the human need for self-disclosure and interpersonal connection is juxtaposed with the competing need for privacy. Privacy is considered a requirement for healthy identity development that is separate from the space of social influence and expectation (Zurbriggen, Hagai, & Leon, 2016). Privacy allows people to individuate and

develop personal thoughts, beliefs, and positions (Zurbriggen et al., 2016). This psychobiological reality leaves people in the position of ongoingly negotiating these contradictory needs, namely self-disclosure and privacy.

During direct human engagement decisions are continually made regarding the level of disclosure that is appropriate to the situation based upon non-verbal cues of acceptability from the receiver (Millham & Atkin, 2018). Significantly, social media engagement serves to encourage increased disclosure of the user's private thoughts, experiences and beliefs through text and photos devoid of receiver response. Suler (2004) has proposed the notion that an online disinhibition effect may influence the social media user's behavior. Disinhibition generally is described as a lack of restraint manifested in disregard for social conventions, increased impulsivity, and poor risk assessment (Casale, Fiovaranti, & Caplan, 2015). Specifically, online disinhibition is a psychological condition where people engaged through a social media platform self-disclose more frequently or intensely, feel less restrained, and express themselves more openly when compared to face-to-face interactions. It is anticipated that without immediate cues from the environment, self-disclosure may occur more liberally and without restriction. Frequent online use may serve to increase the probability of this type of disclosure. Additionally, it has been found that this type of disinhibition may occur more frequently with individuals who are female or younger in age, and those with emotional challenges and poor interpersonal competence (Casale et al., 2015).

Methods

To date there has been limited information on mental health professionals' use of social networking sites, their engagement in social media, the MHPs' knowledge of this technology, previous education/training experiences and whether attempts are made to restrict or safeguard online information. To examine these questions, an exploratory online survey was conducted from alumni directories and registries of professional organizations.

This study was granted approval by Edinboro University of Pennsylvania's IRB Committee prior to data collection. The survey was anonymous and limited collection of identifying information occurred. Those respondents who wished to participate were directed to the survey site (SurveyMonkey) to complete the informed consent before participation. Survey participation was completely voluntary, and discontinuation could occur at any time without penalty. There was no financial compensation for study participation. To publicize the study and secure recruitment, an email advertisement was sent to alumni from the counseling and social work programs at Edinboro University and posted on the Pennsylvania Psychological Association's online forum.

The online questionnaire was developed specifically for this exploratory study using descriptive statistics to aid in the understanding of social media engagement among mental health professionals. The 18-question survey included both qualitative and quantitative multiple-choice parameters taking about ten to twelve minutes to complete. The survey captured general demographic information, social media use, and online experiences. It should be noted that a number of respondents left specific questions unanswered, resulting in the number of respondents for a specific item not equaling the total number of respondents.

Demographic Statistics

Survey participants were professionals in the areas of psychology, social work and counseling. Participants attested to holding a license or being credentialed in their respective profession. Respondents were excluded from the study who did not meet the designated professional requirement.

Of the 128 participants, 32 identified as psychologists, 32 as social workers and 23 as counselors. In terms of educational degree status, 102 (79.7%) were trained on a master's level and 26 (20.3%) reported a doctoral degree. Thirteen (10.2%) were men and 112 (87.5%) were women. Three participants declined to report a gender. With respect to ethnicity, 114 (89.1%) identified as European American, eight (6.3%) as African

American, two (1.6%) as Latino American, two (1.6%) as multiracial; two participants (1.6%) preferred not to answer. The age of the participants ranged from 24 to 74 years. The plurality of respondents (43%; $n = 55$) were 25 to 34 years of age, with 27.3% aged 35 to 44 ($n = 35$), 14.1% aged 45 to 54 ($n = 18$) and 10.2% aged 55 to 64 ($n = 13$). Most of the respondents (60.9%; $n = 78$) were from Pennsylvania. Participants were also from Arizona (3.1%; $n = 4$), California (1.6%; $n = 2$), Colorado (1.6%; $n = 2$) and Washington state (1.6%; $n = 2$). The largest number of respondents worked in mental health agencies (24.2%; $n = 31$). Twenty-eight respondents (21.9%) worked in private practice and 15 (11.7%) in hospitals.

Results

The majority of respondents (90.6%; $n = 116$) reported using and maintaining a social networking presence. Overall, 46.1% ($n = 59$) reported using social networking sites for personal reasons, 39.8% ($n = 51$) for both personal and professional purposes and 4.7% ($n = 6$) for professional purposes only. Only 5.5% ($n = 7$) of respondents were not using social media currently and 3.9% ($n = 5$) never had. A chi-square test of independence was performed to assess the relation between level of education and participants' reason for using social media. The relation between these variables was significant,

$\chi^2(4) = 13.2, p = 0.01$, indicating that participants who had doctoral degrees were disproportionately represented in the group of participants who had never used social media.

When looking at the preferences of social networking platforms, Facebook was used by 78.9% ($n = 101$) of respondents, Instagram was used by 42.2% ($n = 54$), with LinkedIn and YouTube each endorsed by 40.6% or 52 of the respondents. Twitter was used by 21.9% ($n = 28$) of respondents. Masters level professionals ($M = 3.37, SD = 2.29$) and doctoral level professionals ($M = 3.35, SD = 2.65$) did not differ significantly on the number of social media sites used, $t(126) = .051, p = .960$. Results of a chi-square test of independence indicated that there was no association between participants' profession and the ways in which they used social media sites, $\chi^2(32) = 26.235, p = .753$. Similarly, ANOVA results showed no differences between professional groups in terms of the number of sites used, $F(8, 111) = 4.99, p = .556$.

The topics of information shared by respondents included 60.2% ($n = 77$) who shared family matters/issues, 52.3% ($n = 67$) who posted about celebrations/events and 24.2% ($n = 31$) who posted on politics. Other issues included 14.8% ($n = 19$) discussing health-related concerns, 9.4% ($n = 12$) discussing emotional/ psychological struggles, 9.4% ($n = 12$) discussing diet/exercise/

Table 1: Distributions by Profession

	N	Mean	Std. Deviation	Std. Error	95% Confidence
					Lower Bound
Psychologist	27	3.4444	2.62141	0.50449	2.4074
Professional	9	3.2222	1.39444	0.46481	2.1504
Counselor Mental	5	3.2000	1.09545	0.48990	1.8398
Health Counselor	2	7.0000	1.41421	1.00000	-5.7062
ADA Counselor	3	4.6667	1.52753	0.88192	0.8721
Rehab Counselor	13	2.6154	2.32875	0.64588	1.2081
Clinical Social Worker	1	4.0000	-	-	-
Marriage and Family	51	3.4118	2.60903	0.36534	2.6780
Practitioner Social Worker	9	3.2222	2.10819	0.70273	1.6017
Total	120	3.3917	2.40202	0.21927	2.9575

weight; religious beliefs and practices were offered by 12.5% ($n = 16$) of the respondents. Eighteen percent of respondents ($n = 23$) reported not sharing information on any of the topics identified. In terms of images, photos of children and family were the most frequently endorsed, with 55.5% ($n = 71$) of participants indicating that they posted pictures of this type. The second most frequently endorsed types of photos were those of self (53.1%, $n = 68$) and those of pets (52.3%, $n = 67$), while 38.3% ($n = 49$) posted pictures of their partners. In terms of photos of themselves, 53.1% ($n = 68$) reported posting pictures of their self/face, 43.8% ($n = 56$) posted full-body pictures in casual wear, 18.8% ($n = 24$) in professional attire and 0.8% ($n = 1$) posted images of their body in swimwear or lingerie.

The majority of respondents endorsed efforts made to increase the confidentiality of their material, with 80.5% ($n = 103$) utilizing privacy settings and 53.1% ($n = 68$) limiting posts to their designated circle of friends. Furthermore, 25.8% ($n = 33$) endorsed only posting material to specific sites. Only 2.3% ($n = 3$) desired not limiting access to their material.

Ninety-seven respondents (75.8%) reported feeling comfortable with what they had posted online. However, 5.5% ($n = 7$) had worries about information or images they had posted. Fifteen respondents (11.7%) reported having made online posts that they did not want clients to view. Five respondents (3.9%) did not want employers or supervisors to view some content posted, while only 1.6% ($n = 2$) did not want colleagues to view the material.

In looking at problematic issues that have been experienced by respondents with a social networking presence, 52.3% ($n = 67$) had been friend requested by a client and 10.9% ($n = 14$) by a client's family member. Furthermore, 8.6% ($n = 11$) accessed social media information about a client either purposefully or inadvertently. Other problematic issues offered by the survey respondents included:

“Online chat with a client that became threatening.”

“Inadvertent client information was posted.”

“A client in an inpatient facility was accessing my personal information.”

The qualitative comments offered by survey participants showcased the salient pitfalls of MHPs' social media engagement, namely boundary crossings and privacy concerns. Yet 27.3% ($n = 35$) of respondents reported no problematic issues related to social media use.

No significant relationship between the number of years worked and the number of sites used was observed, $r(125) = -.057$, $p = .521$, nor the number of types of problems encountered with clients online $r(125) = .126$, $p = .159$.

When asked about the ethical issues that they believed existed in the use of social media, the majority of respondents (60.2%, $n = 77$) endorsed unintended consequences within the therapeutic relationship given the blurring of the boundary between a personal and professional relationship. A large group of respondents (57.8%, $n = 74$) worried that social media engagement may foster the client's misconception of the professional's accessibility and availability. Over half (50.8%, $n = 65$) of respondents believed that social media leads to greater disclosure—intentional and unintentional—for both parties. A smaller group (13.3%, $n = 17$) of survey respondents reported no concerns about increased ethical challenges in the use of social media.

When asked whether the respondents had received education or training specific to ethical practice in use of social media, 40.6% ($n = 52$) reported that they had had training in continuing education and 33.6% ($n = 43$) claimed that some information was covered in graduate coursework. Two areas that were also cited by respondents as providing some information on this topic were clinical supervision (26.6%, $n = 34$) and practicum (20.3%, $n = 26$). Notably, 28.1% of respondents ($n = 36$) had not received any education or training regarding ethics and the use of social media.

Discussion

This study is noteworthy given the fact that there are approximately 250 million social network users in the United States, and for many, it is part of their daily routine (Pew Research Center, 2019). In terms of media platform choice, Facebook and YouTube are the most widely used. Roughly three-quarters of Facebook users—and around six-in-ten Instagram users—visit these sites at least once a day (Pew Research Center, 2019). Social media has become an integral method of human connection and this system of communication is anticipated to increase.

In this study, we have called attention to two related clinical issues associated with social media use: the therapist's disclosure of personal material and the therapist's navigation of online interactions with clients. Results from this exploratory survey highlight the challenges practitioners face in negotiating their ethical responsibilities within the social media landscape. The majority of practitioners in the survey (90.6%; $n = 116$) use social media platforms for personal or professional purposes. Although many reported making some attempts to protect their personal information, a large proportion of respondents still reported experiencing problematic situations. Despite the fact that there have been some updates to the ethics standards and more training opportunities available, the results of the survey show that many MHPs have not received adequate education or training on this topic, which may impact their professional conduct.

The internet, social media and other areas of technology have a powerful influence over cultural patterns, including human interaction and communication and thus the practice of mental health; this influence necessitates that professionals receive substantial education and training specific to best practices in terms of privacy standards, professional boundaries and ethical conduct. Additionally, we recommend that MHPs be informed of the social and neurobiological factors that drive social media engagement. Understanding the evolutionary framework and reward factors that move people to connect and ultimately

disclose provides a more sophisticated and textured understanding of social media behavior. This would inform decision-making specific to the proactive development of appropriate therapeutic boundaries, and, when necessary, inform therapeutic interventions to address potential transgressions. Finally, social media is part of an ever-changing technological landscape requiring that professional organizations continually update ethical guidelines and provide instructional programming to meet these challenges. It is suggested that this area of competence be ongoingly addressed to ensure that the practitioner is acting in accordance with relevant ethical standards. Social media literacy and the application of ethical standards should be taught as part of graduate coursework in mental health, reinforced in clinical practicums, and infused into the continuing education curriculum.

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Automated Clinical Interventions: Screening, Reporting, and Other Ethical Obligations

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Abstract

Automated interventions programs (AIPs) offer clients potential benefits in relation to the accessibility, flexibility, and effectiveness of particular types of clinical services. Although social workers have various obligations to report, warn, or protect others from harm for in-person clinical services, relevant laws and ethical standards do not provide social workers with clear guidance on whether these obligations apply when social workers engage clients through AIPs. This article explores how social workers can balance concerns about client confidentiality, safety, and reporting obligations when using AIPs as part of their work with clients.

Keywords: confidentiality, automated interventions, duty to report, duty to protect, ethics

Social workers offer clients confidentiality to foster trusting work relationships (Reamer, 2018). Respecting a client's right to privacy encourages clients to open up and share information that might otherwise feel too embarrassing or risky to disclose. Although social workers have an ethical duty to protect confidentiality, protecting confidentiality is not an absolute duty. In many instances, confidentiality must be balanced with the interests of ensuring safety and protecting lives.

Standard 1.07(c) of the National Association of Social Workers (2018) Code of Ethics, for instance, allows for exceptions to confidentiality when there is risk of "serious, imminent harm" to the client or others. Some states impose a legal "duty to warn" potential victims of serious, imminent harm. Some states impose a legal "duty to protect" potential victims (Author, 2019). Thus, social workers may need to share confidential client information with law enforcement, family members, or others in order to ensure that the client or others are protected from serious, imminent harm. All states impose legal duties on social workers to report reasonable suspicions of child abuse or neglect. Various states also impose legal duties on social workers to report reasonable suspicions of abuse, neglect, or exploitation of elders and adults with disabilities who are dependent on others for their care (Felton & Polowy, 2015; National Adult Protective Services Association, n.d.). There is significant literature and guidance concerning the limits of confidentiality when social workers gather information directly from clients. However, an area that requires further inquiry is how the duties of confidentiality, protection, and warning relate to information gathered through the use of technology, particularly mobile apps, websites, or computer programs that are used for automated clinical interventions. In other words, to what extent should

reporting responsibilities be built into automated intervention programs (AIPs)?

The first section of this article describes the potential uses and benefits of AIPs in client care. The second section examines the importance of ensuring that AIPs have sufficient safeguards for protecting client privacy and confidentiality. The third section explores the ethical obligations of AIPs to warn, protect, or report when social workers have reasonable suspicions of potential harm, such as situations involving suicidal ideation, homicidal ideation, or maltreatment of children, people with disabilities, or older adults. The conclusion offers general guidelines for how social workers can balance concerns about client confidentiality, safety, and reporting obligations when using AIPs as part of their interventions with clients.

Automated Intervention Programs

AIPs refer to digital technologies used to engage clients directly in helping processes such as automated counseling, psychoeducation, guided problem-solving, conflict resolution, or psychotherapy (Author, 2019). AIPs may be offered through various technological platforms including automated voice calls, text-messaging, mobile apps, Internet-based video or text, social robots, and avatars (computer-generated embodiments of social workers or other helping professionals) (Craig et al., 2018; Goldkind, Wolf, & Freddolino, 2018; Leff et al., 2014; Santoni de Sio, & van Wynsberghe, 2016). AIPs are programmed to communicate with clients in an interactive manner, using a combination of listening, assessment, and change-oriented skills to engage and help clients. AIPs do not include teleconferencing, videoconferencing, or other communication technologies, as these methods of technology make use of a social worker or other professional to facilitate the intervention (i.e., the interventions *per se* are not automated).

AIPs are being used to address a broad range of physical, mental health, and social concerns, including pain management, smoking cessation, anxiety, post-traumatic stress disorder, and family conflict (Author, 2017; Kazdin, 2015; Possemato

et al., 2015). AIPs and traditional methods of clinical intervention are not mutually exclusive. Technology-mediated services and traditional in-person services may be used in combination as part of an integrated approach to client care (Hilty et al., 2018; Kluge, 2011). The tenets of evidence-based practice suggest that social workers should select AIPs on the basis of whether they are effective and a good match for the particular client, given the client's strengths, needs, concerns, goals, and preferred methods of receiving help (National Association of Social Workers [NASW], 2018; White, 2019). According to Standard 1.03 of the NASW Code of Ethics, social workers should inform clients about options for intervention – with and without technology – and allow clients to choose the combination of methods that they prefer.

AIPs may be individualized for use by particular clients. For instance, an AIP could be programmed to make use of the client's name, address particular issues identified in an intake or assessment interview, and offer interventions specifically designed for a client's concerns, goals, and cultural background. Frequently, AIPs are offered on a "one-size fits all" basis. Massive Open Online Interventions (MOOI) are freely available to anyone around the globe who chooses to make use of the automated program (Muñoz et al, 2015). An example of a MOOI is an app that provides users with a guided meditation or other relaxation techniques. MOOIs do not necessarily require referrals or oversight from social workers or other professionals.

The primary benefits of AIPs include accessibility, affordability, and flexibility (Kazdin, 2015). In terms of accessibility, clients may use AIPs in a location and at a time of their own choosing and convenience. AIPs may incorporate technological accommodations that ensure appropriate access for clients who are blind, deaf, paralyzed, or otherwise disabled (e.g., voice activation, text-to-voice and voice-to-text translations). Timely and affordable access for services may be particularly important for mental health concerns such as anxiety, substance misuse, anxiety, and depression (Kazdin,

2015). AIPs may be programmed to offer services in multiple languages and dialects. Although the initial costs of developing AIPs may be high, the fact that AIPs may be used with many people across many countries can make the cost-per-client significantly less expensive than providing one-to-one in-person services (Muñoz et al, 2015). In terms of flexibility, AIPs may offer clients the ability to use some or all of the services in the sequence that they desire. Clients may also repeat certain parts of the programs on an as-needed basis. Rather than attending sessions on a weekly or other fixed basis, they may individualize how they use the programs, including the pacing an intensity of the programs and how they fit with other services they are receiving (Hilty et al., 2018). Finally, AIPs can offer standardized interventions based on theory and research evidence (Kazdin, 2018). Because AIPs can be programmed in a manner that ensures adherence to particular intervention skills, strategies, and protocols, it may be easier to determine which aspects of the intervention contribute to particular client outcomes.

Protecting Client Confidentiality

When social workers engage clients in clinical services they incur legal and ethical obligations to respect client confidentiality (e.g., NASW Code of Ethics, 2018, Standard 7; Health Insurance Portability and Accountability Act [HIPAA], 1996, and state clinical social work licensing laws). These ethical standards and laws do not specifically address the obligations of AIPs to protect client confidentiality. Similarly, they do not address whether and how AIPs should address safety issues. There is no regulatory process for AIPs; one does not have to be a mental health professional to design, offer, or sell AIPs for use with clients (Kramer, Kinn, & Mishkind, 2015). Given the lack of regulation, AIPs are like the “wild west” of clinical social work and mental health services. In the absence ethical or legal guidance, social workers and others could develop AIPs and refer clients to use them without regard to whether reporting or protection requirements should be built into the AIPs.

When discussing potential use of AIPs with clients, social workers should ensure that clients have sufficient information about the AIPs to be able to make informed choices about whether to use the AIPs under consideration (NASW, 2018, Standard 1.03). This information should include the extent to which the AIPs protect the user’s confidentiality as well as under what circumstances information may or must be shared with others (Maheu et al, 2018). For instance, will the AIP’s owner collect client information and use it for research? Will the owner sell certain information to others for advertising or other purposes? And is the information gathered subject to disclosure through subpoena’s or other court orders (Author, 2019)?

When AIPs require clients to share sensitive information, it is particularly important for AIPs to safeguard client confidentiality. Consider an AIP that clients may use to screen for and assess problems related to substance use or addictions. Clients may reasonably expect that information that they submit to this AIP will be protected. If the information could be accessed by family members, employers, the criminal justice system, advertisers, or others, the client should know this and have the ability to choose some other form of assessment. Alternatively, it may be possible for the client to use the AIP on an anonymous basis, that is, without submitting identifying information. Consider a web-based assessment tool. It may be possible for the client to log in with a pseudonym and not provide any identifying information. The client could also be advised to use a private browser to that the client’s IP address and location cannot be identified. Research on the use of an AIP for combat veterans with post-traumatic stress disorder suggested that clients appreciated the AIP because it gave them anonymity and privacy (Possemato, 2015). Use of the AIP was also viewed as a potential stepping stone to in-person therapy (Possemato, 2015).

For AIPs that do not gather sensitive information, confidentiality protections may be less important. Consider a client using a device that monitors physical activity and prompts the client to exercise according to the client’s goals and exercise

plan. The client may not view this information as particularly sensitive and may not have concerns about whether the AIP is gathering or using this information. Still, social workers referring the client to use such an AIP should discuss potential confidentiality concerns (Maheu et al., 2018), as well as the benefits of using this device.

Obligations to Warn, Protect, or Report

As noted earlier, social workers have various obligations to warn, protect, or report (OWPRs) in situations such as suicidal ideation, homicidal ideation, reasonable suspicions of child abuse and neglect, and reasonable suspicions of abuse or neglect of vulnerable adults (e.g., due to disabilities or dependency). Although these obligations are relatively clear when referencing information gathered directly by the social worker, to what extent do they apply when the worker has referred clients to use an AIP? Are social workers ethically obliged to ensure that AIPs are programmed to screen for abuse, neglect, suicidal ideation, and homicidal ideation? Further, are social workers ethically obliged to review information gathered by AIPs in order to screen for risks that might give rise an OWPR?

Unfortunately, the NASW Code of Ethics and laws governing OWPRs do not speak directly to these questions. Ethical and legal duties owed by social workers when engaging clients directly are not automatically transferred to duties arising when clients use AIPs. To explore what duties might arise, however, it may be useful to explore the principles of malpractice. Malpractice lawsuits against social workers may arise when clients believe they have experienced harm as a result of substandard social work practices. To establish malpractice in a court, clients must prove the following components:

- The social worker owed a duty of care to the client,
- The social worker breached the duty of care,
- The breach led to the harm experienced by client, and

- The harm experienced was proximate (closely connected) to the breach (Reamer, 2018)

In terms of the first component, when a social worker offers services and a client accepts them, the social worker incurs a duty of care. This duty means that the social workers should act within reasonable standards of care, making use of knowledge, theory, skills, and ethical practices that one would ordinarily expect of social workers with the same professional roles and areas of expertise. Thus, when social workers invite clients to use AIPs as part of the helping process, they should consider what a reasonable social worker, acting prudently, would do in relation to issues related to suicidal ideation, homicidal ideation, and other reporting and protection obligations. Would it be reasonable to expect that the AIPs would screen for these risks? Would it be reasonable for the AIPs to include mechanisms by which risks would be reported to the social worker, child or adult protection authorities, law enforcement, or others, so that appropriate actions could be taken to protect people from harm?

The answers to the preceding questions depend on the circumstances, including the purpose of the particular AIP. For AIPs designed to engage clients in psychosocial assessments, for instance, it would be reasonable to expect that these assessments would include screening for child abuse, suicidal ideation, and other risks. It would also be reasonable to expect that the outcomes of these screening questions would be shared with the referring social worker or designated others so that they could fulfill their OWPRs. Similarly, for AIPs designed for work with people who may be at high risk for issues such as homicidal ideation, it might be reasonable to expect that the AIPs include provisions for screening and reporting relevant risks.

For AIPs that facilitate interventions, but are not designed to assess, screening and reporting provisions may not be necessary. Consider a *life-skills* app that teaches children life skills through the use of games or a *positive-messaging app* designed to help clients maintain positive thinking

and behaviors. Because these apps are not intended to gather information about the client, it may not be reasonable to expect the app to screen for and report particular risks.

As a guiding principle, social workers should consider the function of the AIP and whether screening for risks would be reasonably expected if the same functions were being provided by the social worker without the use of technology. If the social worker would not screen for risks when conducting a similar intervention without technology, then it would be reasonable to use an AIP that does not screen for risks. If the social worker would screen for risks when conducting a similar intervention with technology, then it would be reasonable to use an AIP that screens for risks. It would also be incumbent on the social worker to ensure a mechanism for OWPRs (e.g., the AIP shares information with the social worker who decides what would be an appropriate response). Automated reports to police or protection authorities could be problematic. Although technology, including artificial intelligence, is continuously improving, automated screening may be fraught with challenges. Consider, for instance, a client who threatens to kill himself, but the client may be joking or using sarcasm. If the AIP does not pick up the joking or sarcasm, the AIP may make an unnecessary call to the police. Further, there may be misinterpretations around the use of different words, including idioms. If a client tells an AIP, "There are many ways to skin a cat," the AIP might infer concerns about animal abuse. Having risks reported to a social worker or another designated professional could be used to ensure that identified risks are valid and require particular actions.

Although AIPs may be designed to perform certain social work functions, it may be useful to think of AIPs as a supplement to in-person social work services rather than a replacement for them. When social workers refer clients to use AIPs, social workers may continue to provide certain services, including the functions of screening for relevant risks. They may also monitor the clients' use of AIPs and determine whether any information shared with the AIPs may require further action. In

addition, social workers can recommend AIPs that help clients deal with specific types of risks. For instance:

- Domestic violence: AIPs can help clients assess risks and connect them with resources such as shelters, attorneys, emergency services, or behavioral health professionals that specialize in domestic violence issues.
- Post-traumatic stress disorder: AIPs can help clients understand the impact of trauma and treatment options. AIPs can also connect them with trauma-informed treatment providers.
- Substance abuse: AIPs can help clients identify problems related to substance abuse and activate motivation to seek services.
 - For some clients, it may be easier to share potentially embarrassing information with an AIP rather than an in-person social worker or other behavioral health professional. The AIP can then provide help that a social worker would not even know was needed. Still, a combination of in-person services and AIPs may be beneficial, giving the client multiple opportunities to share potentially embarrassing information, including information related to child maltreatment, suicidal ideation, and other risks of harm.

Conclusion

When social workers recommend the use of AIPs, some may view the automated clinical process as "therapistless therapy," akin to the concept of a driverless car. In the absence of a human who is facilitating the therapy (or driving the car), it may seem as though nobody is accountable for what happens. When social workers refer clients to use AIPs, however, they continue to owe clients a duty of care. This duty includes the duty to offer clients a choice of interventions, rather than just a single

option (NASW, 2018, Standard 1.03). Social workers should ensure that clients understand whether and to what extent the AIPs has been programmed to ensure the confidentiality of any client information that the AIPs collect (NASW, 2018, Standard 1.07). When AIPs are gathering sensitive health, mental health, or social information, clients may expect a high level of security to maintain their confidentiality. If the AIPs under consideration cannot offer this level of security, then the social worker and client should consider other intervention options. Through the process of informed consent, social workers should also ensure that clients are informed about the limitations of confidentiality when using the AIPs: Under what circumstances will client information be shared, and with whom?

Many AIPs are not specifically programmed to assess for risks such as child or elder maltreatment, suicidal ideation, or serious risk of harm to others. When social workers are considering whether to refer clients to such AIPs, they should consider whether and how they will monitor for risks. They should also consider whether it is safe to refer certain clients to AIPs that do not provide sufficient screening or monitoring. In some instances, social workers may determine that in-person service, without AIPs, is the most appropriate way to proceed. In other instances, it may be useful for the social worker to work with AIP developer to ensure that the AIP is gathering and sharing information related to particular risks.

AIPs offer many potential benefits, particularly in relation to the access, flexibility, and effectiveness of particular types of services. Under some circumstances, AIPs can help prevent harm or ensure appropriate steps are taken to remediate risks of harm. Still, social workers referring AIPs to clients need to maintain oversight and accountability. They should ensure clients are receiving appropriate services. They should also ensure that they have a reasonable opportunity to assess risks and responding in a timely manner when concerns about child maltreatment, suicidal ideation, homicidal ideation, and other serious harm do arise.

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Issues and Challenges With COVID-19: Interventions Through Social Work Practice and Perspectives

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Abstract

Professional social workers are engaged all over the world in doing what they can to save the world from the ongoing COVID-19 pandemic. They are working at all levels, macro, mezzo, and micro, and adjusting their practices by temporarily discontinuing face-to-face services and moving to remote contact with clients, while maintaining the essential human relationships between providers and clients. Called *social distancing*, this is essential. World Social Work Day (WSWD) was announced on March 17, 2020, by the International Federation of Social Workers (IFSW). The main focus this year is “Promoting the Importance of Human Relationships,” one of the six core values of the social work profession, as delineated in the National Association of Social Workers (NASW) Code of Ethics. This article discusses in detail how professional social workers can practice while dealing with COVID-19, maintaining social distancing but still fulfilling their roles during the time of the pandemic. It will also highlight intervention models dealing with the issue, stressing ways to improve efforts for better results. The authors have developed their own Corona Prevention Cycle, using and studying social distancing during interaction with people in the community. This could be a new model of treatment cycle for COVID-19.

Keywords: social work, COVID-19, pandemic, practice, corona prevention cycle

Introduction

World Social Work Day was celebrated all over the world on March 17 of this year. The International Federation of Social Workers announced the theme of this year: “Promoting the Importance of Human Relationships.” This is also one of the six core values of the social work profession, as delineated in the NASW Code of Ethics. The WSWD logo had shown folded hands highlighting the theme of the importance of human relationships. Now, most people around the world are practicing “social distancing” in reaction to the COVID-19 coronavirus pandemic. Limiting contact with others is being used to slow the spread of this virus. “We’re avoiding touching things or people, and we’re washing our hands more. We aren’t hugging or shaking hands” (Grobman, 2020).

In this scenario, social workers have a flexible attitude to adapt to the situation at every moment and can be the best examples of Charles Darwin’s survival of the fittest theory. Social workers at every level have the skills and capability to not only address safety for today but to translate fear, grief, and loss into empowerment and social transformation. According to Karen M. Carlucci,

with resilience, stamina, self-direction, flexibility, and self-confidence, social workers easily inculcate the adaptability skills required in this demanding profession (Carlucci, 2020). “We are working at various levels during these hard times and this article discusses in detail the roles of a social worker during the times of the COVID-19 pandemic and also what more can be done to upgrade the efforts for better results in our country, on the basis of the recent experiences and present scenario of social work in other countries” (Carlucci, 2020). These can be demonstrated in the following areas.

Mental Health Social Work With Special Emphasis on Support Services and Psychiatric Counselling

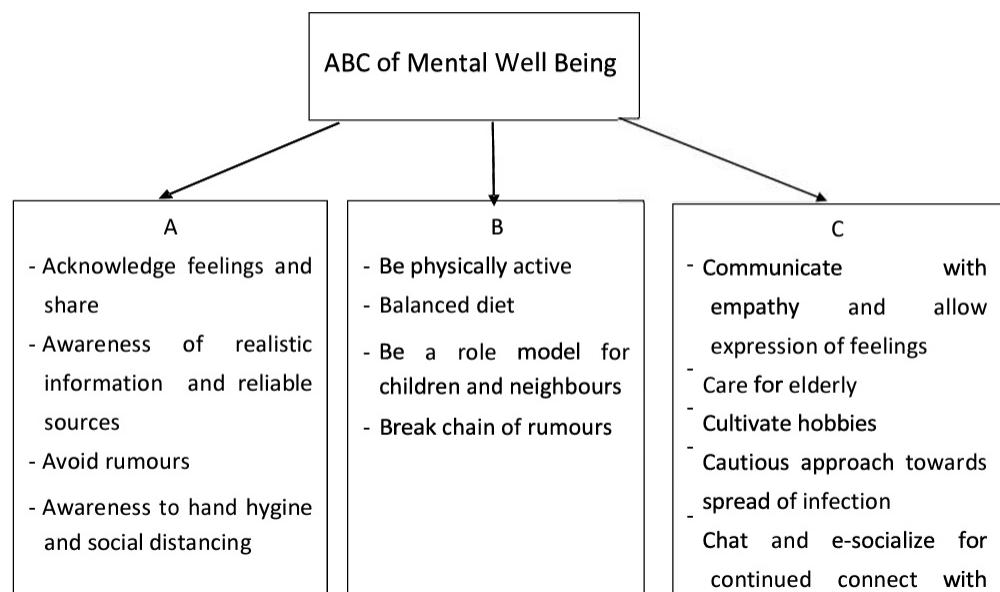
This is one of the most important pivotal dimensions during such a virus outbreak. Loneliness and social isolation can deeply impact mental health as well as the consequential physical health of individuals. In social distancing times such as this, it is especially important to maintain human contact in whatever ways we can safely do so. Social distancing is a necessary step during this pandemic but may also result in what Ezra Klein called a “social recession” in a March 12, 2020, Vox.com article. Wendy Sherman, a social worker who is the director of the Center for Public Leadership at Harvard Kennedy School, wrote that “...social distancing is hard in a time when we need each other so badly,” and provided ideas on staying connected. We can distance physically but still stay in “touch.” (Grobman, 2020). In these dangerous pandemic times, social workers are adjusting their

practices by temporarily discontinuing face-to-face services and moving to remote contact with clients (telehealth, electronic communication), in order to maintain those human relationships between providers and clients. Social workers can do online therapy with their clients to deal with the anxiety and the trauma. For example, social workers in Non-Governmental Organizations (NGOs) like Shakti Shalini of New Delhi have organized a helpline that includes phone/text/online support services for domestic violence victims during lockdown.

The Department of Psychiatry of the Armed Forces Medical College located at Pune in India has given an ABC of mental well-being that can be used by social workers to counsel their patients and keep them intrinsically motivated to survive the times of lockdown all over the world. It can help control their emotional and behavioural reactions (National Association of Professional Social Workers in India [NAPSWI], 2020). They have been summarized as follows: Social workers who are well-versed in using technology in education and practice are helping their fellow co-workers to use it to the maximum during these times (Figure 1).

The latest trend is that of online webinars being organized on the social media platforms of social workers. These webinars can be viewed by the

Figure 1: ABC of Mental Well-Being



general public to learn tips and avoid loneliness and depression. Social workers on Twitter are sharing resources to help each other in working and teaching online. Twitter has an effortlessly supportive community of social workers. One option that has been offered recently is the #MacroSW Twitter chat on social workers' response to COVID-19.

The authors attended a webinar on April 1, 2020, organized by the United Nations (UN) Secretary General's Envoy on Youth in collaboration with the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) on the topic "Mental Health during COVID-19 for the youth - #Coping with COVID". Psychologists and mental health specialists discussed steps we as social workers as well as everybody else could take to deal with stress during the times of self-quarantine, such as:

- Taking care of your body
- Trying to eat healthy and well-balanced meals
- Exercising regularly
- Getting plenty of sleep
- Avoiding alcohol and drugs
- Making time to unwind
- Trying to do some other activities you enjoy like music, painting, or reading
- Taking deep breaths, doing yoga and stretching

Social workers can counsel their clients to maintain some kind of routine, including getting up at the same time. Setting daily goals to complete as part of the routine can help to keep a sense of engagement throughout the day. The webinar gave information on agencies and persons to contact for those who are depressed or have other mental health issues during the times of self-quarantine, which should be used by the social workers in ensuring that their clients, their offices, and the public have reliable information. (Wickramanayake, 2020).

Social workers can help their clients by encouraging them to join online versions of book clubs, virtual dance classes, or yoga groups on social media platforms. Even some live concerts

are being organized on platforms like Instagram to offer favorite live-streamed music and discover new performers. Many places of worship and organizations are proposing live-streamed religious services. Social workers should actively remain engaged with their clients through social media in case there is a need for a counselor, support group online or other support services.

Medical Social Worker as a Part of Medical/Clinical Social Work

Because of social workers' expertise in assessing and treating behavioural health disorders and addressing the social determinants of health, they are increasingly being hired by health systems, hospitals, and those involved in ambulatory care settings (Zerden, 2019). Primary prevention and early intervention reduces mental health morbidity in situations such as pandemics. Clients, especially those who get infected with the virus, need to understand that the foremost things to avoid are psychological panic, anxiety, and fear. It is important that clinical social workers provide forms of psychosocial support like counselling and support services for confirmed or suspected patients as well as their families, ensuring them of both medical and psychological assistance and highlighting the need to take precautionary steps like washing their hands, wearing masks, and avoiding touching the face.

Given the varied skill set of social workers, these professionals perform a variety of functions in integrated health settings. Indeed, social workers' training and knowledge of psychosocial risk factors for health, as well as their expertise in behavioural health screening, assessment, and use of evidence-based interventions makes social workers uniquely qualified to assist in the treatment of the "whole person" in integrated care settings (Andrews, Darnell, McBride, & Gehlert, 2013; Stanhope et al., 2015). Social workers frequently support patients and their families as they navigate complex health systems. They can also assist in coordinating multifaceted care plans. Social workers have the skills to provide patient psychoeducation on health and wellness, address behavioural health

through a variety of treatment modalities, facilitate connections to needed non-medical resources, and advocate for patients across care teams to improve overall access of care (Fraser et al., 2018). The Wuhan Association of Social Workers established the “2 + 3” online community virus mode, which means two professional workers (one social worker, one community worker) and three volunteers (medical worker, psychological worker, assistant), working with internet tools to help local governments to implement home screening and early intervention.

Indian social work regulatory bodies and the Indian Council of Medical Research (ICMR) too can take such initiatives. Chief Minister of Delhi Arvind Kejriwal’s “5T plan” of **testing, tracing, treatment, teamwork and tracking-monitoring** can include more clinical social workers, who can be resourceful in linking the hospitals with the governments at the teamwork and tracking-monitoring stages. Social workers engaged in medicine can also play a larger role in ensuring the safety of health workers. For instance, it has been reported widely that Personal Protective Equipment (PPE) like masks, sanitizers, and handwashing gels used by doctors who are dealing with the corona-affected patients are available in limited quantities across all hospitals. These limits obviously pose a safety threat to doctors. Social workers can do advocacy with the government to ensure adequate availability of PPE.

Community Sensitization and Awareness as Part of the Community Organization Method of Social Work

A long human collaborative chain of social workers, activists, and volunteer citizens can help in spreading the sensitivity of this issue, especially among the community as a whole. The strategy of cooperation, collaboration, and pro-social behaviour also gets ensured. This will help in disseminating factual information and knowledge to the public. It has also been seen widely that during such outbreaks, the spread of rumors and

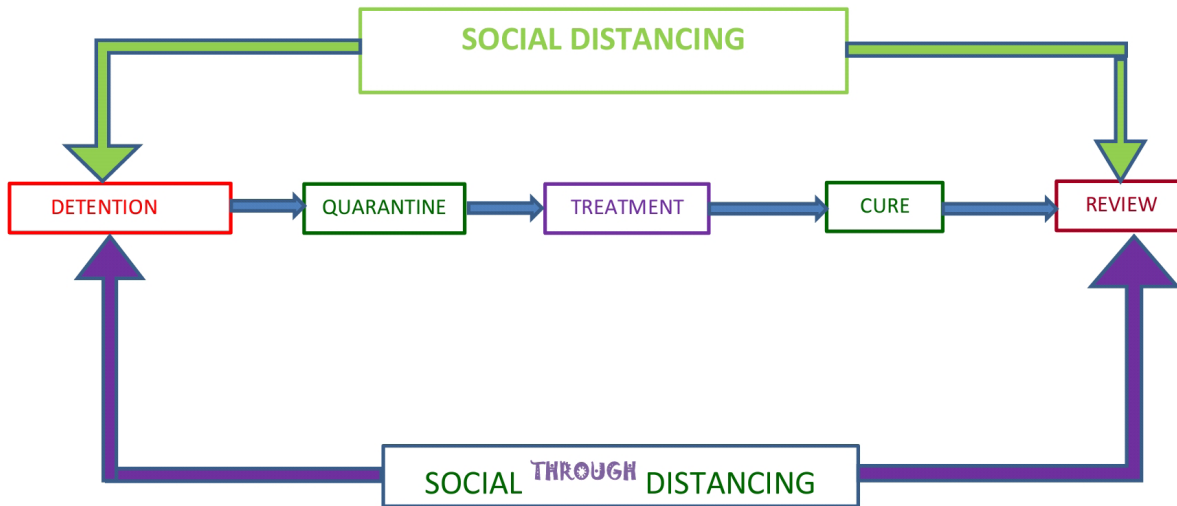
nonfactual information is very high, especially on social media. Social workers can take the help of “Programme Media” in ensuring that more logical and rational disseminated information reaches the public. The Indian government has prepared the Aarogya Setu app on the model of the South Korean app to enhance contact testing and provide emergency alerts in case an individual comes in contact with an affected person. Social workers can educate and bring awareness among the communities in procedures for downloading and using this app and its advantages. They can explain the concept of social distancing to the public and the steps involved and how it can be beneficial. If social workers understand the process in a detailed way that they can convey in layman’s language, their clients would be more likely to adhere to quarantine time limits and not fail to comply with needed distancing and other guidelines during self-isolation. The Corona Prevention Cycle Model, developed by Dr. Sanjoy Roy, can bring awareness to the fight against COVID-19.

The Corona Prevention Cycle (Figure 2) consists of five steps, interlinked through the process of social distancing. They are:

- Detention
- Quarantine
- Treatment
- Cure
- Review

Community social workers generally have a strong rapport with those they work with and can encourage their communities to listen and take the proper steps. Social workers need to explain to community members that the 14-day quarantine is all-important if someone has tested positive. They may be subsequently treated in the hospital, and then after they have recovered, a review test will be done to check the recovery. This is necessary because of the recent experiences in China, when the virus was found to have returned in some recovered patients. Obviously, there is the risk of having a second wave of asymptomatic coronavirus infection as there was in China. The patriarchal mindsets and the caste system operating in many communities can hamper

Figure 2: Corona Prevention Cycle



the process of social distancing, so a community social worker’s role can be indispensable in helping everyone to accommodate to this new situation in their homes.

Charity, Relief and Voluntary Action as Part of the Social Welfare Administration Method of Social Work

We as social workers are aware that the pandemic and essential actions such as social distancing and quarantine will have social, emotional, financial, and social justice repercussions now and for some time to come. Under Charity, Relief and Voluntary Action in India, social workers are already playing a vital role in ensuring that basic necessities like food, water, sanitary napkins for women, and other essentials are being supplied to the needy. For example, after the lockdown was announced, the most severely affected were daily wage laborers who are mostly migrants and away from their homes. Social workers in collaboration with their respective organizations such as Goonj, Youth Feed India, Give India, and Robin Hood Army are ensuring that basic supplies like masks, food and rations, and temporary living space are made available to the households of the disadvantaged sections of society.

Social workers are sending advisories and joining in with government efforts through various initiatives such as setting up online donation virtual funding systems, through which willing citizens can donate to this entire relief and charity process. Social workers are doing fundraising at individual levels in their respective hometowns or the areas where it is easy for them to operate and are encouraging people who have a good income to provide donations to help others.

Now, Lockdown-2 in India is familiar to most people in India, and the public is aware that the worst sufferers are people living in the unorganized sector especially, as said before, the daily wage migrant labourers. This is leading to problems of basic sustenance for the poor. Therefore, it is very vital that the organizations working on the issues of hunger, labour welfare, and the livelihood of migrants must be brought to the same table for a collective effort. Social workers and national social work organizations should be a part of the national advocacy movement to enact these precautionary and responsive changes in large numbers. Some of this advocacy can even be done from home through writing letters or making phone calls. This is not merely a social justice reform issue, but a public health response. What has been listed here are not all of the issues being raised. Others include treatment for those with substance use disorder who

need continued access to methadone (NIDA, 2020), as well as help with alcohol withdrawal for those in states where access to liquor stores has been unexpectedly ended (Whelan, 2020). Homelessness, or the plight of those who risk losing their homes when they cannot afford rent after losing their jobs, is another very serious issue. Domestic violence cases have increased in the homes with addicts and those whose way of living has become precarious. There is no limit to the number of issues that need social work advocacy. We must rise to the challenge and help with the coordination and networking to help in providing support services for those in need.

Research and Advocacy as Part of the Social Research Method of Social Work

The role of social workers can be highlighted by sending action plans to the government for tackling the virus outbreak, after doing fieldwork visits and bringing out ground realities to form a collective effort. The NAPSWI president listed ways in which social workers can collect information and data in their communities on different aspects of the crisis – financial, social, educational, and health. Such organization of fact-based information can help in designing appropriate intervention, monitoring, research and planning to be better prepared and equipped for a catastrophe such as this pandemic (Bhatt, 2020). Countries like Germany have been able to manage the spread of the disease more efficiently because of their excellent healthcare and infrastructure facilities, which we sadly lack in our country, and thus social workers working in Ministry of Health and other departments at state and local levels can surely provide ideas and make efforts in providing advocacy towards getting more funds for healthcare settings. They can collaborate with the civil society organizations, as they are best suited to check the spread of the infection into communities.

Conclusion

Following the COVID-19 crisis, the world will not be the same as before, scientists, social

scientists and economists all predict. As a profession comprising millions of highly skilled professionals, the united voice of social work must support and facilitate a vision beyond this crisis – a vision of better, more respectful, and sustainable societies, a vision where our social systems can actively work to eradicate the conditions that have led to the severe consequences of this disease. Social workers are engaged all over the world in carrying out what can be seen as their responsibilities to save the world from the pandemic by making all the difference they can. This is truly our role as social workers. Our Social Work Code of Ethics obligates us to practice our social work values: service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence (NASW, 2017). Social workers can make a huge impact at the administrative levels as well as the fieldwork levels, carrying out their role in providing service and advocacy. There is no doubt that the social workers' fraternity will come through in this situation as it has in others and will help the profession overcome the COVID-19 crisis.

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Book Review

Delgado, M. (2020). *State-sanctioned violence: Advancing a social work and social justice agenda*. New York, N.Y.: Oxford University Press.

Reviewed by Ottis Murray, Ed.D.
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As I begin this book, I flash back to the 1960s with protests and demonstrations against the war and calls for racial, social, political, and economic justice. Now, 60 years later, those same calls for social justice still ring true; the headlines today provide evidence of the continuing struggle for social justice contrasted with state-sanctioned repressive counteractions in the name of law and order.

This book traces and describes the evolution and use of state-sanctioned violence to perpetuate the status quo, which serve to reinforce continued institutional racism. The words of Malcom X (1962) lay the foundation for this examination:

As long as he is black and a member of the Negro community, the white public thinks that the white policeman is justified in going in there and trampling on that man's civil rights and that man's human rights. Once the police have convinced the white public that the so-called Negro community is a criminal element, they can go in and question, brutalize, murder unarmed, innocent Negroes and the white public is gullible enough to back them up. (p. 41)

As a social worker, researcher, and scholar for over 40 years, Dr. Delgado's work has centered on urban populations, especially youth and minorities. He has published over 30 books on community practice, ranging from "youth-led community organizing" to "urban social work practice" to "urban youth

trauma" to "health care in the nation's prisons" and others. The array and scope of his scholarship and practice is astonishing. Dr. Delgado is a professor in the School of Social Work at Boston University.

With more than 1,000 references, this book has three sections which focus on foundations, manifestations, and practice. The sections address five goals: (1) provide a conceptual foundation of state-sanctioned violence; (2) critique and provide relevance for the social work profession; (3) examine how violence gets manifested; (4) identify cross-cutting themes; and (5) speculate as to potential developments in the future.

Displaying his research and scholarship skills, Dr. Delgado crafts a compelling exploration and understanding of our current state of affairs, with clear, powerful gems that illustrate critical concepts such as state-sponsored violence. For example; the words of Frederick Douglas (1886):

Where justice is denied, where poverty is enforced, where ignorance prevails, and where any one class is made to feel that society is an organized conspiracy to oppress, rob and degrade them, neither persons nor property will be safe. (p. 48)

The book is compelling and thought providing, with numerous examples of the current state of affairs for both consideration and debate. The hope is to ultimately assist the reader in a better understanding

Book review: *State-sanctioned violence: Advancing a social work and social justice agenda*

and renewed consideration of the intersection of history with contemporary practices and realities.

Dr. Delgado seeks to challenge current and future social workers evaluate their obligations and current challenges to act to address clear, present, and persisting inequalities. In his words:

Finding the middle ground between stark assessments and maintaining hope is my goal. Readers will be the ultimate judges as to whether this goal was accomplished. That conclusion takes time because it necessitates a deliberative process. After all, we are social workers! (p. 184)

Book Review

Saad, L. F. (2020). *Me and white supremacy: Combat racism, change the world, and become a good ancestor*. Sourcebooks.

Reviewed by Elaine Spencer, MSW, RSW, RCSW
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What started out as an Instagram challenge has become a monumentally important book for white people to read. No, not read. Work through. Journal. Cry. Feel the heat of shame in your cheeks. And ultimately, make the commitment to “become a good ancestor.” Spoiler alert—though this workbook is designed to be completed in 28 days, it will stay with you each and every day after that. In this summer of learning, I engaged with Layla Saad’s first book each and every day, for the full 28 days, answering the questions, unearthing the painful and humiliating preconceptions I STILL hold. It was hard work and a labour of necessity. Allow this work to break your heart open...and then do the work. As Saad writes “BIPOC (Black, Indigenous & People of Colour) do not get a day off from your white supremacy.” (Day 6).

Layla Saad is “a writer, speaker, and podcast host on the topics of race, identity, leadership, personal transformation, and social change...[and] an East African, Arab, British, Black, Muslim woman [who is] driven by her powerful desire to become a good ancestor, to live and work in ways that leave a legacy of healing and liberation for those who will come after she is gone” (about the author). This is Layla Saad’s first book and is expanded and enriched with more history and context than the Instagram challenge.

The chapters follow a 28-day cycle and are grouped by the theme of the week, starting with “The Basics,” then heading into “Anti-Blackness, Racial Stereotypes and Cultural Appropriation,” then onto

“Allyship,” and ending with “Power, Relationships and Commitments.” The daily titles tell you exactly what you will be addressing and provide directive, personalized reflective journaling prompts at the end of each day. The quotes used at the start of each day provide more works to explore. For example, on Day 19, “You and Optical Allyship,” the starting quotation is from Chimamanda Ngozi Adiche’s *Americanah*: “Racism should never have happened, and so you don’t get a cookie for reducing it” (p. 155).

This book leads you through confronting and understanding your white privilege and requires you to answer how white supremacy shows up in your life, how white fragility makes you an unreliable ally, and how white centering, white saviourism, and white exceptionalism help you to not see how you are causing harm to BIPOC. The foreword is written by Robin D’Angelo, noted author of *White Fragility: Why It’s So Hard for White People to Talk about Racism*, who justly opines, “This book is a gift of compassion from a brilliant Black woman willing to guide you through a deep examination of white racial conditioning in service of your liberation.” I recommend this book for every white social worker, student, and faculty member. Saad makes recommendations that folks with two socially constructed racial identities also can make use of this book. There is also information on how to join book circles to journey through the work together. I did not do this, as I didn’t want to get caught up in intellectual argument or, worse, censor my true answers to the questions posed each day.

Book review: *Me and white supremacy: Combat racism, change the world, and become a good ancestor*

But you might be braver than me. The book ends with resources and a call to committed actions, even including suggested activities.

This book, *Me and White Supremacy*, is a comprehensive, scholarly, personal, logical, exquisitely designed, accessibly written change-maker of a workbook. Do not expect a gentle whisper of discomfort as you make your way through it, yet as Saad points out, “[T]here is no safety in the work. There has been no safety for BIPOC under white supremacy” (p. 243).

Book Review

Tufford, L. (2020). *Child abuse and neglect in Canada: A guide for mandatory reporting*. New York, N.Y.: Oxford University Press.

Reviewed by Bertha Ramona Saldana De Jesus, DSW, MSW
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Lea Tufford, Ph.D., MA, is an assistant professor in the school of social work at Laurentian University, Ontario, Canada. Dr. Tufford's research centers on ethical decision-making of social work practitioners in reporting suspected child abuse and neglect while preserving a working alliance.

The author engages readers to deepen their understanding of child abuse and neglect and mandated reporting in Canada. She leads the reader to conceptualize the ethical and legal implications behind mandated reporting by laying down a solid foundation of the child welfare system in Canada and the implications that mandated reporting has on the well-being of children and youth, specifically the Indigenous child and their family.

The book is organized into 13 comprehensive instructional chapters, each containing learning objectives, case studies, discussion questions, a conclusion, questions for critical reflection, and references that provide additional resources. The author takes a scaffold approach utilizing case studies, discussion, and critical reflection questions to deepen understanding as readers contextualize matters of child abuse and neglect within diverse populations, level of education, social and economic status, and geographic areas within Canada.

Chapters One, Two, and Three provide the reader with a historical overview of the child welfare system and the ethical and legal responsibility of a mandated reporter in Canada. The author includes detailed information to deepen the understanding

of child welfare and legislation that has impacted children, particularly Indigenous children and their families. Also, the author adds the cultural challenges faced by mandated reporters who work where they live and the ethical and legal implications related to reporting suspected child maltreatment, as well as offers strategies for finding balance while fulfilling their statutory duty. The author ends these chapters with critical reflection on the child welfare system, legislation, and legal responsibilities as a mandated reporter.

Chapters Four, Five, Six, and Seven describe the categorization of child abuse, risk, and protective factors that pertain to the child, parents, family, community, and culture. By having a comprehensive, in-depth description of child maltreatment, readers are awakened to the realities of their ethical and legal responsibility as mandated reporters when working with children and their families. With this, readers understand the implication and trauma suffered by children experiencing abuse and neglect as well as the impact online technology has on children's ongoing safety from predators. The author ends these chapters challenging readers to critically reflect their thoughts on child sexual abuse and the need for additional legislation to protect children.

Chapters Eight, Nine, and Ten focus on how mandated reporters are responsible for understanding classifications of disclosures and the process of decision-making involved to report suspected child abuse and neglect to Child Protection Services (CPS). Readers are guided to deepen

their understanding of the types of disclosures and impediments experienced by children and youth and their implications. As readers begin to conceptualize said information, they are led to respond to children and youth who disclose abuse and neglect. The procedures are followed using the mandatory reporting model that guides readers through the decision-making process. Then readers are guided through the necessary steps to report suspected child abuse and neglect to CPS. The author ends these chapters by challenging the reader to reflect critically on the mentioned tasks through discussion questions.

In Chapters Eleven, Twelve, and Thirteen, the author offers strategies to maintain the relationships with clients and their families after a report is made and thereafter. The author validates the mandated reporters' affective, emotional reactions and inference on the relationship with clients while at the same time offering proactive strategies to avoid a rupture in said relationship. These strategies are followed by the process and potential outcomes of the CPS investigation. The author ends with implications on practice, education, policy, and research with recommendations on the need for training, data collection of suspected child abuse and neglect and offers a more profound understanding of decision-making and the disclosure of sexual abuse.

Dr. Tufford concludes the book by offering the reader a plethora of information and resources (i.e., a summary listing of provincial and territorial legislation, child and family service agencies in Canada, incidents, and risk of future harm questions, sample vignettes of child maltreatment, reflection questions and a glossary of terms). The author's integration of scaffolded instructions in each chapter challenges readers to sharpen their focus and understanding of mandated reporting. Readers can apply learning to case studies and the discussion and reflective questions.

The guide for mandatory reporters is practical, organized, and well-focused. The instructional content of the book is linked to social work ethics and values. The National Association of Social Workers *Code of Ethics* preamble outlines the profession's mission to ensure all peoples' well-being in the micro, mezzo, and macro levels of practice. As mandated reporters, we are charged with the safety and well-being of all children and youth as they are cared for by their parents, resource parents, and foster parents, to name a few.

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 mandated reporting duties and responsibilities when keeping children and youth safe in Canada and beyond.

Book Review

Zaleski, K., Enrile, A., Weiss, E.L., Wang, X. (Eds.). (2020). *Women's journey to empowerment in the 21st century: A transnational feminist analysis of women's lives in modern times*. Oxford University Press.

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Globally speaking, some say we live in a troubled world. Among a small circle of associates, friends, and family, discussions about the difficult problems we face and their possible solutions are frequent. Among this group, the questions are: "What can be done, and where do we start?" *Women's Journey to Empowerment in the 21st Century* addresses these questions on a global scale, focusing on specific international problems and their solutions. It is an excellent book and a good read. Empowerment of women is not a single issue; it is the combination of gender, race, class, culture and political factors that encourages violence against women and fosters inequality.

Women's Journey to Empowerment in the 21st Century: A Transnational Feminist Analysis of Women's Lives in Modern Times is organized into four sections. The first section describes the impact of climate change on women (Chapter 1), pregnancy among African American women (Chapter 2), rural education of girls in China (Chapter 3), sexual assault on college campuses in the United States (Chapter 4), trauma and healing among the women of the Cheyenne River Sioux tribe (Chapter 5) and, finally, issues women of color face in academia (Chapter 6).

The statistics in each chapter supporting the specific topic illustrate how serious the challenges are for women, globally. Chapter 1 states that women produce 87% of the crops in Ghana, making climate conditions not only important to the economy but,

also, essential to the nutrition of Ghanaians. Infant and maternal mortality rates, described in Chapter 2, cite the disparity between mortality rates of white and Black babies in the United States. Twice the number of Black babies do not survive past their first birthday compared to white babies. Chapter 3 compares the impact of education on rural versus urban girls in China. According to the authors, young urban women aspire to higher education. Higher education leads to greater control of resources and results in an increase in family well-being.

Chapter 4 in Section I, discusses the need for restructuring reporting protocols and increasing prevention programs regarding sexual assault on U.S. college campuses. Chapter 5 describes the need for better cross-cultural sensitivity training for mental health professionals who work with American Indians and Alaskan Natives. In addition, this chapter advocates for an increase in recruiting of mental health workers among Native communities. Finally, Chapter 6 defines hegemonic masculinity, the problem of the legitimacy of patriarchy, and white fragility. This chapter suggests that even a minimum amount of racial stress can trigger defensiveness and a display of emotions among whites in the academic environment.

Section II considers the impact of social media on acts of online sexual assault, honor killings, normalization of sexual taboos in Japan, and the impact of Egyptian women speaking up. Chapter 7 discusses internet non-consensual image sharing

(NCIS), which is image-based, sexual exploitation, and abuse. The author cites a study (Lenhart et al., 2016), which reports that 1 in 25 Americans are victims of NCIS. Chapter 7 concludes that more research and policy analysis should be conducted in order to address NCIS. Chapter 8 suggests that in order for honor-based violence to decrease in Pakistan, improved state policies and an increase in social awareness must be addressed. Sexual violence also occurs in Japan as evidenced by the percentage of women groped on trains by men. Chapter 9 reports that the problem in Japan is so serious that there are women-only trains! Section II concludes with a chapter describing the importance of young women's voices in raising awareness of inequality and abuse in Egypt. Sexual harassment has been reported by 99% of Egyptian women.

Section III in *Women's Journey to Empowerment in the 21st Century* continues the theme of gender equity, gender violence, and politics. Chapters 11 through 16 describe the impact of increasing violence due to isolation of specific groups of women. Chapters 11 and 16 describe the isolation of female victims of rape when rape is a weapon of war. As seen in previous chapters, people with economic and political power ignore and isolate women who have been raped by soldiers. Chapters 12, 13 and 14 describe how child marriage (Chapter 12), widowhood (Chapter 13), and religious doctrine (Chapter 14) increase the chances of isolation for these groups of women. Isolation results in lack of equal protection under the law and equal access to healthcare.

The chapters in Section IV describe the issue of intimate partner violence in China, Kyrgyzstan, and Trinidad and Tobago. Chapter 18 addresses the prevalence of dating violence in China where one out of five college students report abuse in dating relationships. Chapter 19 is about female, same-sex violence in China, advocating a transnational approach of intersectionality. Same-sex violence occurs around the world in vastly different cultures, which is why a contextual perspective is necessary. Section IV ends with issues of violence in cults and

in the U.S. military. These chapters underscore the issue of violence when it is exacerbated by profound powerlessness.

The second wave of feminism in the late 1960s focused on the problems of inequality between genders in the United States. Much was accomplished. *Women's Journey to Empowerment in the 21st Century: A Transnational Feminist Analysis of Women's Lives in Modern Times* brings the global problems of inequality and violence against women to the forefront. These global issues, for the most part, are being addressed locally, often by the victims themselves. Bringing these issues forward on the global stage can, perhaps, support local workers by advocating policy, law, and social change worldwide. This book does an excellent job of presenting the challenges and addressing potential solutions.

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