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Ethical Humility in Social Work

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Frederic G. Reamer, Ph.D.

Rhode Island College

freamer@ric.edu

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Abstract

The concept of humility is now prominent in social work. It is featured especially in discussions of cultural humility in social work practice. A key gap in social work's literature and educational frameworks is the concept of ethical humility, which has been addressed much more ambitiously by a number of allied professions. The concept of *ethical humility*, also known as moral humility, implies a quality where practitioners are less than absolutely certain about their moral instincts and judgments. This article explores the nature of ethical humility and its relevance to social work practice. The author discusses the implications of ethical humility in three contexts: the individual level, the interpersonal level, and the organizational level.

Keywords: Ethical humility, ethics, moral humility, reflective practitioner, values

Especially since the early 1980s, social work students and practitioners have been introduced to a wide range of conceptually rich ethical decision-making protocols. Social workers' increasingly nuanced grasp of ethical issues in the profession reflects the broader expansion of ethics education in the professions generally, including medicine, nursing, psychology, mental health counseling, and marriage and family therapy, among others (Banks, 2012; Barsky, 2019; Martin, Vaught, & Solomon, 2017; Reamer, 2018a).

In the United States, comprehensive ethics education in social work is required by the Council on Social Work Education's *Educational Policy and Accreditation Standards* (2022). According to these standards, social workers must have core competencies that enable them to:

- make ethical decisions by applying the standards of the NASW Code of Ethics, relevant laws and regulations, models for ethical decision-making, ethical conduct of research, and additional codes of ethics as appropriate to context.
- use reflection and self-regulation to manage personal values and maintain professionalism in practice situations.
- demonstrate professional demeanor in behavior; appearance; and oral, written, and electronic communication.
- use technology ethically and appropriately to facilitate practice outcomes; and
- use supervision and consultation to guide professional judgment and behavior (p. 7).

These core competencies focus primarily on social workers' grasp and application of key concepts and decision-making protocols. They also highlight the importance of social workers' "use of self" when managing ethical issues, a longstanding core concept in social work (Dewayne, 2006; Kaushik, 2017). Typical ethics courses and continuing education offerings include content on social work values, common ethical dilemmas in social work, prevailing ethical standards, ethical decision-making frameworks, and strategies to protect clients and prevent ethics-related litigation and

licensing board complaints (Congress, Black, & Strom-Gottfried, 2009; Reamer, 2001). A key gap in social work's ethics literature and educational frameworks concerns the concept of *ethical humility*, which has been addressed much more ambitiously by a number of allied professions. This article explores the nature of ethical humility and its relevance to social work practice, including the implications of ethical humility in three contexts: the individual level, the interpersonal level, and the organizational level.

The Nature of Ethical Humility

Ethical humility—also known as moral humility—is generally defined as having an awareness of moral fallibility (Gow, 1996; Kupfer, 2003; Mason, 2020). According to Smith and Kouchaki (2018), “Moral humility is a virtue composed of having (a) a recognition of one’s own moral fallibility, (b) an appreciation for the moral strengths and moral views of others, and (c) a moral perspective that transcends the self” (p. 79).

The concept of humility is now prominent in social work in other contexts (Hunter, 2020). It is featured especially in discussions of cultural humility and competence in social work practice (Curry-Stevens, 2010; Danso, 2018; Mosher, et al., 2017). In this regard, over time social workers have embraced the importance of humility in their encounters with culturally diverse clients (Fong, 2004; Lum, 2011). In its *Standards and Indicators for Cultural Competence in Social Work Practice*, the National Association of Social Workers (2015) highlights the importance of social workers’ respectful treatment of culturally diverse clients: “Cultural competence refers to the process by which individuals and systems respond *respectfully* and effectively to people of all cultures, languages, classes, races, ethnic backgrounds, religions, spiritual traditions, immigration status, and other diversity factors in a manner that recognizes, affirms, and values the worth of individuals, families, and communities and protects and preserves the dignity of each” (p. 13; emphasis added). The concept of “respectful” entails humility in the form of deference, as in deferential treatment of others (Worthington & Allison, 2018).

In some contexts, the concept of humility has negative connotations, including the quality of being meek, deferential, self-deprecating, and overly modest (Bibus & Koh, 2021). In contrast, from a strengths perspective, which is widely embraced by social workers, humility has more positive connotations, including having an honest assessment of one's skills and abilities; a willingness and ability to acknowledge one's mistakes; a genuine openness to new ideas, contradictory information, and advice; being non-defensive; keeping one's self in perspective, with limited self-centeredness; and a keen appreciation of the many ways that people can contribute to the world (Peterson & Seligman, 2004; Tangney, 2002; Watkins, et al., 2018; Worthington, Davis & Hook, 2017).

Regarding social work ethics, the concept of humility implies a quality where practitioners are less than absolutely certain about their moral instincts and judgments. Social workers can learn and apply all manner of ethical decision-making frameworks and concepts such as metaethics, normative ethics, deontology, teleology, act and rule utilitarianism, virtue ethics, the ethics of care, and Confucian ethics, among others, but even highly refined and cultivated intellectual knowledge does not guarantee morally sound or "right" instincts and judgments.

In this respect, social workers who do their best to navigate and manage complex ethics-related circumstances may, like all mortals, labor under what moral philosophers have dubbed *bounded ethicality* (Chugh, Bazerman, & Banaji, 2005), *moral disengagement* (Bandura, 1999, 2016), *ethical fading* (Tenbrunsel & Messick, 2004) and *inattentional blindness* (Chabris & Simons, 2010). These phenomena, when they occur in social work, may warrant ethical humility. Bounded ethicality entails human beings' limited awareness of the moral nature of their actions. The concept is rooted in Simon's (1957) well-known concept of bounded rationality, which refers to people's inherently limited understanding of key variables that are relevant to decisions and limited cognitive capacity. Simon argues that people routinely opt for what he calls "heuristics" to make decisions rather than strict, rigid rules of optimization.

The concepts of bounded rationality, bounded ethicality, and heuristics are clearly relevant when social workers must make complex ethical decisions based on limited information, particularly when providing services during hot crises (Schwab, 2012). According to Kahneman (2003), heuristics are cognitive shortcuts or rules of thumb that simplify decisions under conditions of uncertainty. Use of such heuristics leads to what Simon (1957) refers to as “satisficing,” a term that blends the words satisfy and suffice. Satisficing is a decision-making strategy discussed in economics that aims for a satisfactory or adequate result, rather than the ideal or optimal solution. This is because in some circumstances, aiming for the optimal solution may not be feasible or even possible, especially during the kinds of crises that often arise in social work. Simon argued that rational choice is not always possible and that, at times, “realism” in the form of satisficing is necessary. The fact that social workers sometimes find heuristics and satisficing necessary in the face of complex moral dilemmas should lead to ethical humility.

Moral disengagement occurs when people convince themselves that ethical standards do not apply to them in a given circumstance (Detert, Treviño, & Sweitzer, 2008; Moore, 2015). According to Bandura (1999, 2016), Dahl and Waltzer (2018), and Smith and Kouchaki (2018), people can engage in moral disengagement for various reasons, including blaming the victim (e.g., It’s their own fault; they had it coming to them.), diffusion of responsibility (e.g., Everybody else does it.), displacement of responsibility (e.g., My boss told me to do it.), moral justifications (e.g., It’s for the greater good.), and advantageous comparisons (e.g., It’s not as bad as what others are doing.). For example, social workers might blame the victim (such as victims of interpersonal violence) for their use of substances to numb their pain or engage in what Bandura calls moral justification, where social workers convince themselves that unethical conduct in a given situation is necessary to achieve a greater good (for example, falsifying clients’ service utilization data to ensure that agency funders continue to financially support the agency’s important work). This is similar to a classic form of utilitarian argumentation, where some claim that morally justifiable ends can justify morally questionable means.

Another cause of moral disengagement takes the form of mis-presenting possible injurious consequences. Social workers might minimize, distort, or ignore consequences in a way that minimizes or rationalizes unethical conduct, perhaps for self-serving purposes (Dahl & Waltzer, 2018). For example, a social worker who becomes sexually involved with a client or exchanges flirtatious text messages with a client might justify this behavior by asserting that these activities are boosting a client's self-esteem.

Ethical fading occurs when the ethical dimensions or aspects of a decision disappear from view or retreat into the background (Tenbrunsel & Messick, 2004). This can occur when people focus primarily on some other—nonethical—aspect of a decision and ignore or, in some instances, simply fail to see the moral dimensions of the decision. For example, social work administrators employed by for-profit behavioral health corporations may be so concerned about profit margins that they lose sight of ethical issues pertaining to understaffed agency settings (as a cost-savings measure) and vulnerable clients' lack of access to much-needed services.

What has become known as *inattentional blindness* is well documented, that is, the capacity of people to completely miss what is right in front of their eyes, including ethical issues and dilemmas (Chabris & Simons, 2010). Social workers, like members of every profession, sometimes miss important, morally relevant clues that are right in front of them. This may occur because social workers are preoccupied with other matters, including crises, or, perhaps, do not have strong moral instincts or acumen. One key example is evidence that social workers sometimes do not recognize their involvement in discriminatory agency policies and practices that marginalize vulnerable people (Sloane, et al., 2018).

In fact, there is remarkable empirical evidence that people are quite capable of looking right past what seem like obvious signs and warning signals. Chabris and Simons (2010) have documented this phenomenon in a series of pioneering and creative studies summarized in their book *The Invisible Gorilla*. In the basic experiment, which the authors have replicated many times with impressively similar results, observers are asked to watch a short video in which six people—three in white shirts and three in black

shirts—pass around basketballs. These observers are asked to keep a silent count of the number of passes made by the people in white shirts. At some point, a person in a gorilla costume strolls into the middle of the action, faces the camera, thumps its chest, and then leaves, spending about nine seconds on screen. At the conclusion of the video, observers are asked to report how many times the people in the white shirts passed the basketball, suggesting that the purpose of the study is to assess people's ability to focus on and count a particular activity and compare observers' reports (similar to a test of inter-rater reliability). In fact, the actual point of the study is to assess how many people are so intently focused on the basketball activity (i.e., closely following the instructions) that they completely fail to see the person in the gorilla outfit strolling so visibly into the middle of the action. As Chabris and Simons demonstrate repeatedly, consistently about one-half of those who watch the video and count the passes completely miss the gorilla, as though it were invisible. These replicated results highlight the need for social workers to guard against possible inattentive blindness that can occur when they cross paths with ethical issues and dilemmas.

Ethical Humility: A Conceptual Framework

Analysis of ethical humility should view the phenomenon through three principal lenses, involving moral humility at the: (1) individual level, (2) interpersonal level, and (3) organizational level (Smith & Kouchaki, 2018). That is, ethical humility can manifest itself in the form of individuals' insight and conduct; individuals' treatment of others; and organizational norms, policies, and protocols. This framework reflects social workers' longstanding understanding of the need to examine human behavior simultaneously in the individual, interpersonal, and organizational contexts (Ashford, LeCroy, & Williams, 2018).

Ethical Humility at the Individual Level

One of the key challenges for individual social workers is recognizing ethical issues that are embedded in their work. As the "invisible gorilla" research

demonstrates, sometimes people fail to recognize important phenomena that are well within their view. Moore and Gino (2015) argue that some degree of moral humility is warranted because people sometimes are not aware of the ethical implications of circumstances they encounter and decisions they must make. As Smith and Kouchaki (2018) state, “all people are morally fallible to an extent, and that fallibility often starts with the very way a person approaches a morally relevant situation... Having moral awareness, then, is somewhat of a prerequisite for engaging in thoughtful moral decision making—without it, such decisions are often made based on ‘gut feelings’ that may or may not reflect the morally relevant issues at hand” (p. 81).

Failure to recognize morally relevant aspects of social work can lead practitioners to make *amoral* (as opposed to *immoral*) judgments. Thus, a core aim in social work education should be strengthening students’ and practitioners’ ability to recognize ethical issues in the first place, what Reynolds (2008) refers to as “moral attentiveness” and what Bazerman and Tenbrunsel (2011) call avoiding “moral blind spots.” An oft-cited example in the business ethics literature is Ford Motor Company’s failure to recall the defective Pinto automobile after staffers learned that the car could burst into flames if rear-ended. Several people died in fiery crashes that, many claim, would have been prevented if key staffers had acknowledged the ethical nature of the problem and advocated for a recall (Gioia, 1992). Critics argued that the corporation considered only the potential financial costs and benefits of a recall and did not factor in moral considerations. According to Smith and Kouchaki (2018): “We envision a person with greater moral humility to be more morally attentive, because they will likely approach decisions with a greater amount of moral caution, acknowledging their own moral fallibility. Their moral vigilance will increase the scanning of decision environments for morally relevant information” (p. 81).

Research suggests that several factors may decrease moral attentiveness and practitioners’ ability to recognize ethical issues embedded in their work. In addition to insufficient education, Colby and Damon (1992) argue that fear and anxiety about the possible harm to one’s reputation if one fails

to properly manage ethical challenges may be an obstacle. They claim that having a heightened sense of moral humility might help buffer against such anxieties, reducing the psychological barriers people face when thinking about confronting ethics-related challenges.

Further, there is empirical evidence that practitioners sometimes have overweening self-confidence or hubris when they estimate their own ethical instincts in contrast to those of their colleagues. In one prominent study, when researchers asked physicians whether they thought that promotions from pharmaceutical sales representatives unduly influenced the way that other physicians prescribe drugs to patients, 84% responded, “yes.” When those same physicians were asked whether they themselves were influenced, only 39% said, “yes” (Steinman, Shlipak, & McPhee, 2001).

In addition, research suggests that, at times, practitioners may neglect moral aspects of their work for self-serving reasons (Paharia, Vohs, & Deshpande, 2013). That is, if social workers are motivated by profit, for example, they may be disinclined to address instances where their billing practices are fraudulent in some way (for example, exaggerating clients’ clinical diagnoses, or billing for services that practitioners did not provide or that clearly do not fall within government regulatory guidelines). Practitioners may rationalize or attempt to justify their failure to address ethical issues (for example, “Insurance companies reimburse me at an unconscionably low rate, therefore, I am justified in exaggerating clients’ clinical diagnoses to enhance payment so that it reaches a reasonable amount.”).

Recognizing the vital importance of ethical humility in social work, there is some risk in exercising excessive degrees of humility. One danger is that excessive ethical humility, which may be a function of a practitioner’s level of self-esteem or confidence, may lead to moral indecisiveness and ethical apathy or insecurity. This can prevent practitioners from taking a moral position and challenging unethical conduct, which can lead to potentially dangerous forms of moral relativism. Excessive ethical humility can get in the way of the moral courage social workers sometimes need in order to confront unethical conduct or activity (Kidder, 2005; Reamer, 2021; Strom-Gottfried, 2016). As Smith and Kouchaki (2018) astutely note:

Whereas having insufficient moral humility may lead to moral blind spots, as people give too much credence to their own moral views while failing to account for other morally relevant aspects of a situation, having excessive moral humility presents the opposite challenge, as people's own moral values and standards become secondary to situational and contextual factors and the views of others. Having excessive moral humility may thus lead people to be morally permissive, lacking the proverbial backbone required to stand up for their own beliefs and fight for what they think is right—indeed, at the extreme, they may never think that they are right; they may suffer from moral blindness. (p. 82)

In order to be morally attentive and avoid moral blind spots, social workers must have the ability to recognize ethical issues in practice. Practitioners must have the time to reflect on the moral dimensions of their work. Unreasonably large caseloads and overwhelming workplace demands, for example, can limit social workers' ability to identify ethical issues (Shalvi, Eldar, & Bereby-Meyer, 2012).

Ethical Humility at the Interpersonal Level

Ethical humility also has implications for social workers' relationships with others—especially client and colleagues—in addition to enhancing ethical conduct at the individual, or intrapersonal, level. Social workers who manifest ethical humility may be perceived by clients and colleagues positively due to the absence of moral hubris or arrogance or a “holier than thou” attitude (Epley & Dunning, 2000). Further, social workers who are ethically humble may be more inclined to receive morally relevant feedback from others. And, ethically humble social workers may be more inclined to treat others respectfully and serve as constructive ethics-related role models. Owens, et al. (2019) found that leaders who behave in ways that manifest ethical humility (for example, showing they are open to the ideas of others in solving ethical issues; showing appreciation for the moral strengths of others; admitting when they do not know how to solve a particularly complex ethical issue) help to increase the moral efficacy of people in their sphere of influence (i.e., enhancing individuals' confidence in their ability to

perform in moral situations). They argue that expressions of leader humility model how to approach moral situations with care and deliberation, give colleagues opportunities to practice engaging in morally challenging situations by inviting them into the decision-making process, and validate colleagues' moral strengths and abilities.

Research suggests that humility is regarded as a morally valued trait that can enhance interpersonal relationships (Peterson & Seligman, 2004). More specifically, there is evidence that humility often increases an individual's inclination to be other-directed and to focus on other people's needs, consistent with the moral values of respect, care, empathy, and a commitment to others that are so central to social work (Batson, et al., 2002; Davis, et al., 2011; Peterson & Seligman, 2004; Tangney, 2000, 2002). And, ethical humility—which entails being attentive to the potential negative impact of one's behavior on others—may reduce the likelihood that social workers will engage in morally destructive conduct, for example, engaging in a sexual relationship with a client (Gray, Young, & Waytz, 2012).

Finally, research suggests that people who have insufficient ethical humility and who are morally disengaged are more likely to be unduly influenced by others to engage in unethical conduct (Chancellor & Lyubomirsky, 2013; Tangney, 2000, 2002). For example, a social worker who lacks ethical humility may be more inclined to engage in fraudulent billing if he is surrounded by colleagues who engage in this unethical conduct, a form of morally problematic contagion. According to Smith and Kouchaki (2018),

The lower levels of moral self-efficacy and moral courage associated with having excessive moral humility may present a challenge when facing morally relevant pressure from others. Such pressure might take the form of direct requests to engage in unethical behavior, or perhaps, more innocently, persuasive attempts to convince them to see a situation from a moral viewpoint that is different from their own. In either case, we expect people with too much moral humility to be more likely to comply with an unethical request or cede a moral point. They may be more likely to succumb to peer pressure and violate their own moral values, and they might be more easily convinced that their own moral perspective is incorrect. (p. 87)

Ethical Humility at the Organizational Level

Social workers typically begin their careers working in human service agencies. Over time, some practitioners develop independent (private) practices, although historically the majority have continued to work in organizational settings (Lord & Iudice, 2012). Ethical humility can enhance social workers' ability to recognize and manage ethical challenges in these organizations, especially given that many practitioners assume supervisory, managerial, and administrative roles.

High levels of ethical humility can increase the likelihood that social workers in leadership positions will foster a moral workplace culture that takes ethics and ethical conduct seriously and values honesty, respect, trustworthiness, integrity, and related virtues (Johnson, 2021). Evidence suggests that morally humble leaders in organizations provide compelling role models to subordinates and this can increase the likelihood of ethical conduct and reduce the incidence of ethical misconduct (Brown, Trevino, & Harrison, 2005; Schwartz, Dunfee, & Kline, 2005). Further, research indicates that ethical humility and associated moral leadership increases the likelihood that employees will experience a sense of psychological safety in the workplace, which, in turn, increases the likelihood that employees will be willing to speak up about any ethics-related or morally troubling issues, challenges, and discomfort (Edmondson & Lei, 2014). Also, ethical humility among organizational leaders may lead to fewer instances of unethical conduct among staffers or what is known as "collective corruption" (Ashforth & Anand, 2003; Brief, Buttram, & Dukerich, 2001; Gino, Ayal, & Ariely, 2009).

Ethically enlightened organizational policies and protocols, especially those designed to address ethical dilemmas that arise, can enhance human service agencies' ethical humility. Comprehensive and nuanced organizational codes of conduct are especially important, especially when they encourage social workers to seek ethics consultation when faced with a challenging ethical issue. In social work settings, agencies' codes of conduct can alert practitioners to the complexities of difficult ethical judgments related to the limits of client confidentiality, conflicts of interest, boundary issues

and dual relationships, allocation of limited agency resources, and management of staffers' impairment and misconduct, among other issues (Reamer, 2018b).

Also, agency-based ethics committees provide opportunities for social work organizations to communicate to staffers that skillful management of ethical dilemmas is a priority at the organizational level and that, consistent with ethical humility, no one administrator is omniscient about how to resolve all complex ethics challenges (Post & Blustein, 2015). Formal ethics committees have been prominent features in many health and human service settings since the 1970s (Hester & Schonfeld, 2012). Typically, ethics committees, which often include representatives from different professions and agency positions, provide agency staffers with case-related consultation services and nonbinding advice, particularly when staff members want assistance thinking through difficult ethical decisions.

Although ethics committees are not always able to provide definitive advice or guidance about complex ethical issues, they can offer social workers a forum for organized, focused, explicit, principled, and humble exploration of ethical dilemmas. This can provide social workers with a greater understanding of the issues and options they face and enhance the quality of their decision making.

Ethical Humility and the Reflective Practitioner

Ideally, ethical humility in social work increases the likelihood that practitioners will reflect on their moral judgments, and, in the event they err in any significant way, learn from their mistakes. This tendency is consistent with Schon's (1983) compelling discussions of the importance of being a reflective practitioner in his influential and groundbreaking book *The Reflective Practitioner: How Professionals Think in Action*.

Schon's thesis, based on his extensive empirical research, is that the most skilled and effective professionals have an impressive ability to pay critical attention to the way they conduct their work at the very same time that they do their work. Schon coined the terms "knowing-in-action" and

“reflection-in-action,” which suggest that some professionals can take a step back and think hard about what they are doing while they are doing it. These concepts are akin to the widely used social work concept “use of self” and are particularly relevant to social workers’ efforts to achieve ethical humility.

Ordinarily the concepts of knowing-in-action and reflection-in-action are applied to practitioners’ cultivation and use of technical skill, whether in social work, surgery, architecture, town planning, engineering, or dentistry. Social workers would do well to extend the application of these compelling concepts to their identification and management of ethical issues in the profession in an effort to be ethically humble. Ideally, effective practitioners would have the ability to recognize and address ethical issues and challenges as they arise in the immediate context of their work, not later when a colleague points them out or they are named in an ethics-related lawsuit or licensing board complaint. Put another way, social workers would have refined “ethics radar” that increases their ability to detect and respond to ethical issues with humility. As Smith and Kouchaki (2018) note regarding the importance of self-reflection as a component of ethical humility, “in the aftermath of an unethical decision, we expect those with moral humility to be self-reflective. They will be more likely to acknowledge that their choice was a mistake, rather than seeking to justify it. And after non-defensively accepting that there is a discrepancy between their behavior and the person they want to become, we expect them to seek ways to learn from their past mistakes” (p. 84).

Ethics-related reflection-in-action that incorporates ethical humility entails three key elements: knowledge, transparency, and process. With regard to knowledge, skillful and humble management of many ethical dilemmas requires a firm understanding of core ethics concepts and prevailing ethical standards. Ethics concepts are addressed in professional literature on the subject of moral theory. Pertinent ethics standards exist in several forms, including relevant codes of ethics, agency policies, prevalent practice standards and guidelines, statutes, and regulations.

With regard to transparency, humbly reflective social workers who sense an ethical issue share their concern with supervisors, colleagues, and appropriate administrators; these practitioners do not claim to be ethically omniscient and are not defensive. An effective way to protect clients and practitioners alike is to avoid any suggestion that the ethical issue is being handled “in the dark.” Such clarity demonstrates social workers’ good faith efforts to manage ethical dilemmas responsibly. When appropriate, clients should be included in the conversation.

With regard to process, although some ethical decisions are clear-cut, many are not. Often, they require painstaking analysis and consultation with thoughtful colleagues and ethics experts. Ethically humble social workers are very willing to seek out collegial assistance; they are not afraid to expose their moral uncertainty.

Further, ethically humble social workers are inclined to seek highly focused ethics consultation, not just all-purpose social work consultation, when complex moral dilemmas arise. Ethics consultation—first provided primarily in hospitals—began in the late 1960s and early 1970s (Fletcher, Quist, & Jonsen, 1989; La Puma & Schiedermayer, 1991). In the late 1970s, Pellegrino (1978, 1979) and Siegler (1978, 1979) published several influential papers that proposed a role for clinical ethics consultation as a discrete and unique field of expertise, and in 1985 the University of California, San Francisco, and the National Institutes of Health co-sponsored a conference on ethics consultation (Bermel, 1985). By 1990 ethics consultation in health care had developed so substantially that a professional journal, the *Journal of Clinical Ethics*, began publication.

Over the years, ethics consultation has assumed a variety of forms and tasks that can be usefully incorporated into social work settings (Aulisio, Arnold, & Youngner, 2003). Ethics consultation is typically available to practitioners who encounter a challenging, sometimes deeply troubling, case-specific ethical dilemma. In health care settings, for example, ethics consultation is often sought when a staffer feels caught between family members’ wishes concerning aggressive treatment of a gravely ill relative and

accepted medical practice which suggests an alternative course of action (Beauchamp & Childress, 2019).

Case Illustration

A social worker at a large community mental health center specialized in the treatment of clients who struggle with co-occurring issues, that is, the coexistence of a mental illness and substance use disorder. One of her clients was diagnosed with schizophrenia and cocaine addiction.

One afternoon, the mental health center's receptionist notified the social worker that a detective from the local police department had arrived and was eager to talk to the social worker. The social worker met with the detective, who explained that she was investigating a recent homicide and had learned from a suspect's family member that he had been receiving counseling services from the social worker. The detective held up a copy of the client's mug shot, obtained when he was arrested about a year earlier during a different incident, and asked the social worker to confirm his identity. The social worker nodded her head affirmatively, confirming the client's identity, after which the detective asked the social worker several questions about her last contact with the client, her understanding of his place of residence, and recent behavior.

The social worker quickly realized that she may have made a mistake when she acknowledged the client's identity with the police detective, in light of relevant federal and state laws and code of ethics standards related to client confidentiality and disclosures to law enforcement officials. At this point, the social worker told the detective that she needed to consult with her supervisor about how best to respond to the detective's information request.

The social worker immediately contacted her supervisor and told her about her encounter with the detective and the detective's information request. The supervisor diplomatically informed the social worker that she should not have acknowledged the client's identity because his privacy is protected by the strict federal guidelines in regulation Title 42 CFR (Code of

Federal Regulations) Part 2, *Confidentiality of Substance Use Disorder Patient Records*, as well as HIPAA (Health Insurance Portability and Accountability Act), and a key state law governing disclosure of confidential health care information. The supervisor and social worker spent a half hour reviewing language in these various guidelines and eventually concluded that, according to Title 42 CFR Part 2—which is stricter than HIPAA and state law and clearly governs the social worker’s substance use disorder services she provides to this client—the social worker was not permitted to disclose any confidential information to the detective without the client’s consent or court authorization (in contrast to HIPAA and state law, which do permit disclosure of some confidential information to law enforcement to identify a suspect or fugitive).

Out of an abundance of caution, the supervisor recommended that they consult with the agency’s risk management director, ethics committee, and the health care law attorney the agency has on retainer to further clarify the appropriate course of action. The risk management director, agency ethics committee, and attorney concurred that the social worker should not have acknowledged the client’s identity when talking with the detective; however, all of these parties commended the social worker for recognizing her error and immediately seeking consultation and supervision about appropriate next steps. The social worker said she felt badly about her inadvertent disclosure, and then expressed her appreciation for the opportunity to learn from her mistake and gain a deeper understanding of how to manage this kind of ethical dilemma.

This case scenario exemplifies ethical humility in social work. The social worker engaged in reflective practice and recognized that she erred when she acknowledged a client’s identity, without the client’s consent or court authorization, during her conversation with a police detective. Thus, the social worker avoided inattentional or moral blindness. Consistent with ethical humility, the social worker was transparent, not defensive, and shared her mistake with her supervisor. The social worker immediately sought ethics consultation with her supervisor; together, they then sought additional consultation with the agency’s risk management director, ethics

committee, and the agency's attorney. Thus, the social worker demonstrated ethical humility at the individual and interpersonal levels. Together, the social worker and supervisor displayed ethical humility at the organizational level by seeking out consultation and by engaging the agency's ethics committee. The supervisor modelled ethical and leader humility by initiating ethics consultation at higher administrative levels.

Conclusion

The concept of humility is central in social work practice and education. To date, scholarly discussions of humility have focused nearly exclusively on its relevance to social workers' understanding and appreciation of cultural, ethnic, and social diversity. It is critically important for social workers to extend the concept of humility to the ethics realm.

A truly comprehensive application of the concept of humility to social work ethics should entail several elements. These include understanding the potentially positive and negative sequelae of ethical humility; the ways in which ethical humility can help prevent moral hubris; and mechanisms to enhance social workers' ability to identify and meaningfully address ethical challenges that arise at the individual level, interpersonal level, and organizational level. Ideally, future research will explore the effectiveness of practical strategies designed to strengthen social workers' ethical humility—for example, in the form of agency-based training initiatives—and social work organizations' efforts to develop ethically-informed policies, including practically useful codes of conduct and ethics consultation protocols.

Ethically humble social workers have the ability to function as reflective practitioners who are aware of ethical challenges at the very moments they arise and conceptualize and implement a course of action. These practitioners especially appreciate when ethics consultation with colleagues is appropriate to enhance their management of ethics-related challenges.

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