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Editorial Comment: Upcoming Special Issues

Stephen M. Marson, Ph.D. Editor & Jerry Finn, Co-Editor

The Journal of Social Work Values and Ethics is always seeking new and exciting themes for the advancement of knowledge in the arena of social work values and ethics. With this in mind, the editorial board is seeking manuscripts for two upcoming special issues.

The first special topic includes values and ethics within the context of technological advances in social work practice and education. At last count, we have identified 5,000 Internet sites that offer clinical intervention. What are the ethical concerns for practitioners, administrators, and agency policy makers? Practitioners and consumers are increasingly communicating by e-mail, and some practitioners are receiving unsolicited e- mail requests for help. Online self-help groups are an important source of support for many of the general population. How have recent advances in technology affected housing of client records and confidentiality? The list of concerns related technological advances goes on. We are interested in manuscripts on these topics and hope that you will work with us toward this goal.

Our second special topic issue addresses the topic of academic dishonesty or, if you embrace the "strengths model"--academic honesty. Currently, surveys suggest a range of between 34 and 87 percent of students who have cheated at some time. Data indicate that we are facing a rapidly increasing level of cheating. In her book entitled *Preventing Internet Plagiarism,* Dr. Brock offers us guidelines for dealing with students. What are the practice implications for student social workers cheating? Do they take short cuts with clients? With 28 years of teaching under my belt, I have experienced that unethical behavior may be transferred to practice. What experiences and information can you share with readers of *The Journal of Social Work Values and Ethics?* To what extent is cheating ignorance, and to what extent is its purposeful unethical behavior? What should be done in either case? What steps should be taken in assessing cheating? What consequences should be imposed? What prevents some educators and students from confronting cheating? Consider submitting a manuscript to us.

Pragmatism and Clinical Practices

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Abstract
The increasing preference for technological therapies in healthcare is perceived by many as a serious threat to the future of socially based therapies. While this concern is not without merit there is another more hopeful possibility to be found in recent adaptations in the ethical evolution of medical practices. In particular the inclusion of pragmatism into clinical ethics holds the possibility of a mutually beneficial relationship between clinical social workers and medical professionals.
Keyterms: Pragmatic Social Work, Clinical Pragmatism, Clinical Social Work, Applied Ethics, Professional Ethics

Introduction

Unlike other mental health professions, like medicine and clinical psychology, which gain their professional authority through their expert status as masters of scientifically based techniques of diagnosis and treatment, social work does not produce its own tools and so is not a 'true' profession in the classic sense. Social work has attempted to bolster its self- image by investing in academic ventures creating journals and doctoral programs but the standard in academia is still one of scientific knowledge and this leaves social work to imitate sociology and or psychology raising legitimate institutional questions of the value of such duplication. Likewise, in the realm of professional practice, which is now almost exclusively run by corporate health conglomerates, the scientific techniques of medicine and psychology can be measured in terms of outcome equations, relating to statistical norms, which easily translate into the bookkeeping practices of the business sector, leaving social workers to serve these professions or find a new source of professional identity. This essay will offer social work an alternative vision for the future by calling on the resources of pragmatism, not to try and mimic or co-opt the applied sciences by creating an alternative and or inclusive foundation, but more like a work of art which allows one to appreciate a familiar scene in a new way.

The deeply ambivalent relationship between clinicians whose practices depend on using social behaviors (including all aspects of thinking and speaking) as their only tools and those who use the tools of applied science can be traced back to the underlying anxiety diagnosed in Freud's foundational dream analysis of "Irma's Injection." There Freud shares with us a fear that echoes loudly in our times: "I was alarmed at the idea that I had missed an organic illness. This, as well

may be believed is a perpetual source of anxiety to a specialist whose practice is almost limited to neurotic patients and who is in the habit of attributing to hysteria a great number of symptoms that other physicians treat as organic" (Freud, 1950, 21). Lurking doubts of the possible organic causality of psychopathology have continued to haunt all the following generations of lay analysis. But the patients who are properly referred to social workers are those who are suffering their own failures of imagination in so much as their habitual ways of coping are no longer able to meet their changing relationship to their environment. This is absolutely not to say that habits are unnatural and or do not include physical processes, but it is to deny that the social realm can be reduced to the organic. Practitioners of this clinical social work who are seeking a more cooperative relationship with medicine may find hope in the recent development of clinical pragmatism in medical ethics.

Clinical pragmatism addresses moral problem solving in a context of reciprocity consisting of a series of interconnected steps:

1. Assess the patient's medical condition.
2. Determine and clarify the clinical diagnosis.
3. Assess the patient's decision-making capacity, beliefs, values, preferences, and needs.
4. Consider family dynamics and the impact of care on family members and others intimately concerned with the patient's well-being.
5. Consider institutional arrangements and broader social norms that may influence patient care.
6. Identify the range of moral considerations relevant to the case in a manner analogous to the clinical process of differential diagnosis.
7. suggestprovisionalgoalsofcareandofferaplanofactionincludingplausible treatment and care options.
8. Negotiate an ethically acceptable plan of action.
9. Implement the agreed upon plan.
10. evaluate the results of the intervention.
11. undertake periodic review and modify the course of action as the case evolves (Fins, Bacchetta, & Miller 1999, 32).

By creating clinical pragmatism, the medical community has begun to reform its procedures and values to better reflect the democracy which supports it. Intersubjective systems minded clinicians who practice social work, are in a unique place to benefit from this medical change of heart.

Pragmatism, values and ethics

Both clinical pragmatism and pragmatic social work are inspired by the writings of the American philosopher John Dewey who argued that:

The problem of restoring integration and cooperation between man's beliefs about the world in which he lives and his beliefs about the values and purposes that should direct his conduct is the deepest problem of modern life. It is the problem of any philosophy that is not isolated from life (Dewey 1929, 255).

Taking the lead of the experimental psychologist and pragmatist philosopher William James, Dewey insisted on the primary ethical roles of practice, purpose, and plurality in his philosophy. Dewey emphasized the practical outcomes and the ethical consequences of beliefs rather than the authority of any theoretical reasoning that might be created in advance of results. This pragmatic reasoning allows for clinical hospitality to presenting individual differences, rather than a theory based clinical stance which assumes to know better before the actual case is at hand. Pragmatic reasoning is always willing to test and retest its interpretations against the lived experience of the involved parties. Pragmatic resolutions are understood to have only instrumental, rather than a priori, value so is to be considered 'true' only to the degree that they can help us into a satisfactory relationship with the other parts of our experience.

This conscious attention to the process of selection, choices to attend to some things and ignoring others, leads to an epistemological humility, and a respect for democratic solutions to moral dilemmas. Pragmatism does not deny the knowledge and experience of clinical experts but does recognize both the limits of knowledge and the differences in lived experiences which can lead to differing understandings. Clinical pragmatism and pragmatic social work are focused on helping to clarify and meet, not to prescribe, the patient's life choices and so are process oriented. The role of the clinician is to help facilitate a moral problem-solving process of individuation, testing preconceptions against the particulars of a given patient narrative. While the clinical process should not force a clinician to violate his or her own ethical stance, therapy does not impact the clinician and the patient equally and the ending resolution must reflect the instrumental desire of the patient whose life will be shaped by it.

In so much as it reflects a more open ended, reciprocal, and contextualized ethics of care clinical pragmatism represents a shift in medicine towards the pragmatic concerns of post- modern systems minded social therapy. While its democratic intentions are to be applauded clinical pragmatism is clearly limited in the amount of time available for physicians and patients to establish the kind of in-depth relationship that the cares of complex dilemmas evoke. These principles of pragmatic medical care of patients by physicians may be logically extended to include

the care provided by a similarly pragmatic social work. Social therapy can both aid in the initial care, by helping clinicians and patients to imaginatively investigate the systemic implications of changes, and to help patient systems to extend their adaptations to include life from beyond the medical system.

Clinical Orientation

The orientation of pragmatism; practice, purpose, and pluralism, may seem almost unreflectively natural to American psychotherapists. But the majority of American schools of therapy are Humanist in their orientation. Much like the country's legendary founding fathers they believe in certain unalienable and self-evident human rights. Underlying this sense of human rights is a Kantian post-enlightenment logic of a universal human nature, which when properly nurtured will exhibit culturally acceptable ethical values. This transcendental universalistic view of human nature is not shared by pragmatic social work. Dewey learned from Hegel that human subjectivity is thoroughly historicized. Dewey reads Hegel to teach us that human individuality is not a natural given state of being but rather a social process of interactions in participation with social systems. But unlike Hegel, who held that history had a Spirit revealed direction of progress; Dewey learned from Darwin's Origin of Species that life is an ever-changing adaptation to contingency. Darwin's theory of the evolution of species overturned the ancient Greek metaphysics of eternal forms for species, including the human branch of the biosphere. The pragmatic approach to moral dilemmas is then rooted in experimentalist coping strategies formed through an understanding of developmental origins (Rorty, 1995). These experimentalist coping strategies may be turned for clinical purposes into patient owned reflective relationships to previously unimagined and or unconsciously acquired social habits.

In his own work Dewey developed the social and political implications of the understanding of our evolutionary capacity for habitual responses, and their relationship to imagination, which he gained from the works of Charles S. Peirce and William James. Dewey teaches us that "The more numerous our habits the wider the field of possible observation and foretelling. The more flexible they are, the more refined is perception in its discrimination and the more delicate the presentation evoked by imagination" (Dewey 1922, 175-6). Dewey brought an added element of ethical socialization to this habitual adaptation in his descriptions of our capacity for imaginative, conscious and 'internal' (not otherwise acted upon), deliberation and experimentation called dramatic rehearsal. In imagining different choices and their possible

consequences, by remembering like events and by gathering data from trusted sources, we can begin to narrow down our choices without suffering the consequences of otherwise acting out. The parallels between dramatic rehearsal and clinical social work will be obvious to experienced clinicians who should recognize the example provided by Dewey scholar and ecosystems advocate Steven Fesmire in his clarification that:

Dramatic rehearsal is the reflective phase of the process of reconstructing frustrated habits. For example, in a close relationship another's objective presence has been woven into the fabric of one's habits. Loss of the relationship throws these habits out of equilibrium with changed surroundings. The prior habits cannot just be willed to change; rather, they ground, motivate, and structure ensuing adjustments, as when an unmet need for companionship provokes imagination of viable prospects for reestablishing stability: say the strengthening old friendships or actively pursuing new ones (Fesmire 2003, 78).

Pragmatic Social Work

A pragmatic social work would be led by Dewey in a "Faith in the power of intelligence to imagine a future which is a projection of the desirable in the present and to invent the instrumentalities of its realization, is our salvation" (Dewey 1917, 69). In practical terms the adoption of a pragmatic clinical posture would be a fairly straightforward affair to embody. In his book How We Think, Dewey outlines a method of inquiry for us to begin with: "[i] a felt difficulty; [ii] its location and definition; [iii] suggestion of a possible solution; [iv] development by reasoning of the bearings of the suggestion; [v] further observation and experiment leading to its acceptance or rejection" (Dewey 1910, 72).

When reading this outline it is vital here to remember that this a matter of mutual reflection on the choices and desires represented in the patient's narrative. The role of the clinician is to help client pay attention to the habits which they display so as to make them conscious of the ways in which their behaviors have been shaped in relation to previous choices and idealized future possibilities. By bringing the therapeutic relationship to bear on these displayed habits the individual client can then choose to either continue in these behaviors, now fully conscious of and so socially responsible for them, and or to imagine and experiment with alternative practices. The client does not become more like 'themselves', as there is no such predetermined identity, but rather is freed to identify themselves through practiced trials with appealing social choices. This

is a truly systemic psychology which while recognizing the capacity for individual choice understands these choices to be between various relationships as competing goods.

As identity results from socialization, including the language acquisition necessary to self-consciousness, we are always already in relationships. All human consciousness is a reflective function of memory, imagined and interpreted. We even see, smell, taste, and hear, with our brains and not with our sense organs. So even in absolute isolation or the depths of dreaming we exist only in relation to others, ethically defined by our very being.

The clinician who introduces their patients to a logic of contingency can provide an existential freedom of choice from a previously fatalistic logic of determinism. Clinical ethical choices become existential in nature as they bring the client's focus to bear on actual differences, versus ideal, possibilities and limitations. This shift of attention from the timeless unlimited possibilities of the transcendental to the contingent a-moral impositions of the reality principle is often met by both clients and clinicians with reactions of grief and mourning. Professionally this had led to a psychological denial of pathology as witnessed by the attempts of humanistic psychology to reduce religious beliefs into psychotherapeutic techniques. This self-aggrandizing anti-medical scientific confusion of psyche and soma has recreated the backwards looking logic of sickness as a symptom of a failed moral nature. It is not the trained expertise of social therapies to diagnose or to treat the suffering directly caused by physical corruption. Rather the role of the social therapist is to help reduce the suffering related to the anxiety invested in taking the responsibility for making the agonizing ethical choices presented by a medical diagnosis. Medical practitioners may be able to tell patients what their physical ailment is and how various treatments may impact their lives but the work of deciding what choices to make and what this change means to the life of the patient system is left to the care of the interpersonal therapeutic relationship. The following clinical narrative caricature will serve as a case in point.

Illustrational Case

Every Wednesday morning, I would check my mail and phone messages at my office in a state mental health clinic and then hit the road as part of a rural outreach effort. I would meet patients in the offices of a family medical practice served by two part-time nurses and one internist. Many of my referrals came through this practice and so I was not entirely surprised to be met at the door by an unscheduled but tearfully distressed middle-aged woman. She was still in her sweat clothes and curlers, not an unusual state of attire at the local diner, but her total lack of make-up

was suspicious given the huge dark circles under her eyes and the prevailing local fashion trends. While the doctor was generally considered to be a fellow "townie" by these people I was a relative stranger and they often put on their best face to see me, suspicious of an outsider's judgment.

I introduced myself and opened the door. She sat down and thanked me for the tissue that I handed her and told me that the "doc" had sent her down here after their appointment earlier this morning. She said that he was mad at her for refusing to give up her part-time waitress job at a local bar even though she had suffered a nearly fatal stroke last year and shouldn't be driving car long distances or pushing her body so hard. I asked her if she had talked with him about why she had made these choices and she said no. She explained that he had said that he didn't want to hear any excuses and that he knew what was best for her and if she was "too crazy to listen to reason" then she should go down and wait for the "head-doctor" (her words) to set her straight.

This is the kind of unfortunate doctor-patient interaction that the ethical practice of clinical pragmatism would help to avoid. This doctor showed no interest in serving the various social needs of his patient; rather he was serving his own mechanically minded job description. He was clear that he saw this patient as having broken or malfunctioning parts which it was his job to fix. This doctor showed no professional interest in the emotionally charged hopes, dreams, fears, and obligations that made up the patient's embodied value system. Had this doctor taken more time to talk with his patient he could have saved her this emotional grief, she and I the several sessions we spent adjusting her attitude towards our work from his referral as punishment, and she may have complied with the more physically compelling parts of his treatment program sooner than she did. As it was it took her and I several months to even begin to develop the trusting desire that would motivate her to seek regular health care

While I could and did provide her with counseling relating to relaxation techniques the work of therapy was focused on her ethical responsiveness to this life altering change in her health. The specter of death had served to heighten her sense of responsibility to an almost paralyzing level of anxiety. Like many people who suffer unimaginable tragedies she was feeling lost in a kind of timeless limbo separated from the largely unreflected flow of her past common-sensical identity and equally unable to respond creatively to the present she had also lost her sense of having a future. The fact that the rest of the world did not seem to have changed with her but was apparently going on with its business as usual, especially her husband and children, only further served to reinforce a sense the of loss of the temporal dimension of her life and the resulting spatial

disruption being translated into existential feelings of non-being. The client's past choices had not properly prepared her for this trauma and now all of her previous modes of adaptation were called into doubt. Not surprisingly, given her depressing state of affairs, this client was unable, or unwilling, to engage in a constructive practice of dramatic rehearsal, choosing instead to present largely fatalistic and often morbid images of her future in which her projected habits brought about only more pain and suffering.

Faced with this paradigm of destruction and discontinuity the social worker is left to adopt an ironic style of bricolage. Like the subjects of Levi-Strauss' writings, we are left to refashion to our own clinical use tools (in this case the client's presentation of past habits) which were designed for other purposes (Stout 2001, 74-7). What was called for now was a therapeutic reconstruction of the past. By engaging the client in an account of her life story a process of comparison can begin by using the various imaginal personae encountered therein, and the inevitable differences that come with repetition. The clinician becomes the collector of memories for the client, comparing and contrasting the various selves and others previously represented in the client's narrative.

Not having been previously taught to communicate even one coherent life story the client is now faced with a chorus of narrative voices. Under these terms therapy becomes a theatre of ethical performances. The client is encouraged to imagine and act out different social styles in relation to her own shared memories of past ideals, expectations, experiences, and fears, and in response to questions of choices and outcomes from the clinician. The rules of engagement in this game theory are modeled by the professional ethical standards of the social worker. The pragmatist philosopher Michael Eldridge provides us with an outline of the "formal properties" required of social practitioners who would seek to serve as examples of Dewey's democratic ideals; "in order to use causes meaningfully and pervasively one needs beliefs, such as the belief that ideas are responses to difficulties, or that directed change is possible. One also needs attitudes such as open-mindedness, wholeheartedness, and responsibility" (Eldridge 1998, 17). The imaginal possibilities entertained by the client are focused by the clinician's choice of questions (which are informed by the social worker's intuition, educated awareness of the various plots that we have received from history, and her imaginative intelligence) to compare choices made by the client outside of the 'clinical hour' to statements of purposeful identity made in the presence of the clinician

Having survived this conscience raising therapy of habits the client's once rigid and largely reactive reflexes eventually come to be less threatened by the appearance of difference. Through

this self-reflexive process of experimentation, the client's defenses are eased enough to include a practiced identification with the social habits of moral inquiry, imagination, conscious choice, and thoughtful attention to others. In the current tyranny of the means, represented by the endless flow of detached images promoting our commercialized culture, personal style may be more of an oxymoron than a subject of discriminating taste, but this is a bid for life that clinical social work may find worth taking an educated bet on. Pragmatic social work becomes an act of faith in the continuing American democratic experiment with the pursuit of individual freedom and happiness.

It is vital for the clinician to be aware that this process is one of imaginative play, not a factual re-presentation. Clinical genealogy imitates the natural development of the self, as a social process in which the individual experiments with the practice of acting out various roles and learning from the resulting responses. The goal, and indeed the epistemic logic, of narrative therapy is one of novel creations of possible livelihoods, not ontological certainty, and certainly not legal facts. If the clinician can avoid taking this play personally then therapy can serve as a safe place to try new things without the often less forgiving consequences of personal relationships. The ethical social worker who respects the developing individuality represented in the client's narrative should work to bear the anxiety of not knowing (both their own and the client's) and refrain from trying to replace the experiential goods of the client with clinician's ideals. The client will only be able to learn to think ethically for herself if she is given a chance to weigh out the consequences of her own previous experiences as a basis for future decisions. In this way the client is returned to her own stream of consciousness, back into the social play of reflected identity, safe to again imagine fruitful future plans of action

In this case the doctor had failed to anticipate that before this patient could meaningfully engage in her medical care, she would in fact have to decide if she still wanted to live. This was by no means a self-evident choice for her, as it had apparently been for her doctor, long before she could work up to trusting her decision-making capacity in such a serious manner, we had to work through the earlier life decisions that had preceded this momentous task. We started with the very taxing but mundane demands of her daily routine. Her stroke had put her in the position of starting over in terms of learning how to approach the tasks of her everyday life. Though her thinking processes were largely intact she was now physically limited in both endurance and structural stability. While we occasionally joked about the living death of housework, (mutual laughter being a good sign that a healing spirit has been engaged in the therapeutic play) she could in fact now

possibly work herself to death. Over the next few months, she began to grow in her trust of our relationship and her own ability to make meaningful decisions. We then began the long hard work of re-viewing many of the major previous decisions in her life; to leave her parent's home early, to begin to drink heavily and revolve her life around various bars, to keep her children and be a single mom, to marry her husband and have more children with him, to stay in this marriage even though she was often desperately lonely.

As she reconstructed the telling decisions in her life therapy began to include a challenge for her to now make choices which reflected her current understanding of her life's value. She started to ask for more of what she wanted from her relationships and compared the results of these experiments with her own efforts. In this way she began to incorporate her own style of pragmatic ethics into her decision-making process. Over the course of therapy, she took care of her dying parents, got two of her children into counseling, forced the local high school to better educate her previously undiagnosed learning-disabled daughter, first left her husband and then renegotiated their marriage and moved back in with him, and ultimately sought a new physician whom she felt that she could work closely with. She had learned the value to her life of a more mutually respectful and inclusive decision-making process for her relationships. She learned that to receive a certain level of care she would have to give a certain level of care and that this required from all parties involved some degree of self-sacrifice, reflection, and intentional communication.

Concluding Remarks

While this case could be read as a therapeutic success story, as the patient lived it, and as this paper now represents it, it was unfortunately a failure at the professional interdisciplinary level. The patient's referring physician was unwilling to participate in the therapeutic process when it became clear that the patient's decision-making process would lead the healing process. Historically this kind of mechanical paternalistic certainty has often been an accepted modus operandi for medical ethics and practice but it must continue to change to fit the evolving ethical standards of the community. Clinical pragmatism not only supports the integration of a community-minded systems perspective into its own decision-making process, but its guiding ethos is born of the humility that comes from a deep respect and appreciation for the complexity and value of the individual. Socially minded clinicians of all differing kinds should rally together to support this revolution in medical ethics and see in its values the call of care demanded by our own.

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Ethical Dilemmas in Social Work with Right-Wing Youth Groups: Solutions based on the document *Ethics in Social Work, Statement of Principles* by the *International Federation of Social Workers* (IFSW)

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Abstract
Social work with right-wing youth groups in Germany is a field in which social workers face various ethical dilemmas. The German national "Code of Ethics", the *Berufsethische Prinzipien des DBSH[1],* should provide social workers with guidance in solving ethical dilemmas, but in some cases the document itself is responsible for the predicaments. This article will analyze the dilemmas and present a possible solution to them by means of formulating ethical guidelines based on the document *Ethics in Social Work, Statement of Principles* by the International Federation of Social Workers (IFSW).
Keyterms: Ethical Dilemmas; Code of Ethics; Ethical Guidelines; Right-wing Extremism; Social Work Practice

Introduction

After a short introduction to the characteristics of right-wing youth groups as a special target group for social work, the following article argues for and against working with these clients. Dilemmas and inconsistencies inherent in this particular field of action, and which evolve when acting on the basis of the current document, will be pointed out. The *International Federation of Social Workers* (IFSW) encourages social workers "to reflect on the challenges and dilemmas that face them and make ethically informed decisions about how to act in each particular case" (IFSW, 2004, p. 2). This article takes up that aim by presenting ethical guidelines for social work with right-wing youth groups.

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[1] The DBSH, Deutscher Berufsverband für Soziale Arbeit, is a member of the International Federation of Social Workers (IFSW) and the official trade association of social workers in Germany. It offers a wide variety of services for its members. It gives advice about legal affairs and about professional questions. The DBSH is the publisher of the magazine Forum Sozial. Like every member organization of the IFSW, the DBSH has adopted a national Code of Ethics, which is based on the international one. Germany is the host nation of the general meeting of the IFSW in 2006, which will take place in Munich. This conference is organized by the DBSH.

Right-wing Youth Groups in Germany

Since the early nineties, right-wing extremism has developed into a serious problem in Germany. In 1991 and subsequent years, the acts of violence by right-wing adolescents against foreigners and refugees increased intensively – the authorities reported a number nine times higher than in 1990 (Bundesamt für Verfassungschutz, 2001). After a reduction in the mid-nineties, the number of cases began to rise again and has now stabilized at a very high level.

Current research shows that 75 percent of the culprits are members of right-wing youth groups that are not part of the organized radical right (like parties or neo-nazis), and that 90 percent are younger than 24 years old, 91 percent of which are male (Wahl, 2001). Moreover, up to 19 percent of all adolescents and young adults in Germany have xenophobic or ethnocentric orientations (BMBF, 2001).

It is important to point out that this article is not about youth groups of the *organized* right-wing political movement. This article is referring to groups commonly known as peer- groups, of which their members associate themselves with right-wing youth cultures, such as skinheads. Four characteristics can be attributed to these groups:

1. Members have a strong undemocratic attitude based on the right-wing ideology of inequality among human beings (BMBF, 2001).
2. There is a general acceptance of violence, and spontaneous violent acts form no exception (Wahl, 2001).
3. They are part of a youth culture that has adopted the style of skinheads but are not part of the inner circle (Borrmann, 2002).
4. The group structures are shaped by hierarchical ideas about gender roles. A great amount of conformity is expected by and of the members of the group (Borrmann 2002; Utzmann-Krombholtz 1994).

The Irreconcilability of Right-wing Extremism and Social Work

Three of the four characteristics can be seen as social problems and fall within the purview of social work.

Right-wing ideology denies the inherent worth and dignity of all human beings (Froechling 1996, p. 88). This view is contrary to the basic ethical principles of social work as stated in the document *Ethics in Social Work, Statement of Principles*. Fundamental values such as *equality* and *non-discrimination (Centre for Human Rights/IFSW/IASSW, 1994)* are not acknowledged in right-wing extremism.

The equality of all people is rejected when human dignity for all is denied. Additionally, the right-wing ideology views the human being not as an individual but as part of the whole. Consequently, the individual has far more duties than rights.

Right-wing extremism defines a person in terms of his or her race and ethnicity. Stating that the race of a person determines one's behavior and that these habits are therefore unchangeable, right-wing ideology asserts that mankind is divided into groups of persons of different worth. Based on that ideology, right-wing adolescents justify the discriminatory and offensive actions against people whom they view as inferior.

Social work has the obligation to respect the dignity and worth of human beings and challenge negative discrimination. Because trying to change beliefs is a dangerous territory for social workers who are supposed to respect different beliefs, it is necessary to point out that according to the drafted document of the IFSW, "respecting the right to self- determination" is a crucial point which includes to "promote people´s rights to make their own choices and decisions, irrespective of their values and life choices." Yet this can only be done under the condition where their values and choices do "not threaten the rights and legitimate interests of others" (IFSW, 2004, p. 4). However, as pointed out earlier, this is one of the principles that right-wing ideology promotes. Therefore, there is an imminent duty for social workers to work against right-wing extremism. Thus, attempting to change the attitudes of right-wing adolescents is ethically justified.

It is obvious that violence essentially opposes the value of *life.* The fact that violent actions threaten the physical integrity of human beings (as a need, a value and a humane right) indicates that social work has an obligation to act against those actions. The last 15 years have shown that right-wing ideology has a lack of respect for life as a value: more than a hundred people have been killed by attacks of right-wing adolescents since 1990 in Germany.

Gender roles, which are typical for right-wing youth groups and actions evolving from these roles, are contrary to some of the fundamental values of social work as presented in the document *Human Rights and Social Work (*Centre for Human Rights/IFSW/IASSW, 1994). Young men in these groups discriminate against young women due to their beliefs in the inequality between the sexes. Aggressive and violent actions are another integral part of their male gender role. These actions are typically performed within territorial conflicts with other male dominated peer groups (Kohlstruck, 1999).

Social Work with Right-wing Youth Groups

Social workers in Germany have worked with these clients for approximately 15 years. Before that time, social workers generally refused to work with them for political reasons, though there were a few exceptions. To understand the basis of arguments in this conflict, it is necessary to state the crucial points of the discussion around the question of whether or not social work should address these clients.

The opponents of social work with right-wing youth groups argued that:
1. Social work handles these clients *because* they are members of a right-wing youth group. This sends the wrong signal to other young people who might believe that this is the way to get attention.
2. The goal of social work with these special clients is to integrate them into mainstream society. However, social work does not reflect the political attitude of mainstream culture since it believes that this is not its concern. So social work in that field can be criticized for a lack of political involvement.
3. Success social work stabilizes the right-wing groups. As a consequence, other groups of young people get elbowed aside.

The supporters of social work with right-wing youth groups argued that:
1. Social work has the obligation to help everybody who needs its help. There is a difference between the problems young people *have* and the problems they *make*.
2. Social work with right-wing young people does not mean that their political attitude is accepted. Far from it, it contributes significantly to a change in their inhumane and undemocratic orientation.
3. Such a change is only possible if the daily routines of the young persons are no longer filled with problems and conflicts. Only then can there be a chance to alter their attitudes.
4. The supporters also argue that in most cases the right-wing attitude of the young clients does not stem from deep conviction but is a form of protest.

Based on these arguments, several elaborate concepts for social work with right-wing youth groups were developed (Krafeld, 1992; Krafeld, Lutzebaeck, Schaar, Storm and Welp, 1996; Borrmann, 2002). They are established mainly on the understanding that social workers in this field have to gain the trust of the adolescents, and that they should try to solve their personal problems. An intensive interpersonal contact is the ground upon which social work is able to point out inconsistencies and help young people to reflect on their attitudes.

Is Social Work with Right-wing Youth Groups Compatible with the National and International "Code of Ethics"?

The current national "Code of Ethics" in Germany is called *Berufsethische Prinzipien des DBSH*. It is a specification of the international document *The Ethics of Social Work, Principles*

and Standards, which was adopted by the IFSW General Meeting in Sri Lanka in 1994. The national document contains some information which is contradictory when applied to social work with right-wing youth groups. The nature of the predicament can be demonstrated by the example of Paragraph 2.1. It states:

The members of the DBSH should challenge negative discrimination on basis of political beliefs, nationality, ideology, religion, marital status, handicaps, age, gender or sex, sexual orientation, race, skin color or any other personal characteristics. The members do not take part in such discrimination, nor do they accept them or do anything to make such discrimination easier. (DBSH, 1997, p. 13; translation by S.B.)

This paragraph states that social workers have the obligation to work with right-wing adolescents despite their political attitude. However, social work with right-wing youth groups contributed to a stabilization of such groups in regions where right-wing youth cultures were already dominant. Successful social work was helping the right-wing adolescents to solve some of their major social problems, but as a side effect, the right- wing youth culture was growing. This rise had serious consequences for other adolescents in that region since they were attacked more frequently than before (Leif, 1992; Zentrum Demokratische Kultur, 1999). In cases like this, social workers are inevitably faced with the question of whether their intervention is a way of "making discriminations easier," and is therefore, incompatible with paragraph 2.1.

The *Berufsethischen Prinzipien* does not contain guidelines of how to deal with these kinds of ethical issues. The drafted document of the new ethical principles of the IFSW, which will likely be adopted at the General Meeting of the IFSW in Adelaide, Australia, this year, states that the IFSW "aims to encourage social workers across the world to reflect on the challenges and dilemmas that face them and make ethically informed decisions about how to act in each particular case" (IFSW, 2004, p. 2). Focusing on this suggestion, the following section will discuss more ethical dilemmas, which will most likely occur when working with right-wing youth groups. Further on, it will present suggestions for ethical guidelines based on the document *The Ethics of Social Work, Principles and Standards,* which may possibly help in solving these kinds of dilemmas.

Ethical Dilemmas in Social Work with Right-wing Youth Groups

The proposed document *Ethics in Social Work, Statement of Principles* names four areas in which problems concerning ethical issues are likely to rise. All four concern this field of action.

First of all, social workers are often caught in the middle of conflicting interests. Conflicts are likely to occur in different variations, such as:

1. *Between the social worker´s and the client´s interests*. A basic principle in social work is that it has to be done without compulsion. According to the *Berufsethischen Prinzipien des DBSH* and the document *Ethics in Social Work, Statement of Principles,* however, social workers have the obligation to face any kind of discrimination. This can be interpreted as an imminent order for the social worker to do anything in his or her power to change the inhumane and discriminatory attitudes of right-wing adolescents. As it has already been made clear in section 3 of this article, this is not a colonization of the adolescent´s beliefs but a necessary step to act in correspondence with the basic principles of social work ethics. Yet, from the point of view of the youth groups, a social worker who tries to change their political beliefs can hardly be what they are looking for. Their main goal is to take advantage of the available resources. In this scenario, the social worker faces a dilemma between his or her duty and the client´s interests.

2. *Between the interests of individual clients and other individuals.* Social workers in this field usually work very closely with the youth groups. Therefore, it is very likely that the social worker will witness discriminatory or violent actions by the adolescents. In such a situation, social workers are obliged to help the victims, but are they also obliged to report the culprits to the police? This would certainly be to the client´s disadvantage even though it would help to protect the rights of the assaulted.

3. *Between the interests of groups of clients.* In regions where there is a lack of resources for professional youth work, one social worker is often responsible for many different, sometimes rival, youth groups. Distributing the resources (money and attention) unevenly can have a negative impact on groups of a rival youth culture.

4. *Between other institutions and groups of clients.* There is a very high probability for a conflict of interest between an institution such as the police and social work. Working closely with right-wing youth groups provides social workers inevitably with inside information the authorities must take an interest in. The social worker has to decide at which point he or she has to differ from the principles of privacy and confidentiality to avoid an accusation of complicity (Morgan and Banks, 1999).

5. *Between different groups of social workers.* The example given in 2) illustrates how this conflict might arise. A social worker working with the victims of right-wing adolescents would certainly have an intense interest in reporting the culprits to the police. A social worker working with the right-wing youth groups themselves faces a conflict of interest not only on the grounds of his or her ethical beliefs but also due to the demands on the social worker of both victims and clients.

The second problem concerning social workers in this field is the fact that they have a double role as helpers and controllers. This has several implications. One of them is the question of "whether or not control, in the sense of diverting or preventing young people from activities considered harmful, should be regarded, and indeed promoted, as a core purpose of the work" (Jeffs and Banks, 1999, p. 93). Another position argues that the main purpose of youth work is "to socialize young people to fit into society and accept norms" (Jeffs and Banks, 1999, p. 94). These two positions can be summarized as "practice for control." This is a principle which is widely known, but regarding right-wing youth groups, it appears very complex. The examples mentioned above show that social workers in this field are confronted with demands from many directions. The main reasons for engaging social workers in this field are the violent and offensive actions performed by these groups in public. The public expects the social worker to ease the tension. For the public, the problem is solved when the situation becomes less visible and, therefore, appears to be under control. Professional social work, on the other hand, has the obligation to attempt to solve the problems of clients, which are most often very complex. Aggressive behavior of the youths is just the most visible part.

The third problem area is closely related to the one above. Social workers are in conflict with the duty to protect their clients' interest and with society ́s demands for efficiency and utility. Those funding the work "expect their investment to produce a reduction in the future demand for their services and changes in behavior, while local authorities and community groups generally expect to see the efforts of youth workers translated into a decreased number of offenses and fewer 'kids on the streets' and 'hanging around'" (Jeffs and Banks, 1999, p. 106). Therefore, it seems inevitable that those adolescents who pose the least threat receive the least attention. This causality might cause a dilemma for the social worker since his or her professional judgment or preference might not coincide with the local authorities' selection of worthy causes for funding.

Finally, the fact that resources in every society are limited brings the social worker in this field face to face with dilemmas regarding the equitable distribution. One has to make sure that even the less visible or less demanding adolescents are able to participate in professional youth work.

Solutions for the Dilemmas

Neither the *Berufethischen Prinzipien des DBSH* nor the draft document *Ethics in Social Work, Statement of Principles* offers ways to solve such issues. The IFSW proposal just states that

it is expected that the "members´ organizations will develop their own ethical guidance and codes with reference to [the IFSW document, S.B.], along with their own procedures for disciplining those who violate the ethical guidance and mechanisms for promoting education, debate and discussion on ethical issues in social work" (IFSW, 2004, p. 1). The current IFSW document adopted by the General Meeting in 1994, *The Ethics of Social Work, Principles and Standards,* however, offers suggestions on how to handle ethical issues. It states that the national associations are obliged to produce ethical standards for such fields of action where ethical dilemmas are most likely to occur (IFSW, 1994, p. 5) – and that, most certainly, includes the field of social work with right-wing youth groups. These standards (or guidelines) have to be developed on the basis of the IFSW document that offers general principles.

Addressing this issue, the following section will present eight ethically justified guidelines for social work with right-wing youth groups. These guidelines should be seen as suggestions that can be further developed by others. The references in the following chapter are from the document *Ethics in Social Work, Statement of Principles* (IFSW, 2004).

Ethical Guidelines for Social Work with Right-wing Youth Groups

1. The ethical guidelines are part of the professional standards. The clients should be informed about them.
2. Social workers have an obligation to act in the best interest of their clients, but they also have to respect the rights of others. With regards to the document *Ethics in Social Work, Statement of Principles*, the clients should be informed about a conflict of interest as soon as possible.

Section 5.3 in the IFSW document states that "social workers should act with integrity. This includes not abusing the relationship of trust with the people using their services…." Informing the clients about conflicts of interest and the ethical guidelines the work is based on gives the clients the choice not to get involved. There will not be any conflict as long as they do "not threaten the rights and legitimate interests of others" (section 4.1.1.).

3. Social Work is supposed to act in a way that there is no chance for a direct or indirect support of the political right-wing movement. Political statements of the clients are not a problem – but agitation is.

The political beliefs of the right-wing youth groups are one of their main characteristics. Social workers in this field have to be able to tolerate a lot of their talk – as discriminatory, offensive or inhumane as it might be. However, when this talk turns into organized political propaganda with

the aim of distributing political ideology, a line is crossed. Section 4.2.1. of the IFSW document states that social workers have the obligation to challenge negative discrimination and section 5.2. makes clear that they should "not allow their skills to be used for inhumane purposes." Right-wing extremism is based on inhumane beliefs that are contrary to all international conventions; the document *Ethics in Social Work* is based on (section 3) and incompatible with "respect for the inherent worth and dignity of all people, and the rights that follow from this" (section 4.1.).

4. If there is a possibility of psychological or physical injuries to others, social workers have to act. It is an obligation for social workers to help and support the victims of violence.

One of the first principles mentioned in the IFSW document is that "social workers should uphold and defend each person′s physical, psychological, emotional and spiritual integrity and well-being" (section 4.1.). For this reason, social workers have to protect the victims of violence by any means, and that includes calling the police if necessary – regardless of the consequences for their clients.

5. Social Work with this special target group ceases to make sense when there is no chance to act against the undemocratic and inhumane attitudes of the clients.

An imminent order to work against the inhumane beliefs of right-wing youth groups can be derived from section 4.2.1. of the IFSW document, which states that social workers are obliged to challenge negative discrimination. If there is no chance of success, social work with this group should not continue. This does not mean that social workers should stop working with individual members of the group.

6. Social work has to end if the social worker is faced with violence against him or herself or with non-violent actions that express devaluation of the social worker.

Social workers have the duty "to take the necessary steps to care for themselves professionally and personally in the workplace and in society, in order to ensure that they are able to provide appropriate services" (section 5.6.). Social workers whose health and well-being is in danger are not only personally under a threat but are also unable to act professionally. Such hazards to the social worker′s health and well-being are unacceptable and keep him or her from acting professionally.

7. In regions where adolescents compete for resources of social work due to a shortage of those resources, social workers have to divide them equitably – even if the right-wing youth groups are more noticeable in public.

Social work should respect the rights and legitimate interests of other individuals and groups. However, this right is disregarded if social work sees right-wing youth groups as its only target group (section 4.1.1.). In addition, the IFSW document provides a criterion for the social workers´ decision of how to distribute the resources equitably; "Social workers should ensure that resources at their disposal are distributed fairly, according to need" (section 4.2.3.). To regard human needs as a criterion for a fair distribution of resources brings into focus "that the fundamental nature of these needs requires that they be met not as a matter of choice but as an imperative of basic justice. …A substantive need can be translated into an equivalent positive right…" (Centre for Human Rights/IFSW/IASSW, 1994, p. 5).

8. Social workers have to respect the client´s right of having a relationship of trust and confidentiality. But they also have to respect their countries' laws. If a social worker learns about illegal activities that pose a serious threat for the well-being of others, he or she should break confidentiality.

The physical integrity of a human being is a basic human right. Forced to choose between keeping information private and helping to prevent serious harm, social workers should choose the second option. Section 5.7. of the IFSW document states that exceptions to maintaining "confidentiality regarding information about people who use [the social workers´, S.B.] service . . . may only be justified on the basis of a greater ethical requirement (such as preservation of life)."

Conclusion

This article has demonstrated that one can solve ethical dilemmas in social work by analyzing them carefully and formulating ethically justified guidelines based on the document *Ethics in Social Work, Statement of Principles* by the *IFSW*. The document can be seen as more than an unspecific declaration of norms and values. It can also be a helpful instrument to solve ethical dilemmas in social work practice.

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Felony Convictions and Program Admissions: Theoretical Perspectives to Guide Decision-Making

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Abstract
Social work education programs face an ethical dilemma when determining whether to admit an applicant who has been convicted of a felony. Decisions must be made which protect future clients while also providing educational opportunities to qualified students. A hybrid decision-making model, integrating statistical modeling and intuitive processes, is presented.
Keyterms: Social Work Education; Gatekeeping; Felony Convictions; Intuition; Emotional Awareness; Ethical Decision-Making

Introduction

Social work programs in the United States accredited through the Council on Social Work Education (CSWE) are required to have policies regarding admission procedures for both undergraduate and graduate levels. However, the Educational Policy and Accreditation Standards ratified by CSWE in 2002 (2003) provide little guidance regarding admissions policies or decisions. Earlier accreditation standards (CSWE, 1994) stated, "Criteria and processes of admission should be designed and implemented to accept from the group of applicants those who, in accordance with the program's educational goals, are best qualified to become professional social workers at a [beginning level BSW program or advanced level MSW program] of practice " (Evaluative Standard 5.0). There has been a strong tradition for social work programs to consider the admissions process as part of the gate-keeping role for the profession, and many authors have attempted to better define those qualities which mark an applicant as suitable, thereby promoting the gate-keeping role (Born and Carroll, 1988; Dunlap, Henley, & Fraser, 1998; GlenMaye & Oakes, 2002; Miller & Koerin, 1998; Pelech, Stalker, Regehr, & Jacobs, 1995).

This gate-keeping role presents educational programs with a potential ethical dilemma. Programs are to admit those applicants who are "best qualified to become professional social

workers" (CSWE, 1994). Admissions committees are compelled to make predictions of the applicant's future competence, integrity, and commitment to the profession's core values.

One of the particularly difficult decisions in gate-keeping admissions policies is deciding whether to admit an other-wise qualified applicant with a previous criminal conviction. Such decisions require that we deal with the legal issues as well as with the ethical dilemmas (Cole & Lewis, 1991; Gelman & Wardell, 1988; Gibbs, 1994). While the legal questions are usually handled by the general counsel for the university, the ethical issues must be resolved at the level of the program itself. Programs first turn to the National Association of Social Workers' Code of Ethics (NASW) for an overview of the value base of the profession (NASW, 1996).

The most salient value conflict centers around the protection of the client and the rights of the individual applicant. As stated in Section 1.01 of the Code (NASW, 1996), the social worker's primary responsibility is to the client. In Section 2.09, there is the explicit admonishment to "discourage, prevent, expose, and correct the unethical conduct of colleagues." Further, in Sections 4.04 and 4.05, standards related to dishonesty and impairment of professionals, are presented. These values may be viewed as conflicting with the rights of applicants and the need to respect their worth, if indeed the applicant is rehabilitated. As Younes (1998) points out, this dilemma is compounded even further when the applicants themselves are from an at-risk population.

Magen and Emerman (2000) and Scott and Zeiger (2000) have presented us with an excellent 'Point and Counterpoint' debate of possible solutions for this value-based dilemma: a blanket policy to reject all applicants with a felony record versus a case-by-case review of the individual applicant. Magen and Emerman present two central points for not accepting applicants with felony records. Their first argument is that felony convictions are a form of social sanction. With a social sanction comes a loss of rights, including the loss of opportunities to engage in certain professions or educational opportunities including social work.

Secondly, Magen and Emerman (2000), in agreement with Born and Carroll (1988), argue that students are not the clients of social work programs. Rather, the clients are the recipients of service provided by the program's graduates. Thus, in accordance with the NASW Code of Ethics (1996) these authors contend that the potential risk to the clients should not outweigh the costs of denying an educational opportunity to an applicant, even one who is truly rehabilitated.

In their counter argument, Scott and Zeiger (2000) contend that the ultimate charge is to determine if an otherwise qualified applicant poses a risk to clients, to colleagues, to the profession,

or to society. This risk to clients and the profession must be weighed against the cost of failing to accept such an applicant, including failing to honor the worth and dignity of the individual applicant. Admitted applicants should be those who are active contributors to the enhancement of clients' well-being. Therefore, if an applicant has the potential to become an excellent social worker, denying them their opportunity based on their past behavior is a disservice not only to the individual but also to clients and the profession. Rather than taking a blanket approach to rejecting all applicants with a criminal background, Scott and Zeiger suggest reviewing each applicant individually for admission, including an interview assessment. They delineate several characteristics of the applicant which may have predictive value, including the type of offence committed, time elapsed since the criminal act, as well as other indicators.

Decision-Making Perspectives

The present paper argues that programs that choose to review applicants with a criminal background must develop clearly explicated policies. However, even with clear policies, it will ultimately be necessary to make a decision in spite of uncertainty. Therefore, it is crucial that the decision-making process itself be based on a clearly defined model derived from sound decision-making principles. We assert that this process should be based on a theoretical framework of risk management in decision-making. Two different decision-making models are presented here, along with our developed model for a decision-making support system. These models and the support system are applicable to admissions decisions and are consistent with the social work value base.

Ethical Decision-making in Social Work

The NASW Code of Ethics (1999) does not provide specific rules for practice, but rather provides a frame of reference for making decisions, with the understanding that the context in which practice occurs must be factored into the decision-making process. Based on the Code of Ethics, various models for resolving ethical dilemmas in social work practice have been proposed. Loewenberg, Dolgoff and Harrington (2000) present a decision-making model which combines an ethics assessment screen and ethical rules screen, based on a rank-ordering of ethical principles. Mattison's (2000) model takes this a step further by emphasizing the importance of the preferences and value system of the social worker. She argues that increasing the self awareness of the decision-maker is necessary for understanding the patterning involved in making decisions when social work principles are in conflict.

Determining Thresholds: Signal Detection Theory

Concepts developed from Signal Detection Theory can facilitate our understanding of probability-based decision-making processes. This theory was originally designed to assist operators in detecting and reporting a "signal" (such as a radar signal) which was presented at or near the threshold for detection. Signals in this range result in uncertainty and rules for reporting detection were needed (Swets, 1986). Four possible outcomes of making a yes/no decision exist under conditions of uncertainty. A 'Hit' is when 1) a signal (dangerous condition) exists and 2) the signal is reported. A 'Miss' is when 1) a signal (dangerous condition) exists but 2) it is not detected/reported. A 'False Positive' is when 1) no signal exists but 2) the operator falsely believes it was detected and therefore reports it. "Peace and Quiet" is when 1) no signal exist and 2) none is reported.

Mossman (1994) and Swets (1992; 2000) have applied the signal detection model to diagnostic decision making. In cases of diagnostic uncertainty, two key concepts emerge: decision threshold and decision accuracy. According to these authors, the concept of balancing between false positives and misses is a tradeoff between sensitivity (detecting real signals) and specificity (not sounding false alarms). The decision of how strict the threshold should be depending upon this balance. When it is important that all signals are reported due to the severe costs of missing a signal, a lenient threshold will be used. With a lenient threshold, a signal will be reported even when there is a high degree of uncertainty of its existence. In this way the number of hits is maximized, and the sensitivity is high. However, because signals are reported even though there is considerable doubt regarding their existence, there is a corresponding high rate of false positives. Thus, sensitivity is high for a lenient threshold and specificity is low.

In contrast, when the outcome of a false positive is severe in relation to the outcome of a miss, a strict threshold might be recommended. In this way, a signal will be reported only if there is a high degree of certainty that the signal exists. With a strict threshold, the false positive rate is reduced but there will be a corresponding increase in misses. In other words, the specificity is high, but the sensitivity is low.

Another important consideration in determining the threshold for detection is the base rate of occurrence (Swets, 1992; 2000. When a signal, or dangerous condition, is highly unlikely to occur, it is reasonable to set a strict threshold for reporting. All of these factors, the cost of false

positives and misses, the benefits of hits, and the base rates of occurrence, interact in determining where the threshold should be set.

Signal Detection Theory in conjunction with statistical information on recidivism (described below) can be applied to the present ethical dilemma of whether a social work program should accept an otherwise qualified applicant who has a criminal record. The four contingencies of the Signal Detection Theory applied to this decision are presented in Figure 1.

	Danger is reported	Danger is not reported
Applicant will re-offend	"Hit" Applicant correctly rejected	"Miss" Applicant incorrectly accepted
Applicant will not re-offend	"False Alarm" Applicant incorrectly rejected	"Correct Acceptance" Applicant correctly accepted

Figure 1. Signal Detection Contingency Table for applicant decisions (adapted from Green & Swets, 1966)

In applying the signal detection model to making decisions regarding applicants with a criminal record, a "Hit" refers to correctly recognizing that the applicant will re-offend and thus endanger the client and/or the profession. Having recognized this, the committee rejects the candidate from the program. A "Miss" refers to failing to recognize that the applicant will indeed commit further offenses. Because this danger is not detected, the committee incorrectly accepts the applicant into the program. A "False Alarm" is making the (incorrect) determination that the applicant will re-offend, when in reality they do not pose a danger. In this case, the committee rejects a qualified applicant. Finally, "Peace and Quiet" is accepting a qualified applicant who poses no danger.

For this example, our dilemma is further complicated because we must base our decision on our prediction of the applicant's future behavior. Unlike radar signals, there is no absolute knowledge of whether a signal exists. Thus, our dilemma is similar to the diagnostic uncertainty model discussed above (Mossman 1994; Swets; 1992, 2000). For assistance in determining our

course of action, we can return to the concepts of sensitivity and specificity to determine our threshold for reporting a signal, that is, an applicant who presents a danger to clients, colleagues or the profession. This threshold for rejecting a candidate will depend on the admissions committee's assessment of the impact of incorrect decisions.

One of the most important considerations in determining the threshold is the type of offense which was committed. For instance, if an applicant has a record of repeated abuse against vulnerable people, the threshold may be very lenient. In other words, if there is any degree of evidence that the applicant will re-offend, this danger will be reported. In contrast if an applicant has a record of a single offense of a non-violent crime such as making a false statement to secure a loan, the threshold may be more stringent. In this case, the impact of committing another similar offense, while certainly in conflict with the core value of integrity, would generally not be seen as especially dangerous to clients. Therefore, the applicant would be rejected only if there was a high degree of certainty that a signal (evidence of re-offending) exists.

The impact of false positives must also be considered. In our situation, if there is extreme competition for a limited number of student slots and there is an over-abundance of social workers, the cost of rejecting a qualified applicant would not be seen as a particular problem. However, if there is a severe shortage of social workers and applicants to the program, then rejecting a qualified applicant would be more costly. Furthermore, the characteristics of the applicant themselves must be determined. If the applicant is especially qualified and possesses characteristics which would be an asset to the profession, the cost of a false positive increases.

Decision Accuracy

Decision accuracy is a measure of how closely the decision which is made matches the actual outcome. Swets (2000) explains that accuracy is highly dependent on the quality of the information used for decision making. Utilizing factors with good predictive validity and having sufficient information to make a decision are two prerequisites for accuracy. Several methods for increasing accuracy, relevant to the dilemma presented here, will be discussed below.

Statistical Decision-Making Models

The question at hand requires that we make a decision to accept or reject applicants with a criminal history based on predicting whether they will commit further crimes. To aid in making this decision, statistical tables of recidivism rates should be consulted. According to the U. S. Department of Justice (Department of Justice, 2002), 67.5% of all persons released from prisons

in 1994 in the 15 states studied were re-arrested within three years. The re-arrest rates ranged from 40.7% for kidnapping to 78.8% for motor vehicle theft. These rates also varied by personal demographics. For instance, women had a 57.6% re- arrest rate, while the rate for men was 68.4%. The younger the person at the time of release, the higher the re-arrest rate. Minority re-arrest rates were higher than those for White people.

However, the raw data lend only marginal predictive power when looking at individuals. Therefore, numerous efforts have been made to develop a statistical model which would be useful in determining the risk of recidivism based on individual characteristics. Silver, Smith and Banks (2000) review and compare the most common models. Out of almost 100 possible risk factors associated with recidivism, 14 have been found to account for the majority of the variance. These include age at sentencing, employment status, number of previous arrests, and substance dependence. Using either linear or multivariate logistic discriminant analysis equations, very good predictive accuracy may be attained based on these variables. Indeed, according to Silver, et al., (2000), these models are more accurate than expert clinical judgment. Likewise, Mossman (1994), wrote that "a nonclinician furnished with knowledge of past behavior may outperform a mental health professional relying solely on information garnered from a clinical interview" (p. 790).

Similar statistical models have been applied directly to social work fields of practice, including child protective service agencies when determining which reports of child abuse and neglect to investigate (Johnson, Brown and Wells, 2002). Buttell and Carney (2002) report on a statistical model used to predict whether men who are court-ordered into treatment for battering will complete the program. In both instances, statistical models provided significant information regarding the interactions of variables.

Statistical models have many advantages, including reasonably accurate prediction rates, reliance on proven objective factors, the ability to combine an extraordinary amount of information, and the lack of individual bias entering into the equation. However, there may also be significant drawbacks to their use. Silver and Miller (2002) caution us that statistical models are not constrained by ethics. For instance, since race may be an important predictor variable for recidivism, these models automatically factor it in to the equation without regard to the possible role of discrimination or oppression. Continuing to rely on race within the statistical models can result in further marginalization of various groups. Using this statistical model then, rather than

working to alleviate the conditions which place the person at higher risk, actually perpetuate discrimination.

Emotional Awareness and Intuition Models

In contrast to the statistical processes described above, when using an intuitive model, the decision maker does not attempt to be detached and dispassionate. Intuitive decision- making models recognize that we must rely on our judgment, our previous experiences and our "gut-feelings."

According to Barbalet (2001), decision-making is at the core of intellect and rationality. The process of coming to decisions necessitates using all available information: direct, indirect, experiential, verbal and nonverbal, cognitive and emotional. This is especially true when making judgments about others and prospects for the future. The informational role for emotional content and context in decision-making can assist people in interpreting what they see and hear (Clore, 1994; Barbalet, 2001), and may act as the beginning point for making decisions (Bandura, 1986; Evans, 2001; Forgas & Vargas, 2000).

Consistent with this, Shweder (1994) suggests that emotions activate a personal "schema" that has the meaning and shape of an emotional story based on the decision maker's individual experiences, perceptions, and meanings, both direct and indirect. These cognitive attributes include the socially constructed qualities of what is right, wrong, good, bad, normal, and abnormal; what is liked, disliked, fair, unfair, and just or unjust. Goleman (1995), in his work on emotional intelligence, suggests, "The emotional mind is far quicker than the rational mind, springing into action without pausing, even a moment, to consider what it is doing. Its quickness precludes the deliberate, analytic reflection that is the hallmark of the thinking mind... Actions that spring from the emotional mind carry a particularly strong sense of certainty, a by-product of streamlined, simplified way of looking at things that can be absolutely bewildering to the rational mind" (p. 28). Further, Bandura (1986) cautions that faulty decisions and actions can arise from our failure to consider pertinent affective information, misperceptions of relevant affective information, or from deficient cognitive processing of that information.

Our emotions may play a very powerful role when deciding whether to accept an applicant with a criminal record into a social work program. We may expect that our emotional response to the type of crime committed will outweigh all other variables, including race, gender, age, qualifications, and the discriminatory practices of the criminal justice system itself. Understanding

these emotional responses can assist us in proceeding with the decision-making process to insure fairness and a sense of social justice to the individual involved.

Intuition, a concept related to emotional intelligence, has been examined as a factor in the decision-making processes (Bayard, 2001; Haidt, 2001; Khatri & Ng, 2000; Luoma, 1998). As defined in these studies, however, intuition is more than just an emotional response or a "gut feeling." Lieberman (2000) stressed the role of implicit learning as the underlying mechanism for intuition, and Khatri and Ng (2000) contend that intuition is subconscious, complex, quick and central to all decisions. Rather than being emotionally based and biased, they argue that intuition is based on an in-depth but unconscious understanding of complex situations.

Based on these assumptions, Khatri and Ng (2000) have developed an Intuitive Synthesis approach which accentuates the importance of examining the totality of a situation and synthesizing information into an integrated picture or story. Their model integrates judgment, experience and unconscious knowing with performance and environmental data to model decision-making in business settings. They conclude that intuitive synthesis is widely used and is especially relevant when making strategic or non-routine decisions, and when there is a degree of uncertainty involved.

Examining intuition from a social cognitive neuroscience approach, as Lieberman (2000) has done, can provide significant insight into the process. Although there are many definitions of intuition available through the literature, Lieberman defines it as "the subjective experience of a mostly nonconscious process that is fast, a-logical, and inaccessible to consciousness that, dependent on exposure to the domain or problem space, is capable of accurately extracting probabilistic contingencies" (p. 111). Based on neurobiological studies, Lieberman argues that the utility of intuitive responding is related to the situation. In those instances, for which a logical decision-making process can be used, intuition actually will result in errors and biases due to an over-dependence on personally salient information, rather than an overall assessment of the cognitive criteria. In contrast, Lieberman states that situations which involve implicit rather than explicit learning are especially amenable to interpretation by intuition. For instance, decoding another's emotional state from their non-verbal behavior relies heavily on intuitive processes. Also, encoding one's own emotional states is intuitive. In these cases, intuition is superior to conscious, cognitive based processing.

Hall (2002) reviews the substantial literature on the use of intuition in making medical decisions. She emphasizes that uncertainty is always a part of decision making and that this uncertainty can result in anxiety, and often negatively impacts the decision-making process. According to Hall, several types of biases or errors can result. Representativeness refers to using non-predictive information when comparing the current case to known cases. While the use of such data can improve the decision-maker's confidence in their decision, it may discourage the decision-maker from searching for information which is relevant and predictive. Another bias presented by Hall is based on the availability of cases to use as comparisons to the index case. When only a few comparison cases are available, these will receive greater weight than they should. Also, the most recent case will typically be weighed more substantially than those cases further removed in time, prejudicing the decision process. Intuitively based errors in decision making also occur due to the ease with which a negative outcome can be imagined. If the decision- maker has seen negative outcomes before, and especially if these outcomes were dramatic, then the decision maker may be unduly biased against this decision alternative. A final bias worth mentioning here, described by Hall, is that people generally are optimistic and over- emphasize their own capabilities. Thus, they may be prone to take a riskier alternative believing that they can prevent the negative outcomes.

In spite of these potential drawbacks, intuition and emotions play a powerful role in decision making. For the present dilemma posed by applicants to social work programs with criminal backgrounds, the intuitive synthesis model would appear to be an essential component of the decision-making process. Knowing that intuition is especially useful in decoding emotional and personality information from non-verbal cues, it would seem that the use of face-to-face interviews with such applicants would be desirable. Furthermore, the benefits of intuition can be maximized as the admissions committee members develop an understanding of the potential biases as well as the most appropriate venues for its use.

Hybrid Models

Various hybrid models which incorporate both statistical procedures and intuitive reasoning have been proposed. Benbenishty and Treistman (1998) recommend the use of Decision Support Systems to aid military mental health officers who must decide if a soldier should be discharged due to psychiatric illness. Their decision support system combines statistical analyses with models derived from a study of expert clinical decision-making processes. These authors

advocate for consistent use of such support systems in order to reduce idiosyncratic responses in decision making.

Another hybrid model, characterized as explanation-based, has been applied to jury decisions (Hastie & Pennington, 2000). This model focuses on reasoning about the evidence or facts and utilizes a narrative approach. According to these authors, people naturally develop a story or narrative based on the evidence presented in the case. The goal of this narrative development is to construct a story which provides the best fitting explanation to account for both the evidence presented in the case and the author's personal knowledge and world knowledge base. Using their proposed model, this narrative is then judged as to its validity, completeness, exclusion of other potential stories, and integration of conflicting information. Once this story has been critically assessed, it can then be matched to the possible decisions to be made and the potential outcomes of such decisions. The degree of certainty or confidence that the decision-maker has in their constructed narrative and the goodness of fit with the potential outcomes determines their final decision.

To apply this model to the current decision, that is whether to accept or reject an otherwise qualified applicant because of a criminal record, we would presumably hear or read all of the information regarding the applicant and their background. To complete our narrative, we would integrate this information with our knowledge of human behavior and our own "practice" knowledge and personal experiences. We would compare this narrative to our possible decisions of acceptance or rejection of the applicant. Finally, we would make a judgment based on the totality of this information.

Proposed Decision- making Support System

We are proposing a decision-making support system for ruling on applicants who have criminal backgrounds. This decision support system acknowledges the importance of the applicant's rights as well as the priority of protecting the social work program, the social work profession and the eventual clients that the applicant might serve. The primary purpose of this model is not to provide a decision tree to use in making these admissions decisions, but rather to increase faculty members' knowledge of the decision-making process itself and to encourage them to integrate several types of information when making the decision. The proposed model, as designed, allows each program to develop their own standards and processes. It also offers mechanisms for developing standardized decision processes for use across applicants and the types

of offenses committed. This model is a hybrid of statistical models and intuitive models and encourages the integration of each type of information as appropriate. Furthermore, it is based on the strength's perspective. It begins with the belief that the applicant will not commit further offenses. Only when information is found which indicates that the applicant continues to pose a risk to the profession and/or clients, will they be denied admission.

Prior to implementation of this decision-making support system, each faculty member should become familiar with the concepts incorporated into the model. They should be aware of the relationship between sensitivity and specificity and understand how these relate to the process of setting thresholds. They should understand the methods for increasing accuracy in decision-making and understand their own intuitive and emotional contributions to the process. The proposed model is illustrated in Figure 2.
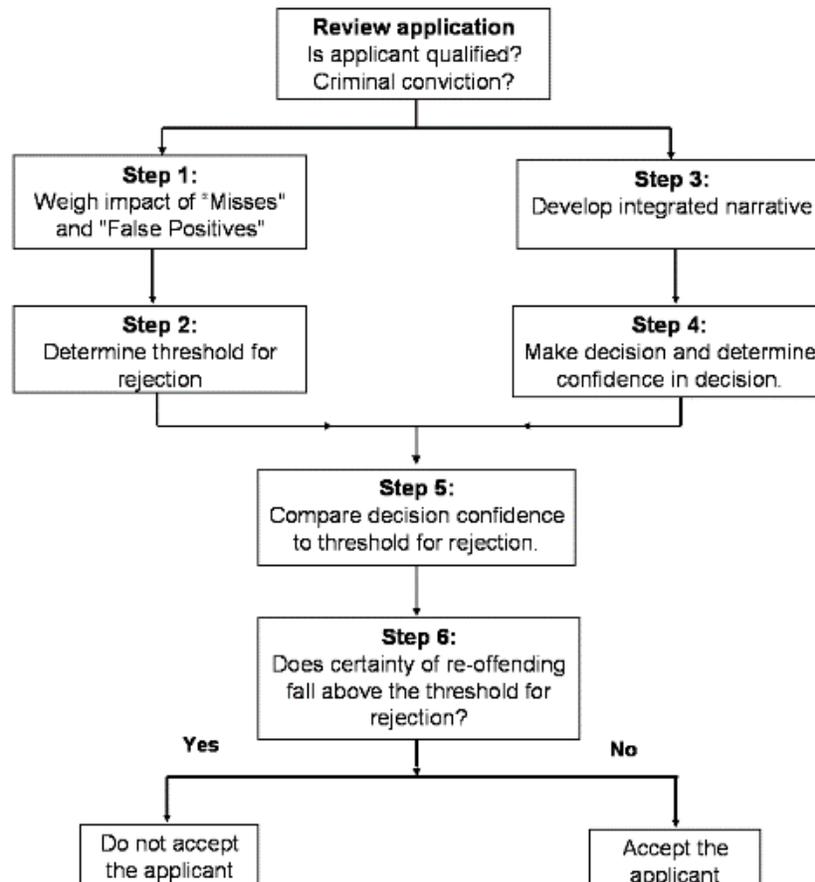

Figure 2. The decision-making support system model for assessing applicants with criminal convictions.

Review of Application: Initially every application is assessed using the standard review process. As part of this process, a history of criminal convictions should be undertaken. This process can be initiated within the application itself by having applicants respond to a question such as, "Have you ever been convicted of a felony or pled nolo contendere/no contest to any felony?" Additionally, applicants' criminal backgrounds may be researched through the state's Central Registry or Department of Criminal Investigation. A fee is often charged for such reports. If the applicant is rated as acceptable but is found to have a history of a conviction, then the decision-making support system is employed.

Step 1: Based on the type of crime committed, the admissions committee members should carefully assess the risks associated with a "Miss," or failing to detect and report a danger.

It is important to note that this risk is not based on the applicant, but rather on the criminal offense which was committed. Committee members should also review how factors such as race, ethnicity, gender and socio-economic status can bias the criminal justice system. The cost of a "False Positive," or rejecting an applicant who will not re-offend, must also be determined, within a social justice framework. Acknowledging the specific attributes of the applicant and what they can potentially contribute to the field should be taken into account. This may be especially relevant if the applicant is a member of an under-represented group in the profession.

Step 2: In this step of the model, the threshold for rejecting the applicant is determined. In other words, the committee members must determine, based on the above review, how willing they are to make each type of error. A lax threshold might be used when the outcome of a 'miss' is severe. This ensures a high level of sensitivity in detecting potentially dangerous students. For instance, if an applicant has a history of sexually or physically abusing children or other vulnerable populations, a lax threshold should be applied. With such a threshold, even a small likelihood of re-offending will be reported as a danger and the applicant will be rejected from the program. While this will result in a higher probability of false positives, (rejecting those applicants who are truly rehabilitated). it places the safety of potential clients at the forefront. In contrast, a stricter threshold might be chosen when recidivism would not be especially dangerous to potential clients or the profession. The use of this strict threshold would forfeit sensitivity for specificity, reducing the rate of false positives.

We recommend that the admissions committee as a whole work together to determine this threshold. Disagreement amongst committee members in this step would be expected to result in

lack of agreement in the final decision. The role of emotional responses for each committee member must be carefully assessed. Likewise, recidivism rates should be closely examined.

Step3: In this stage, the committee members develop a narrative regarding the applicant, the criminal activity and post-conviction rehabilitation. The goal of developing this narrative is to determine if there is a "signal," that is, an indication that the applicant will re-offend and thus represents a danger to clients and/or the profession. The narrative will help the committee members understand the unique circumstances surrounding the applicant's life situation during the time the offense was committed and the applicant's post-conviction behaviors, treatment and/or rehabilitation efforts. The narrative should include all facets of information, incorporate alternative explanations, and integrate professional knowledge, including base rates of recidivism.

Likewise, understanding characteristics of the justice system may also be important to take into account. An important consideration is whether the person has negotiated a plea bargain. Plea bargaining can result in a reclassification of the crime, leading the admissions committee to underestimate the severity of the criminal act. Conversely, plea bargaining has been reported to result in a higher conviction rate than standing trial (Gorr, 2000).

Understanding the role of racial profiling, which has been documented by the U.S. Bureau of Justice Statistics (Bureau of Justice, 2001; Meehan & Ponder, 2002) must also be factored into the decision.

Additionally, in Step 3, the role of personal intuition might be included in order to increase the accuracy of the narrative. Since intuition is most valuable when responding to non- verbal communication, the use of an interview is recommended. The committee members are encouraged to assess their personal responses to the applicant and to integrate these responses with their previous experiences and knowledge. Furthermore, the members must incorporate an emotional awareness into this stage, in order to reduce biases.

Step 4: Based on the narrative developed in Step 3, the committee members will assess the completeness of story, potential biases and errors, and contradictory information, and will now make a decision as to whether they believe the applicant will re-offend. It is expected that some level of uncertainty will remain with this decision. Therefore, the committee members must also determine their level of confidence in their decision.

Step 5: In this step, the committee members compare their confidence in their decision of whether they believe the applicant will re-offend, from Step 4, to the predetermined threshold for

rejecting the applicant determined in Step 2. As discussed above when a lenient threshold is determined, rejection of the applicant may be the required decision even though there is very little evidence that the applicant will re-offend. With a moderate threshold, if there is little evidence to support the judgment that the applicant continues to pose a risk, then the applicant can be accepted. With a strict threshold, an applicant might be accepted even though there is moderate evidence that they will commit further offenses.

Step 6: The final step in the model is for the admissions committee as a whole to make a decision. A consensus building process, rather than a simple majority vote, might be advantageous. In this way, the personal experiences and intuition of each of the committee members can be expressed and evaluated by other members.

After the decision has been made, further consequences may be involved. If the applicant is denied admission, the policies and the decision-making process may be called into question by the applicant or counsel for the applicant. If the applicant is admitted to the program, additional decisions regarding educational opportunities may be necessary. For instance, the program may decide to limit the field placement, based on the nature of the previous criminal conviction, the agency, and the type of clients with whom the student wishes to work. Furthermore, it will be important to ensure that the applicant realizes that completion of the program does not guarantee they will be eligible to be licensed by the state in which they wish to practice. Each MSW Program should work directly with university legal advisors to develop statements and signature forms to reduce the program's liability in such instances.

Conclusion

When potential students who have previous criminal convictions apply to our social work programs, it is imperative that we have a policy which can guide our decision-making process. Two basic policies have been proposed. The first is a blanket policy to reject all such applicants (Megan & Emerman, 2000). This is a response to the discomfort with making risky decisions when uncertainty is involved. Applying this policy is conservative and results in the least risk to the program, the profession and potential clients. An alternative policy is to review applicants on a case-by-case basis. This process requires that thorough assessment of applicant characteristics and the criminal offense be reviewed. While numerous relevant characteristics have been proposed (Scott, & Zeiger, 2000), no systematic process for making the decision exists.

Perhaps the ongoing debate regarding the development of admission policies is a reflection of the fact that we have not yet developed a theoretical perspective to guide our decision making. Such a model will require that we carefully weigh both external information such as recidivism rates and probabilities, with our more internal, intuitive responses. Developing a model that takes both types of responding into account may provide the framework to move beyond our stalemate.

The current paper has proposed a model to fill this need. We believe that understanding the processes of decision making under conditions of uncertainty, and using the proposed decision-making support system, can greatly increase the faculty member's ability to make consistent and equitable decisions which are in keeping with our ethical mandates. If applied consistently, decision making would be more standardized and reliable, resulting in a lower probability of making idiosyncratic or biased decisions.

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I'm Still Standing: Impacts & Consequences of Ethical Dilemmas for Social Workers in Direct Practice

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Abstract
Social workers will inevitably encounter ethical dilemmas in their work. Ethical dilemmas can impact on social workers positively or negatively, at a number of levels, and in a range of ways. This paper outlines findings from a study in which Australian social workers detailed their experiences of ethical dilemmas and discussed the short and long-term impacts and consequences resulting from these experiences. Recommendations are made for improved education and training for social workers in ethical decision-making, and the importance of professional support and supervision.
Keyterms: Social work practice; ethical dilemmas; job-related stress; organisational-professional conflict; moral autonomy

Introduction

Definitions of 'ethical dilemmas' in social work practice have been comprehensively addressed in the literature, with the essential agreement that for a 'dilemma' to exist, there must be a weighing up of competing principles within a context of mutually exclusive courses of action (Reamer 1983; Rothman 1998; Congress 1999; Banks 2001). Further clarification has been offered about the distinction between technical, legal and ethical issues, with the latter referring to those problematic situations that in some way relate to rights, responsibilities and obligations that have a moral and value-based foundation (Banks 2001). As the debate about ethics and practice standards inhabits a contextual and often contested landscape within social work, it is acknowledged that what constitutes an ethical dilemma for one social worker, may not necessarily constitute an ethical dilemma for another social worker – even within the same workplace or in relation to the same practice situation. It is important then, to recognize that when a social worker becomes involved in what they consider to be a moral quandary, this can be an intensely personal experience that can cut deep to the heart of entrenched personal values. While organisational directives and policies, legislative requirements and statutes, and professional ethical codes may lay down expectations in terms of agency mandate, law and practice standards, social workers will respond to these guidelines from a position of moral autonomy. The resultant impacts and

consequences, both negative and positive, for social workers following involvement in a situation defined by them as an 'ethical dilemma' is the focus of this paper.

Literature and empirical research

There is little in the social work literature that has explored the impacts of ethical dilemmas on social workers. Holland and Kilpatrick (1991, p. 140) in their qualitative research have perhaps come the closest to touching on this subjective experience in noting that most of their participants (who were direct practice social workers) 'expressed a poignant sense of loneliness or isolation in their struggle with moral questions'. It is a reasonable step to explore ethical dilemmas within the context of work-related stress, given that the very nature of a dilemma will engender some sense of struggle, and accounts from social workers through literature certainly suggest that ethical dilemmas are commonly complex and fraught with difficulty.

There has been an interesting progression in the literature and empirical research over the past two decades that has explored the links between occupational stress and workplace burnout, and the difficulties that social workers and other human service workers have experienced within organisational environments and in their relationships with clients, colleagues, and supervisors. A historical review of the literature shows that worker stress and burnout was framed in the early 1980s by the work of writers such as Cherniss (1980), Freudenburger (1980), Maslach (1982), and Pines (et al 1980) who found that human service workers subjected to stressful work environments could experience anxiety, depression, and stress-related disorders, as well as relationship problems or physical or mental illness. Later work conducted by Courneyer (1988) added to the picture, claiming that professional impacts of work stress could include lack of confidence in making decisions, changes in work performance, uncertainty about professional responsibilities, prejudice against certain clients, demotion or loss of employment. A study conducted by Weissman (et al 1983) found that for social workers involved in direct practice in child protection, anxiety about effects of decisions, difficulty in separating personal and professional responsibilities, lack of professional support and the need to be in control were contributing factors to ineffective management of cases. Hawkins and Shotet (1989) drew explicit links between work-related stress and moral indecision, claiming that stress caused by moral indecision may manifest on the emotional, cognitive, behavioral and physical levels, and could affect front-line workers either personally and/or professionally. Literature suggested that these personal and professional impacts may be increased or minimized depending on a worker's supervisory and social support networks

within the organization (Pines et al. 1980). It was also suggested that professional autonomy could play a large part in moderating job stress (Cherniss 1980). While links between burnout and values were tentatively suggested (Walsh 1987), links with ethical issues were not explicitly drawn. Joseph (1983, p. 51) writing in relation to deinstitutionalization of the mentally ill, noted that although ethical issues were prolific, and the potential for burnout was high, the 'ethical strands have not been sorted out or articulated sufficiently'.

Against this backdrop, the social work literature began to explore the impact of job stress, role conflict and worker burnout in more detail (Donovan 1987; Jones 1993; Soderfeldt et al. 1995; Balloch, Pahl and McLean 1998; Um & Harrison 1998), including exploration of the impacts of burnout on personal (marital) relationships (Jayaratne, Chess & Kunkel 1986). A study conducted in the UK by Collings and Murray (1996, p. 382) exploring predictors of stress among social workers found work stress to be strongly related to 'having no answer to clients' problems (not being sure what to recommend)'. While research in the early 1990s largely continued to explore individual factors that predisposed workers to stress, organisational and structural factors became much more prominent in later research. Framing the issue in a more positive light, organisational climate factors that contributed to job satisfaction included collaborative collegial and supervisory relationships, an encouraging and trusting work environment, and involvement in decision-making (Bednar 2003). Factors that contributed to psychological and physical ill-health included the effects of work overload on personal lives, lack of control over work and decision-making, lack of social support, poor management, and unclear work roles (Michie & Williams 2003). It is now commonly recognized that organisational-professional conflict is a major source of work stress, and according to Lait and Wallace (2002, p. 464) 'human service providers may be particularly vulnerable to organisational-professional conflict because social work is a particularly value-driven occupation whose members may share an especially strong internalization of professional values and moral principles'. This is an important point given that a high percentage of ethical dilemmas in direct practice, as will be illustrated in this paper, result from a conflict between organisational demands and professional values. While many of the issues that have been documented in previous research are reflected in the experiences of Australian social workers in the stories to follow, there is also a contribution from this research about the positive and beneficial outcomes for social workers who have successfully managed to negotiate difficult ethical situations.

The study

A qualitative study was conducted with 30 Australian social workers who explicitly stated that they had experienced what they defined as an ethical dilemma in their front-line practice. Participants were drawn from a range of practice fields including child protection, mental health, youth work, aged care, disability services, school social work, health and relationship counselling and family violence. The agency contexts in which social workers were employed at the time of the ethical dilemma were state and non-government organizations, public hospitals and education systems. Of the thirty participants, nineteen were female and eleven were male. Twenty worked in urban/metropolitan locations, 8 in regional areas, and 2 in rural communities. The mean age of participants was 37.4 years, and all had more than five years' experience since graduating with a social work degree. Half of the participants were members of the Australian Association of Social Workers. Eighteen of the thirty social workers identified themselves as working within multidisciplinary teams, and twelve described themselves as the only social worker within the agency.

In order to access social workers in rural and regional locations, as well as interstate, an online method of data collection was developed for the purposes of this study. The method, termed 'Email-Facilitated Reflective Dialogue' enabled the researcher to conduct in-depth interviews over a six-month time period with social workers from a range of locations (McAuliffe 2003). While 20 of the participants were interviewed in this way, a further 10 were engaged in face-to-face in-depth interviews. The focus of the research was to explore ethical dilemmas in front-line practice, including understandings of ethics, personal and professional supports, familiarity with ethical codes and standards of practice, and the impacts and consequences resulting from the incident (McAuliffe 1999, 2000). This paper reports findings in relation to those impacts and consequences.

Profiles of Ethical Dilemmas

Identification of ethical dilemmas in practice situations is not always an easy task. While the social work literature provides many examples of definitions of the term 'ethical dilemma', a useful construct has been provided by Rothman (1998) to assist in determining the ethical components of a case, in order to decide whether an ethical *dilemma* actually exists. Rothman suggests applying a 'dilemma formulation' to a practice situation that will reduce the conflicting principles to _____v. _____. Dilemma formulations were applied to the 30 scenarios in this study, using principles from the Australian Association of Social Workers Code of Ethics (1999). Two

examples of ethical dilemmas are provided here to illustrate the nature of the issues that were experienced:

Case 1: A client dying of AIDS made a confidential request that the social worker, Gordon, supply him with information about euthanasia. Gordon decided to uphold the ethical responsibility of providing information to the client so that he could make an informed decision but had to decide whether to document the patient's request in the medical chart. Gordon decided not to document the request and the patient later informed Gordon that he had decided not to pursue euthanasia on the basis of the information he had been given. Dilemma formulation: Respect for Human Dignity and Worth (client right to information) V Organisational Compliance.

Case 2: A client of a disability service requested that Nell, the social worker, arrange respite care for her child, as she was no longer able to cope. No respite care was available due to lack of resources. Nell decided to covertly assist the mother to 'abandon' the child so that she could receive emergency respite. The ethical dilemma, as framed by Nell, was that she assisted the mother to deceive the government, placing the client in a potentially difficult situation, and putting her own job at risk in the process. The mother did receive the necessary respite as a result. **Dilemma formulation: Priority of Client Interests V Organisational Compliance.**

These stories are illustrative of the many and varied ethical dilemmas that social workers experience in their workplaces. A common response is for social workers to view these situations as stressful, although it is acknowledged that the degree of stress varies considerably depending on the complexity of the situation and availability of support. For some, the stress is manageable, and work or home life is not affected. For others, however, the stress reaches a critical point where there may be a need for medical or psychiatric assistance. The immediate and short-medium term (defined as up to 12 months) stress responses of the social workers in this study have been explored using a categorization developed by Weiten (2001):

- Emotional responses (e.g., annoyance, anger, anxiety, fear, dejection, grief)
- Physiological responses (e.g., autonomic arousal, changes in health status)
- Behavioral responses (e.g., coping efforts).
-

Participant responses that fell under each of these categories are illustrated in Table 1:

Table 1: Short-medium term responses to the experience of an ethical dilemma

Emotional Responses	Physiological Responses	Behavioral Responses
Depression	Physical Exhaustion	Humor
Agitation and irritation	High Blood Pressure	Physical fitness
Isolation/social withdrawal	Immune system problems	Self care
Overwhelmed feelings	Insomnia	Focus on tasks
Paranoia		Devising action plans
Anger and frustration		Denial
Decreased tolerance		

Emotional responses

Social workers typically experienced a range of emotional responses that they directly associated with their involvement in an ethical dilemma. Descriptions included periods of distress characterized by tearfulness, crying, and breaking down in 'inappropriate' situations.

Some social workers felt 'out of control' of their emotions and said that this led them to isolate themselves from family and colleagues who could have offered support. Some of the comments that illustrated the depth of emotion, both at home and work were:

Emotionally, at home I began to be unable to separate my work depression. I became depressed about everything. At night I couldn't sit up with my husband. I'd be down on the bed staring at the ceiling, crying. Lost. Just totally lost. So, it impacted a lot at home [Nell].

I had really classic stress-related symptoms. I was edgy, nervy...I was often tearful. I know that I cried a lot, just through tiredness too. It was a stress thing for me. And I'd lock my office door and have a cry. Didn't want to take phone calls...[Annie]

Depression was talked about as a specific experience, and in at least three cases participants discussed anti-depressant medication with their doctors. Depression was manifested in a range of symptoms, including mood instability, inability to sleep, and feelings of detachment and hopelessness. Some participants also expressed feeling agitated and irritable, as illustrated in the following comments:

I had insomnia for six months and was very depressed and very teary a lot of the time...just felt that there was nothing anyone could do for me...I went to the doctor and said give me something to sleep and give me something to not make me feel so terrible, and he said I can give you antidepressants, but I said I don't know if I want to go down that road, so I didn't [Julie].

I became quite irritable and agitated and stressed...I ended up making some crazy decisions but that's just what happened at the time. I probably wasn't thinking very clearly, and I probably continued to not think that clearly until not that long ago [Lucy].

Stress responses also caused some social workers, particularly those who had been vocal in their opposition to unethical practices carried out by others, to fear that they were constantly under scrutiny by management. In some cases, this 'paranoia' was understandable given the risk to employment. Some comments were:

I was a bit hypervigilant, a bit paranoid...I knew I was paranoid but I also knew I had a right to be paranoid, but I was still paranoid...I was tense, my blood pressure shot through the roof, I was on medication already...I felt really betrayed, really vulnerable and fragile...you start to lose your trust...[Daniel]

I discovered that I was afraid to work as a social worker. I was afraid to write my reports in case they were used against me. I was afraid to speak at team meetings in case this was used against me [Emma].

Anger and frustration were words commonly used to describe the emotions experienced in relation to organizations that were perceived as being unsupportive or the cause of the problem. Where frustration was unable to be directed at the appropriate target because of fear of repercussions, responses were internalized, resulting in further withdrawal. The intensity of anger was illustrated in one situation that was directly related to the ethical dilemma:

With this ethical dilemma I was extremely angry and that was by far the domineering feeling. I'm not a terribly verbal angry person I guess...how it manifested really was that I really resented coming to work...I went a bit passive-aggressive, didn't want to do a report so I didn't. I didn't feel like I had a safe way of venting my anger because the job situation was so precarious, so it really forced me to be passive-aggressive...I really felt those extremes, that I was angry, frustrated, disgusted, and then I'd have a quiet moment where I'd go 'but I must be doing something right' [Annie].

Isolation and feeling alone in the struggle were common themes in a number of stories, particularly where there were few internal supports, or the worker was left dealing with the brunt of the conflict. Withdrawal and detachment are often a self-protective coping mechanism used when those under stress are trying to keep this hidden from others. There is often a concern among those in helping professions that they need to be seen to be coping, and withdrawal is often a consequence. Isolation in some of these situations was also a result of some workers not having access to supports or choosing not to use supports that could have been available. Prolonged withdrawal can lead to emotional distancing and disconnection from others. The following short quotes demonstrate these feelings of isolation.

I felt I was isolated...I was very much alone at the time...I have a real sense of being disconnected from what was happening around me... [Rob]

With respect to the event, I certainly felt very alone [Nell]

Some social workers reported decreased tolerance for both clients and colleagues during the time of the ethical dilemma. Decreased tolerance is associated with ongoing stress and can manifest in negative reactions to others in the work environment. The following comments demonstrate lack of tolerance in relation to clients and managers:

My tolerance levels really went downhill more than anything...I mean I can't imagine ever being extremely abrupt, but I think I became more strict with clients, less flexible in terms of negotiating to reschedule appointments [Wendy]

I also became aggressive at work, particularly in meetings where some manager was speaking the government speak...I'd let them know I thought it was crap. Looking back it was almost like I got myself into this spiral spinning faster and faster into this aggressive social work machine which finally just blew a fuse [Nell]

The examples given above suggest that ethical dilemmas can contribute to emotional responses that for many social workers are debilitating and distressing. Emotional impacts of ethical dilemmas in the workplace cannot always be contained within the confines of the work environment. It is simply not possible to switch such intense emotional responses off at the end of the day so that they do not impact on families and home lives.

Physiological Responses

In addition to emotional responses, seven participants described quite serious physical symptoms that they believed were manifestations of stress triggered by the ethical dilemma.

Research evidence supports the links between stress and some forms of physical illness and physiological responses. Health indicators include fatigue, headaches, sleep disturbances, frequent colds, gastrointestinal disorders and flare-ups of pre-existing medical conditions such as high blood pressure and asthma (Paine 1982; Weiten 2001). While it is not possible to make causal links between the reported health problems and the ethical issue, it is important to acknowledge participants' subjective experiences of the impact of stressful situations on their physical well-being. The most common physiological response reported was physical exhaustion, the feeling of being drained of energy with an associated mental weariness that made going to work a struggle. Some of the participant's comments in relation to physical and mental exhaustion were:

When the issue was at its most intense, I personally was quite stressed out by the situation. I was quite withdrawn socially, and I felt very drained physically... [Kimberley]

Personally, it was very draining because I had to live in the community. I had to see families outside work...it really was draining when I think back to these times because it cost me a number of things... [Max]

It was probably tiring, a tiring thing...it was draining because you didn't feel positive about it [Ruth]

Another stress-related symptom experienced by some participants was insomnia, the inability to sleep well. Most commonly, insomnia is a direct result of anxiety. In these cases, insomnia was associated with the anxiety about decision-making and the worry about consequences of actions. Sierra described her experience of short-term insomnia:

I remember that night when I was thinking about it, I wasn't sleeping properly and churning and feeling butterflies in the stomach and things like that [Sierra]

For some, the insomnia became chronic requiring medical attention and counselling. In one case, the insomnia lasted well over six months as the complexity of ethical issues in relation to one case continued to plague the worker. The experience was described in this quote:

It's interesting because you don't think you can function if you don't have sleep, but I talked to this counsellor and she said that just resting is just as restorative as having a sleep. So, I'd get up every morning not thinking about the fact that I didn't sleep and I'd go to work, do my work, wouldn't concentrate on it at all, and I really tried to not concentrate on the fact that I wasn't sleeping, and I'd go to bed normally, do everything normally as if it would go away, well it didn't.

I tried to put it to the back of my mind. Maybe that was wrong. Maybe I should have dealt with it, and maybe if I had dealt with it, it would have gone away [Julie].

Hypertension or high blood pressure were other physical symptoms described by some participants. These physiological responses are also exacerbated by stress and were discussed by participants who were engaged in ethical conflict over a longer period of time. The descriptions illustrate the extent of distress experienced by the workers and their poor states of physical health:

I would sit on the beach near where I was living and feel that my head was going to explode. I used to think I am going to die, I can't sustain this pressure, but I felt I had to support the client and see her safely transferred out of this obviously toxic environment before I left...I went to another doctor and was told that I had seriously high blood pressure and a small hole in the heart valve due to poorly managed asthma... [Belinda]

I eventually collapsed on my bed and didn't move for three days...The other part is that by now my stress levels were so high that I had been experiencing chest pains and palpitations for quite a while. I was receiving medical attention for this [Emma]

It has long been suspected that prolonged stress can have negative impacts on the immune system, leaving people susceptible to viral infections and recurring bouts of influenza (Weiten 2001). A number of participants mentioned becoming sick or coming down with the flu, giving them a short-term relief from the stress by legitimately staying home from work. In more extreme cases, physical illness was more serious, as illustrated in the following examples:

In the end it was my physical health that broke down...I was on antibiotics every month in 1998 before I went off...I was falling to monthly viruses that always developed into chest and sinus infections. I had regular laryngitis, not to mention skin rashes, ulcers. I guess the prolonged stress took itself out on my immune system [Nell]

Within a week of the successful conclusion of the three-week struggle, I fell ill with pneumonia. In the end I was off on sick leave for five weeks. The struggle depleted me in several dimensions of myself, physical, emotional and mental. In my weakened state I had been easy prey for the virus [Clarence]

The comments from participants indicated that some suffered extreme physical responses to the amount of stress under which they were placed by their involvement in the ethical dilemma. In some cases, ill health resulted in extended periods of sick leave, but participants eventually returned to work and carried on. In at least three cases, however, workers resigned from their

positions as a direct result of the accumulation of emotional stress and physical illness. A common factor in these cases was that internal supervisory support was lacking, colleague relationships were poor, and family support was limited. One worker who experienced severe emotional and physical problems was able to remain in the workplace due to high levels of colleague and personal support. These findings support the statement made by Pines (in Paine 1982, p. 199) that: "When the social environment is noxious, burnout will occur, even if other things are acceptable; if the social environment is very supportive, burnout will not occur even if the work itself is extremely stressful".

How participants ultimately coped was also due in large part to the behavioral responses and coping strategies they adopted to alleviate stress.

Behavioral Responses

Participants described a range of coping mechanisms to assist them in dealing with stressful ethical dilemmas. Coping refers to active efforts made to control, reduce or tolerate the demands of stress (Weiten 2001). The strategies adopted were both adaptive and maladaptive (Donovan 1987). Some tried to make light of the incident with humor and others were attentive to physical fitness and self care. Some examples of these more adaptive strategies were:

I have always used humor as self-protection from the pain of life, and on one level this has worked well for me... We entered a fitness routine which I found really helpful...we went to the gym, joined a badminton club, we rode horses, we cycled, I went swimming, we walked...I channeled my anger into this and found it great for my stress release [Emma]

I was trying to exercise more and trying to eat really well...just trying to do things for myself and focusing on saving up money and planning my trip away... [Lucy]

Another strategy employed in the workplace was to focus on tasks that needed to be achieved on a daily basis so that the bigger picture would not become overwhelming. Some participants worked on devising strategic action plans and this enabled them to continually balance the pros and cons of decisions and maintain control of the process of decision- making. While the task-focused approach may not have been professionally rewarding for some, it did serve its purpose, as seen in the second of the following examples:

When working on cases I try to pace myself and ensure that I have a plan of action, with review points along the way as to where I am at...and how I can justify my decisions and recommendations [Pam]

The other way that I have managed to survive...is that I have become task focused. I never wanted to work on a task-focused model and I never used to. I think that if you are going to be a task-focused social worker you might as well be a welfare worker [Ivy]

Another strategy that was used by some participants was to deny the reality of the situation by either 'brushing it off' and moving on to another case or employing more extreme forms of denial. When situations are brushed-off, the opportunity for reflection is lost and it is difficult to learn from mistakes or focus on newly acquired knowledge. In the first example, the ethical dilemma was resolved within a short time frame, while the second situation continued on over a number of months. The examples represent the two extremes of denial.

I was straight into the paperwork fairly quickly and didn't have much of an opportunity to think about how I was feeling about things. I think it is probably unfortunate that my way of dealing with many situations is by brushing it off and continuing with work [Sarah]

I certainly developed a pattern over time where I progressively lost respect for the management of the division...my coping was therefore about subsequently disregarding most of what they said and doing my own thing. Another way to cope I introduced was by telling myself that I had resigned and therefore I could treat each day like I was really only there for another couple of weeks [Nell]

The coping behaviors outlined above were reflective of the ways in which participants constructed their sense of power or powerlessness. Where these social workers felt powerless in the face of organisational conflict, they tended to adopt passive-aggressive or strategic styles of behavior or became task-focused so that individual rewards would obscure the perceived failure of systems to meet client needs. These behavioral responses served an important purpose in assisting workers to remain in their workplaces until some sense of resolution had been reached, or until they elected to resign.

A summary of these emotional, physiological and behavioral responses indicates that most participants experienced the impact of ethical issues in a predominantly negative way during the time when the dilemma was at its most critical. It is of particular interest that participants who experienced chronic emotional and physiological stress responses were unable to access good social supports and experienced considerable isolation within their places of work. This finding supports the conclusions drawn by Donovan (1987) that social supports can be an important moderator of work stress. It is also of note that those participants who reported moderate to severe

stress responses were intensely involved in the ethical issue over a fairly protracted period of time, the majority between six to twelve months. This finding is supported by research suggesting that 'duration' is a variable in causing stronger stress responses (Behr in Cooper 1998). Participants who experienced neutral to medium stress were more likely to have worked through the ethical dilemma relatively quickly, had good social supports, and moved on with few lasting negative effects. This is not to say that they did not continue to think about the issue and experience some discomfort in relation to it, but the extreme emotional and physical responses were not as apparent.

Long-term impacts of the Ethical Dilemma

The majority of participants offered descriptions of how the ethical dilemma impacted on them both personally and professionally in the 'longer-term', defined as over 12 months. While social workers focused primarily on what they learned from the experience, they also discussed the negative outcomes. The common themes were the impact on attitudes and awareness, impact on practice, and impact on personal relationships. These long-term impacts are summarized in Table 2. Positive impacts are denoted as (+), and negative impacts as (-):

Table 2: Long-term Impacts resulting from Ethical Dilemma

Impacts on Attitude	Impacts on Awareness	Impacts on Practice	Personal Impacts
Cynicism about role of human service organisations (-) Acknowledgement of value of social work as a profession (+)	Political realities and power dynamics (+) Clarity of roles and responsibilities (+) Exploitation and work abuse (+) Need for Self-care (+) Importance of Supervision (+)	Policy and Procedures (+) Social Justice advocacy (+) Career promotion (-) Professional development opportunities (-) Professional reputation (-) Student assistance (+) Influence on Policy (+)	Relationships (-) Career change (-)

Impacts on Attitudes and Awareness

Involvement in difficult practice situations can have lasting impacts on the ways that social workers view their workplaces, and the attitudes that they have towards organizational structures, management systems, colleague relationships, and their own value and worth. For some, there was a strong sense of cynicism, reflected in the following comment:

In the end, however, it took its toll. You can't work like that, fighting against the management and the system, always trying to be smarter and stay one step ahead and not burn out. I've changed in that I am now so cynical about the management of the department. I've also changed in that I am fairly cynical about how much real social work is happening in those government social work jobs [Nell].

While the above comment illustrates one extreme of cynical awareness, there were other cases where it was acknowledged that an understanding of political realities and power dimensions could result in a much deeper level of personal commitment to social work. This concept was well illustrated in the following statement that also captures the essence of resilience and survival:

I have found new strengths from within, and new levels of reality to measure the world by. It has also brought the reality of the lack of direction and lack of power to react of our total political and justice system. No one is in control, there are only masses of people trying to control each other. This knowledge brings a strange sense of freedom and an understanding that each of us walks daily through our own minefield – some are luckier than others. I've had a leg and an arm blown off – but I'm warm and still standing [Emma].

This awareness of structural and power issues at both the practice and systemic levels can have a significant impact on behavior in the workplace. The need for clarity in relation to roles and responsibilities was mentioned by some participants and included being more 'up- front' with clients and having a greater awareness of boundaries in relation to clients, colleagues and managers. Social workers recounted stories of how their heightened awareness of political realities had resulted in a reconstruction of their understanding of the operation of human services, and the lack of value that is often placed on service delivery. In one case, the ethical dilemma was described as:

A mechanism that slowly taught me that the real world is about politics, it is about power, it is about perceptions, and therefore it is not about people [Don].

Another participant described her experience as a 'big reality check' saying:

The message it sent to me was to know my place in the system. Counselling services are not valued as terribly important. [Annie].

An awareness of political realities highlighted concerns about exploitation, evident particularly in the community sector that often operates in a climate of inadequate resources, low pay, long hours of work and lack of supervision. For those social workers who experienced feelings of exploitation, there was a questioning of the value of social work and resulting reflection on the personal reasons for continuing to work in human services. Four social workers made the decision to leave direct client work as a result of the long-term impacts of the ethical dilemma, while another four left their respective places of work with feelings of 'unfinished business'. One social worker said of his decision to resign from a position in a hospital:

I decided that I could no longer work under a system that so clearly could on very rare occasions put good people's lives at risk. For my own sanity, and need for life after hospital social work, I moved on [James].

It is significant to note that the social workers who resigned from either their job, or from the profession, had little support either from colleagues or supervisors at the time of experiencing the ethical dilemma. There was little positive encouragement or valuing of their contributions, and this impacted negatively on self-esteem and professional confidence, and made the transition into new positions difficult. The importance of self-care strategies such as managing workloads more efficiently, taking time out when needed, and making productive use of supervision was discussed by most of the social workers interviewed. The recognition of the importance of supervision was a common theme, illustrated in the following comment:

Now I'm in a position where I'm a supervisor and I do it really well. I've learnt by negative example. I'm supportive, I'm available, I'm regular, I do what I say I'm going to do...and the social workers that I've got are much younger than me and I don't dismiss anything that they raise as insignificant. If they take the trouble to raise something, I think it has to have some importance for them [Ruth].

Impact on Practice

The highest number of ethical dilemmas related in some way to organizational policies and procedures, with social workers being caught between adhering to their personal or professional values or complying with organizational mandates. Many of the smaller community-based agencies did not have clear policies in place, and this left social workers unsure of what direction

to take. As a direct result of unclear policies, some workers made deliberate changes to their work practices after being caught up in these types of situations. The following comments illustrate how policies, procedures and attention to administrative detail have been incorporated into practice:

I guess I would not trust another worker as much as I would have in the past and I would always insist that policies and procedures would be put in place to help prevent abuses of trust in the future. I would not mind insisting on this even if it looks as if you have no trust in a person by implementing it [Kimberley].

I'm still feeling I'm in siege mentality. In my practice now I work longer hours, I make sure that all the paperwork is done, I make sure case notes are written up. I make sure everything is documented. I just make sure all departmental policies and procedures are adhered to. I'm a real Attila the Hun to my workers. I just really make sure that there is no room whatsoever for any personal criticism of me, any professional criticism of me, and that I'm seen to be my job really, really well [Julie].

The concern with clarity about responsibilities also extended to increased commitment to principles of social justice, and two participants described how the ethical crisis had impacted in a positive way on their advocacy skills:

Professionally I am a lot stronger and an excellent advocate for people these days. I take it as a source of pride to battle bureaucracies and unjust, or unfair or unethical practices. I believe dealing with this crisis made me assess my professional role and clarify what I am really on about [James].

I have become singularly, absolutely singularly minded about standing up to corrupt practice. I think I will never ever shirk the responsibility of taking matters to the highest level when it is appropriate...I have become a lot clearer about responsibilities...a lot wiser in understanding systems [Max].

While the sense of increased mastery over the practice environment was a positive experience for some, there were also situations in which some social workers considered that stances that they had taken based on professional values had resulted in loss of promotional opportunities. Taking a stand on controversial issues can lead to organizational retribution, a concept that is clearly evident in literature about the risks of 'whistle-blowing' (DeMaria 1997). Organizations often punish staff perceived to be 'trouble-makers', and this punishment can take overt or more insidious forms. Loss of opportunities to progress in a career, withdrawal of support

for professional education or continued learning, and downgrading of physical resources were some of the ways in which organizational retribution was evidenced in social workers stories. Organisational support for professional development is an important component of a supportive work setting and withdrawal of this support can seriously affect commitment to the job (Cherniss 1995). In addition, damage to professional reputation is also a serious risk when a worker decides to take a stance against an organization that may wield power in the employment market. Fear of loss of reputation encourages workers to conform to agency values and not speak out against perceived injustices. The following comments illustrate the occupational impacts experienced by way of loss of promotional opportunities, organisational retribution and damage to reputation:

It cost me a formal promotion, an opportunity to take on a much more senior role...basically I never got past the post because of my persistence in this matter ...The ultimate punishment was that I fought incredibly hard to do my Family Therapy Course...I had to use my holidays, my sick leave, anything possible to be able to complete it [Max].

Retribution is swift...I remember one time I disagreed about something and one day I was in an office twice this size because I was seeing families...the next day I was in an office half this size... 'I was threatened with legal stuff...I was threatened with my job security...I had my name blackened...my reputation... [Daniel]

I suspect that my name has been charred to a cinder and I ask my union rep to check this out. He replies that I am on an 'under the table' blacklist ... [Emma]

While these experiences were highly distressing for the social workers involved, there was also a general consensus that being involved in a complex ethical dilemma provided an opportunity for a valuable learning experience. Most of the social workers commented on how they had been 'challenged' by the experience, and there was a strong sense that, with the passage of time, the ethical dilemma could be reflected on for its 'experience' value rather than for its 'stress' value. One participant in the following comment described this positive impact:

In the longer term, this experience, from a personal viewpoint, has strengthened my belief that the kind of work that I do on a daily basis is quite unique and something that should be given the full credit that it deserves for its complexity and degree of difficulty...Rather than this scenario being intimidating or frightening, I believe that they are actually professionally affirming and contribute to a social worker's professional development [Gordon].

As the social workers interviewed were relatively experienced practitioners, many had supervised social work students, and commented on what they were able to provide by way of practical advice in the context of professional education. Examples were given about discussions with students regarding the need to maintain clear boundaries in their work, limitations of confidentiality, knowledge of the code of ethics, and the influence of organizational structures on decision-making. As well as the positives impacts for student supervision, social workers discussed implications for teaching, research, professional discussion forums, and the development of policy initiatives. Some examples are provided in the following comments:

The Department has since formed a small working party looking into the broad issue of parents with psychiatric illnesses and the difficulties this poses for social workers in working with these families in relation to child protection issues. So, I have added this issue to the agenda for them to consider [Sophie].

I now strongly counsel staff about not being alone in a car with a child or in fact with a client, and that male staff need to be very circumspect about whether they in fact interview female clients in home visits without another staff member present...in a way having been to hell and back myself, I did know how I could make the journey less traumatic for those who were traveling on their own journeys to their respective hells [Rob].

Participants who were able to find productive ways to use the ethical issue in their practice appeared more likely to be able to remain in their workplaces and could locate the conflict within broader structural systems and policies. While they may have had little control over the outcomes of the ethical dilemma at the time, they were able to use what they had learned from the experience to influence outcomes at higher levels.

Impact on Personal Relationships

When involvement in an ethical dilemma is personally confronting and sustained over time, and there are insufficient supports in the workplace, the potential for impact on personal relationships is increased. There has been little empirical research into the impacts of human service work on intimate relationships, although one study of female child welfare workers and their husbands concluded that job stress did exacerbate marital disharmony (Jayaratne et al 1986). The social workers in this study talked about the stress that the ethical dilemma caused at home, and this stress was primarily in relation to two issues. The first issue was the concern about career

changes and possible loss of employment, and the financial impact that this would have on the household. One comment in relation to finances was:

My husband was mostly concerned for me, but having a joint house mortgage, was rather concerned about the possible interruptions to my income. During such conversations about risking our income, I guess I realized just how committed I was to getting this lady a quality service for her daughter...it did cause some stress for me at home [Nell].

The second issue was the impact on the relationship itself. The impact on personal relationships was exacerbated by the degree of stress response that was manifested in depression, anxiety, and physical exhaustion previously described. Social workers who experienced serious stress responses described communication and intimacy difficulties in personal relationships, as illustrated in the following comment:

It must have been a dreadful time for my husband. I don't think I was particularly communicative; I don't think I was a joy to be around, I think I was pretty dismal, I don't think we had lots of sex around that time...it was just a really dark period for me [Julie].

Many of the social workers interviewed expressed frustration that partners and close friends could not understand why the ethical dilemma was so consuming in terms of time and mental energy. For people who do not work in human services, a common response seems to be a lack of understanding about the nature of the work, and a detachment from the emotional content that is so much a part of practice. This detachment can cause social workers to feel even more isolated if they feel that they cannot share their distress with significant others.

Resolutions for the Future

Reflective practice, according to Fook (1999) is about the identification of strategies that can be used in the future should a similar incident or case arise. Social workers who reflect on their practice, rather than 'brushing it off' or moving into a state of denial, are more likely to be able to locate the learning experiences from within even a very disturbing situation. The ethical dilemma discussed for the purposes of this research was not, in most cases, the only ethical dilemma ever experienced, and social workers were realistic about the fact that ethics are a part of the social work domain and dilemmas in relation to ethics and values are inevitable. Having said this, there was also a recognition that some ethical dilemmas are much more soul-destroying than others. Interestingly, the majority of social workers did not feel that they would do anything differently in terms of their practice should the same ethical dilemma confront them again. They did, however,

recognize (after the fact) the critical need for supervision and collegial support to assist in decision-making and later reflection. Some comments along these lines are illustrated below:

In the event of there being a clash between my professional values, my personal values, and my responsibilities to my client and employer, I would endeavor to work through the supervisory process (which did not exist at the time of the incident) ... [Rob]

Next time I would surround myself with a lot more professional support...next time if I got managers who refused me access to these things I would fight long and loud [Nell].

I think I will do more discussion of ethics in my supervision [Ivy]

There was an acute awareness of the dangers of attempting to manage ethical issues in isolation, and a general acknowledgement from those who succumbed to acute and chronic stress that this could have been avoided had support been available or utilized if it was available at the time.

Discussion

The findings from this research indicate that social workers need to be mindful of the risks inherent in dealing with ethical dilemmas in direct practice settings. As ethical dilemmas, by their very nature, involve a conflict of principles, social workers need to be clear about what principles are underpinning quality practice, and the professional responses that are expected by colleagues, managers, employers, and clients. The interesting picture that is presented from the stories of these social workers is that while there were significant levels of distress associated with many of the dilemmas, impacts on awareness and some parts of practice were predominantly positive, while the negative impacts related more to tangible effects on relationships and careers. As time passed, social workers were better able to reflect on the positive aspects of the challenges presented to them. Those who elected to leave the profession were less likely to have opportunity for positive reframe as they were left with the lingering bitterness of the experience, and feelings of professional failure. Findings from this study clearly suggest that a number of social workers experienced a range of emotional and physical symptoms found in the literature on work stress and burnout. The stories of depression, exhaustion, detachment, agitation, insomnia, intolerance and paranoia related by participants could easily have been detailed in any of the case studies contained in books on the subject. It is interesting to note, however, that very few of the esteemed writers in the work stress area mention ethical issues as a potential contributing factor to professional burnout. Maslach (Cooper 1998) has perhaps come the closest in her identification of

value conflict as one of six 'mismatches' between workers and their organizations that can contribute to burnout.

It is also important to acknowledge not only that a number of participants experienced immediate and longer-term impacts that were detrimental to their physical and emotional well-being, relationships and career prospects, but a number failed to report significant negative impacts or levels of distress at all. Those who did not report negative impacts did, however, discuss the positive impacts such as an a re-defining of the personal value of social work, and the ability to use the experience to bring about change in other parts of their work. Duration of the ethical issue appears to be a factor associated with levels of stress. The majority of workers who indicated that the ethical dilemma was managed within a shorter timeframe (24 hours to one month) were less likely to have experienced ongoing trauma. The workers who identified as 'team players' rather than 'sole workers' and who had lower levels of conflict with the organization were also less likely to have been prominent in the examples of stressful impacts. Participants who used their social supports constructively fared better than those who isolated themselves within the workplace. Workers who had good support at home from partners who were also professionals managed the fallout from ethical dilemmas in a more constructive way. Workers who acted in accordance with strongly held convictions and ethical responsibilities were better able to deal with unexpected outcomes. These findings have implications in two areas.

Firstly, social work educators have a responsibility to ensure that emerging professionals know that ethics underpins practice, and as such, ethical issues and dilemmas and the knowledge of how to deal with these effectively is an integral part of the social work task. Social work students need to be taught about ethical decision-making models and frameworks, as inherent within these frameworks is the expectation that social workers do not manage complex ethical issues in isolation. Social workers are strongly urged to consult others, to evaluate personal and professional value positions, to establish the legal, organizational and policy context, and have a sound working knowledge of ethical codes and standards of conduct (Congress 1999, Loewenberg, Dolgoff and Harrington 2001). In situations where social workers do become stressed by the work, or feel paralyzed to make a decision, then support is critical. Good preparation for practice can mitigate against negative impacts later. There is a good case to be made for social work educators ensuring that professional ethics receives its own place within a curriculum so that students have

opportunity to discuss ethical issues in depth using relevant case material and paying close attention to the potential complexities of practice.

Secondly, social workers need to take the issue of professional supervision much more seriously than they do at present. It is still commonplace to hear stories of social workers engaged in difficult child protection, juvenile justice, mental health, domestic violence, and disability work with little or no supervisory or collegial support. There is often a misguided sense that once graduated with a professional degree, one should know what to do with complex cases, and should be able to manage ethical decisions single-handedly. Supervision is an ethical responsibility under the Australian Association of Social Workers Code of Ethics (1999) and the reasons for this are clear in literature and have been borne out in empirical research (Munson 2002; O'Donaghue 2003). Social workers who are isolated professionally have limited resources to be able to engage in reflective practice, which is the mechanism for turning difficult and distressing situations that can impact negatively on health and emotional well-being, into constructive learning opportunities that provide insight and become a source of future 'practice wisdom'. Where the workplace does not provide appropriate supervision, then social workers have other options including locating an external professional supervisor or engaging in peer supervision. It is recognized that difficulties exist for supervision in rural and remote communities, and it is the responsibility of employers in these areas to ensure that staff are supported to find ways and means to obtain this important level of support.

Conclusions

Ethical dilemmas need to be recognized for their potential to seriously undermine a practitioner's confidence, sense of value, and ability to continue working in a constructive way with both clients and management. The potential personal and professional impacts and consequences that have negative implications cannot be ignored. It is incumbent on the profession to take more seriously social workers cries for help when ethical dilemmas throw them into professional crisis, and offer support when organizations fail to acknowledge when a social worker has upheld professional values in preference to agency compliance. It is also to be acknowledged that although literature focuses predominantly on worker stress and burnout in the management of complex situations, there are also positive impacts and consequences for social workers who do manage to use their experiences to enhance their practice. The reflective process, assisted by supervision and support, is critical in ensuring that social workers can learn and develop in their

practice from ethically complex situations. Finally, it is only by listening to the stories that are rarely told that social work can best develop educational and support strategies to assist those walking through daily minefields on the front lines of practice.

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Book Review: Case Management

Di Gursansky, Judy Harvey, and Rosemary Kennedy. (2003). *Case Management.* Columbia University Press: New York.
Reviewed by Sanford Schwartz, Ph.D. Virginia Commonwealth University

The straightforward title of this book belies the complexity and diversity of topics it so creatively addresses. *Case Management*, written by a trio of faculty from the University of South Australia, sets out to confront the "regional, disciplinary, professional and practice silos" which surround this practice method. In light of the authors' ambitious goal, it's fair to ask if their efforts are too superficial. Happily, the answer is a resounding "No!" Even attaching the phrase "policy, practice and professional business" to the title inadequately conveys the depth and breadth of this outstanding work. There is something here for any social work professional with an interest in understanding how a popular practice method finds its way into so many human service organizations.

Case Management consists of three major sections followed by a concluding chapter. It is helpfully organized to facilitate browsing by readers not interested in every aspect the authors deem significant.

The initial three chapters cover policy-related issues ranging from a historical overview of case management to its application in a variety of practice settings. For instance, Chapter 3 discusses some critical organizational dimensions as they apply to the design of a case management delivery system. This material will be especially helpful to program planners and managers as they consider how an agency goes about deciding who to target, how to acquire and allocate resources and how to confront accountability and autonomy demands posed by various constituents.

The middle third of the book examines how case managers representing a number of helping professions have carried out their roles and responsibilities. Throughout this section, the authors highlight how a managed care philosophy has affected the delivery of case management services, no matter how they are defined and articulated. Moreover, it was gratifying to read about so many of the important ethical issues surrounding case management. The challenge of selecting which clients to serve with static or declining resources initially is raised in Chapter 4, while Chapter 6 is devoted to a more complete discussion of ethical decision making.

The remaining section of this book addresses what is referred to as the "professional business" aspects of case management. Included here are chapters on the preparation, regulation, and professionalization of case managers. Interestingly, the authors have some harsh words about social workers and their struggle to lay claim to case management in light of the growing presence of nurses.

Rather than serving as a perfect fit for any single course in a Social Work curriculum, *Case Management* can help inform any number of content areas typically found in MSW and PhD programs. Ironically, it's probably least appropriate as a practice text and those readers unfamiliar with terms such as "service mix", "core technology", and "boundary spanning" might be tempted to overlook this book. However, they should be encouraged to look beyond what may appear, at first, to be off-putting jargon. For instance, the authors' treatment of Lipsky's "street level bureaucrats" is an insightful account of how case managers struggle to actually perform their jobs in fluid and often conflict-laden surroundings.

Finally, *Case Management* has extensive citations which cut across the social work, nursing, medical, and organizational/management literature. This reviewer hopes the authors are busy preparing a fascinating account of another human service technology.

Book Review: The Role of Law in Social Work Practice and Administration

Stein, Theodore J. (2004). *The Role of Law in Social Work Practice and Administration*. New York: Columbia University Press.
Reviewed by Stephen M. Marson, Ph.D., CMSW

Stein points out that the primary audience for his book includes social work students and practitioners. He emphasizes that his intention is to address the relationship between social workers and attorneys and hopes that his work will improve the legal vocabulary of social workers. He wants social workers to have the ability to articulate legal questions more coherently to lawyers and to enable social workers to have a greater understanding when lawyers speak to them. Stein's objectives are to have social workers understand:

- the various ways in which the law affects their profession
- how to expand the knowledge from his text into their own research
- some ways in which they and attorneys can collaborate to better serve clients (see page 3).

Clearly, Stein achieves all three objectives. However, it is unlikely that practitioners will buy this book or read it from cover to cover. They are more likely to borrow it from a library and use it like a reference book to look up a particular legal issue for which they are currently facing. It is written more like a textbook for BSW and MSW students.

His book is divided into three parts. None of the parts have titles, but they are coherently conceptualized for the most part. The first section which constitutes four chapters, addresses an introduction to law and the judicial system. These chapters address an overall description of the philosophy and history of laws and how laws play out in social work practice. This information is not new and is available in social work and law textbooks. However, chapter 4 is quite different and interesting. Here, Stein offers guidance in conducting legal research and he does a remarkably good job. Chapter 4 clarified some issues that I have faced.

The second part of the text lacks a coherent theme and is divided into three chapters. I see no need for the inclusion of chapter 5. Here, Stein offers the standard typology of social service agencies that can be found in most all BSW policy textbooks. Unlike the other chapters within this book, chapter five seems misplaced and does not embrace the objectives Stein articulated on page 3. On the other hand, the other two chapters within this section are quite valuable. Chapter 6 should

be required reading for all social workers. Here, Stein *very* briefly addresses the courtroom process and how social workers should respond. It would have been preferable to have omitted chapter 5 and expanded on chapter 6. Chapter 7 covers the issue of malpractice and will immediately draw the interest of practitioners.

The book's last part constitutes seven chapters. Here, Stein offers a survey of legal issues that social workers will confront. These chapters are not relevant to practitioners but rather give students a solid foundation of the logic of law in specific areas of social work practice. These areas include: Family, Education, Child Welfare, Adoption, Domestic Violence, Health Care, and Mental Health. Although these chapters are well-written, they do not go into sufficient depth for practitioners. In addition, practitioners would only be interested in reading the chapter that addresses their current area of practice and are not likely to be interested in reading the other areas. Students (both MSW and BSW) would need an understanding in an area for which they have an interest in seeking to practice.

I see *The Role of Law in Social Work Practice and Administration* primarily as a textbook to be adopted within MSW and BSW academic programs. In addition, I think it would be an excellent addition to any social work library. I could see a wide range of social work courses employing the last seven chapters as closed reserved reading. For example, everyone who is enrolled in a school social work course should read Stein's chapter on Education.

The true educational value of this book is the writing style. Stein constantly employs lists to explain complex legal concepts. These lists give students a series of criteria to address and/or examine when facing a particular legal issue. Stein is able to move the students from complex abstract legal concepts to areas that are much more concrete and usable.