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Editorial: Moving Forward

By Linda May Grobman, MSW, LSW, ACSW

About 8 ½ -9 years ago, Steve Marson came to me with a proposal. The idea was to publish an online, open access journal on social work values and ethics. Steve and Jerry Finn had already put together an impressive editorial board, and they were looking for someone to help get this new journal off the ground. Would I be interested?

To me, values and ethics are the foundations of social work. In my other publication, *The New Social Worker,* I had already made a commitment to cover this important area in every issue.

Yes, I was very interested in this new ethics journal that Steve and Jerry were proposing. And yes, I would agree to be its publisher.

The journal was to be published twice a year, with two articles in each issue. It would be available online, free of charge, with open access to all. Steve and Jerry were concerned about whether there would be enough submissions to fill the "two articles per issue" mission. As it turned out, they had nothing to worry about.

The first edition of the *Journal of Social Work Values and Ethics* was published in Fall 2004. That edition had two full-length articles, one forum article, and two book reviews. The journal has grown by leaps and bounds. This edition (Fall 2012) includes seven full-length articles and four book reviews. We now have 11,267 subscribers (as of October 9, 2012). The journal's most-read article, "Professional Boundaries in Dual Relationships," published in Fall 2005, has been accessed 72,471 times.

It is clear to me that this journal fills an important niche in the social work field, and it has been my privilege to be involved in its development and growth over the years since its humble beginnings.

It is bittersweet for me to turn the reins over to the very capable hands of the staff of the Association of Social Work Boards (ASWB). I have a strong commitment to social work ethics, and the connections I have made with the people involved in this journal—the volunteer editors and board members—are very near and dear to me. But alas, the journal has grown so much—it is a much bigger project than I initially took on, and other projects are demanding more of my time, as well.

So, over the past year, ASWB staff stepped up to take on some of the editorial duties of the journal. Starting with the next edition (Spring 2013), ASWB will be the publisher of the journal. To me, this is a logical transition, because ASWB is committed to protection of the public through its services to social work licensing boards. Licensing is designed to determine whether a social worker is minimally competent to practice the profession of social work. Competence and ethics go hand in hand. How can a social worker practice competently without understanding critical consciousness, non-sexual dual relationships, and professional boundaries—just a few of the critical issues explored in this edition of the journal?

I am looking forward to seeing where *the Journal of Social Work Values and Ethics* goes from here.

My expectation is that it will continue to grow, to enhance social workers' and social work students' knowledge about the crucial issues and dilemmas they face every day, to provide a venue for researchers to publish in this important area, and to fill an important and necessary niche in the social work literature.

Finally, I would like to thank the many readers of the journal and the researchers who have contributed their work for their roles in the growth of the journal during its first eight years. I encourage you, readers, to continue to use this valuable resource, whether as a reader, a contributor, a student, an educator, or a practitioner.

Big Brother Is Listening to You: Some Non-Privileged Thoughts on Teaching Critical Consciousness

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Abstract

For many educators, self-awareness for cross-cultural practice means critical consciousness. Students are told that they must examine their own cultural backgrounds from a critical perspective—in short, they must admit and confront their racist, sexist, classist, and heterosexist thoughts and beliefs. In addition to reflecting on these thoughts in private, students are frequently required to confess them openly in the classroom. As a pedagogical exercise, this approach to critical consciousness has little empirical support, displaces the goal of self-awareness from good practice to painful confession, and denies students the rights they are told they must grant their clients.

Keywords: teaching; self-awareness; critical consciousness; students' rights

1.   Self-Awareness and Critical Consciousness

"Know thyself," inscribed over the entrance to the Temple of Apollo at Delphi, could equally well be chiseled over the entrance to every school preparing students for cross-cultural practice. According to Kondrat (1999), "The notion that social workers should be aware of the 'self' has been advocated as a practice principle for almost as long as social work has been a profession" (p. 31). Dettlaff, Moore, and Dietze (2006) agree: "Social work education emphasizes the development of self-awareness and the effective use of self" (p. 2). Referring to cross-cultural practice in all the helping professions, Dewees (2001) states that "probably the most salient maxim for any human service worker is 'knowing thyself'" (p. 39).

Identifying the competencies required for professional social workers, the Council on Social Work Education (CSWE, 2008) refers explicitly to the importance of self-knowledge for social work practitioners. Social workers, the council states, "practice personal reflection and self-correction to assure continued professional development" (EPAS 2.1.1). They "recognize and manage personal values in a way that allows professional values to guide practice" (EPAS 2.1.2). Moreover, social workers "gain sufficient self-awareness to eliminate the influence of personal biases and values in working with diverse groups" (EPAS 2.1.4).

For many writers, self-awareness for cross-cultural practitioners—and that means practice across all boundaries, including racial, ethnic, gender, sexual orientation, and class—now largely means gaining critical consciousness of the self (CrC) (e.g., Allen, 1995; Cain, 1996; Colvin Burque, Zugazaga, & Davis-Maye, 2007; Rozas, 2004; Van Soest, 1996; Wilkinson, 1997). The requirement that human-service providers critically examine their own cultural backgrounds "appears

to be the mantra in multicultural training and practice" (Pitner & Sakamoto, 2005, p. 684).

Drawing upon the work of Friere (2000), Goodman and West-Olatunji (2009) state that "critical consciousness involves the ability to reflect on one's personal biases in working collaboratively with individual and community stakeholders to take action and transform obstacles to a satisfying quality of life" (p. 459). Suarez, Newman, and Reed (2008) further define critical consciousness as "a continuous self-reflexive process involving critical thinking in tandem with action whereby we challenge domination on three levels: personally, interpersonally, and structurally" (p. 408). They further assert that "vital components of critical consciousness are expanding our comfort zones, owning our power and privilege, and engaging in active self-reflection that interrogates what we hold to be true" (p. 408). In essence, having critical consciousness of the self means that students must become aware of their racist, sexist, classist and heterosexist thoughts and beliefs and attendant privileged identities. Know thyself has become know thy bad self.

Latting (1990), for example, believes it is important for students "to admit and confront their own biases" (p. 36). Holley and Steiner (2005) concur that students "must confront their biases and be aware of their values and beliefs" (p. 51). According to Nicotera and Kang (2009), students must "raise critical consciousness of their societal privileges" (p. 188). Rozas (2004) adds that a goal of classroom intergroup dialogues should be raising "the consciousness of the student's own role in the system and his/her perpetuation of oppression" (p. 236).

2.   The Pain of Critical Consciousness

Educators understand that students will find applying critical consciousness to the self hurtful. Pinderhughes (1989) notes that when people discuss racial issues, "the mood is one of discomfort, struggle, and pain" (p. 73). Harris (1997) sees that "whenever course content focuses on race, culture, or ethnicity, a myriad of emotional responses are evoked in students. Their responses include, but are not limited to, anger, guilt, fear, shame, hostility, and anxiety" (p. 587). Garcia and Van Soest (1997) say that students "may experience a loss of self-respect and have profound doubts about their self-image as they struggle to come to terms with the effects that privilege and oppression have had in their lives" (para. 8). Holley and Steiner (2005) want students to question their very identities: "To grow and learn, students must often confront issues that make them uncomfortable and force them to struggle with who they are and what they believe" (p. 50).

The students targeted for painful consciousness-raising are obviously going to be largely white, middle-class and heterosexual. There is suffering for other students as well. If a student defined as having a privileged identity is asked to confess his or her "underlying racist, classist, sexist, or homophobic perspectives," this can be "painful for students whose groups are being maligned" (Holley and Steiner, 2005, p. 52). Conversely if students in marginalized groups are asked to share their perspectives, this can be seen as "another form of 'voyeurism' that allows for the continued dominance of privileged groups within the classroom" (Saleeby & Scanlon, 2005, p. 5). Faculty, too, may be at risk during these confessionals. Nicotera and Kang (2009) warn instructors that they themselves may come under attack if "students expose biases related to any social identities through which we (faculty) experience marginalization" (p. 193).

3.   Does Critical Consciousness Work?

The rationale for any exercise in human-service education must be that it produces better practitioners. The proponents of CrC believe that if students are made to challenge who they are and what they believe, then the discomforting awareness will move them to become more culturally competent. The idea may have appeal, but there is little credible evidence to support it. Pitner and Sakamoto (2005) state that "much of

what has been written about critical consciousness is conceptually persuasive" (p. 687), but add that "there is a paucity of empirical research regarding this important practice component" (p. 687). They add further that pushing students toward critical self-consciousness may actually be counterproductive, noting that there is strong evidence in the social psychology literature suggesting "that when an individual's self-image is challenged to the point that it produces anxiety, he or she may be *more* likely to hold on to his or her own worldviews to reduce the anxiety" (p. 688).

It is unfortunate there are so few studies on such a salient topic, especially considering that the few that do attempt to demonstrate the value of teaching CrC are not convincing. As several authors acknowledge, the studies' limitations include numbers so small as to preclude generalization, samples that are neither random nor controlled, and contamination from the instructors being in the dual roles of teacher and researcher (e.g., Colvin Burque et al., 2007; Harris, 1997; Nicotera & Kang, 2009; Schmitz, Stakeman, & Cisneros, 2001; Spears, 2004; Garcia & Van Soest, 1997).

The factor casting most doubt on these studies is that they involve captive audiences: Students taking often-required courses in which they are asked to engage in some form of CrC. Students really have little choice here. If they decline to participate, to confess any unacceptable thoughts and beliefs, this becomes tacit proof that they must harbor them. Some results from these studies at first seem encouraging: Student course "evaluations were overwhelmingly positive" (Schmitz et al., 2001, p. 619); students were "significantly more aware of racial privilege and blatant racial issues at the end of the course than they were at the beginning" (Colvin Burque et al., 2007, p. 223); an assessment resulted in "a statistically significant change in students' understanding of the role that positionality and bias can play in social work research…" (Nicotera & Kang, 2009, p. 202). But what else would students in these courses say in their evaluations? That they learned nothing about their biases, nothing about being blind to their privileged identities, nothing about their own perpetuation of discrimination and oppression?

Spears's (2004) study is a case in point. She discusses the impact of a multicultural course she taught on students' racial identity formation and cultural competence. The participants (N=22) reported that the course was valuable and that they experienced an increase in their sense of cultural competence; however, Spears appropriately notes that she was both instructor and researcher of the course, and that her students may well have felt under some pressure to provide politically correct answers in their evaluations. "Participants," Spears believed, "may have responded in ways that they thought she preferred or deemed appropriate" (p. 285). Spears's admission is a caveat in the assessment of any student evaluation of a course teaching critical consciousness. Students are not so much being educated in these courses as they are being indoctrinated in the critical perspective. They may be biased, but they understand socially desirable responses. They realistically reason that if acknowledging they have privately confronted their biases and privileged identities is good, and publically confessing them is better, then reporting the entire process was good for them must be best of all.

4.   Why Critical Consciousness?

If there is little creditable evidence to support CrC initiations and so much pain in the process for everyone involved, why do educators continue to insist on the *mea culpa* model of teaching CrC? There are without doubt well-intentioned educators who believe that CrC is necessary for good cross-cultural practice. Pinderhughes (1989) argues that the "development of culture-sensitive practice requires first an awareness and understanding of one's own cultural background and its meaning and significance for one's interactions with others" (p. 5). The goal of culture-sensitive practice is beyond reproach; but it is not clear why CrC has to be its first requirement. In a paper on cross-cultural empathy, Dyche and Zayas (2001) point out that "empathy requires a certain surrender of self, of one's own self-involvement,

and one's own preferences" (p. 250). If students are driven to focus first on a critical examination of who they are and what they believe, this may distract them from hearing who others are and what they believe. Students may understand others better if they first think about them and then later reflect on themselves.

A study on the impact of teaching CrC endorses the idea that the practice experience should precede self-reflection. Goodman and West-Olatunji (2009) looked at the use of critical consciousness as a training tool for the provision of culturally competent services to disaster victims (p. 458). They state that their "hypothesis was that an outreach experience would increase critical consciousness and thus inform participants' disaster response skills in culturally competent ways" (p. 461). The practice experience first—then the self-reflection.

Similarly, Suarez et al. (2008) stress that writers on critical consciousness should "give concrete examples of how social workers can use every practice situation to increase their own consciousness and skills" (p. 408). Practitioners absolutely should engage in critical self-reflection, but only as it relates to an actual practice situation. As Pitner and Sakamoto (2005) noted, if they are pressured into self-criticism before testing themselves in practice, it may be counterproductive (Pitner & Sakamoto, 2005).

Despite the good intentions of its instructors, there is a profound unfairness in the CrC pedagogical exercise. As faculty, CrC instructors operate from a "category of social location" (Allen, 1995, p. 136) that is not only socially privileged but physically privileged as well. Faculty often work within the safe confines of academe, buffered from the world of actual practice; students, on the other hand, in their internships engage in what Michael Picardie (1980) calls "the dreadful moments" of doing human service work. They face neighborhoods that may be unsafe, and clients who may be physical and/or sexual abusers, threatening, and sociopathic. These clients may have strengths; but this does not negate their often dangerous

limitations. Working with them puts an enormous strain on anyone's capacity for empathy and tolerance, and severely tests the ability to avoid any kind of "biased" thoughts. CrC instructors rarely face these stressors.

The above may seem to treat faculty harshly, but it is not meant to tarnish all instructors who teach CrC. Most of them act from the best of motives. But students act from the best of motives, too, and those in critical-consciousness classes may feel they are treated quite harshly. They rarely have anyone to speak for them in this area, and they are unlikely to speak up for themselves.

5.   The Critical Consciousness Flaw

The CrC approach has a basic flaw in that it takes place out of a practice context—in fact, it equates thought and action. When students are asked to engage in critical consciousness exercises in the classroom, to confess their biases and privileged identities, they are doing so before it can be seen whether or not these biases and privileged identities negatively affect their work. They may, but they may not. The proponents of CrC seem to operate on an *a priori* assumption that they must do so. This is like convicting a person of a crime because he or she admitted having thoughts of committing one.

Marsh (2004), in an editorial for *Social Work,* appears to sanction the CrC approach. We social workers, she states, must "take responsibility for our beliefs and attitudes" (p. 5). We certainly must take responsibility for our actions; but how do we take responsibility for our beliefs and attitudes, unless we accept the dangerous implication that beliefs and attitudes are the equal of actions? This is an equation that has caused people great trouble and pain. Many of our social work clients are in unnecessary misery because they believe what they think is the equal of what they have done or who they are.

Telling students that thought must result in action can be a confusing, destructive message. We teach students to help their clients realize that there is a critical difference between thought and

action—for example, to help parents realize that they can have angry thoughts toward their children, which all parents do, without acting abusively (Holman, 2011). Yet in CrC, students are being told just the opposite: Racist or heterosexist thoughts, conscious or unconscious, will make them act like racists and homophobes whether they want to or not. In doing this, faculty model for their students that they should tell parents who admit being angry at their kids that they are child abusers.

There are innumerable human-service practitioners who have never gone through the purifying ritual of CrC who are working ethically and constructively with clients from different cultures. It may be argued that they are operating under a false consciousness, blinded by their immersion in privileged locations. But the same false consciousness must then be attributed to the many clients who report being satisfied with the services they receive from these workers.

CrC advocates may think that clients want only "egalitarian moments" (Hopkins, 1986) in their work with practitioners. But as Pitner and Sakamoto (2005) point out:

> When social workers automatically frame service users' problems in terms of oppression (e.g., racism, sexism, heterosexism, ageism, classism, ableism), they may inadvertently do so to the detriment of the needs of the service user. In fact, service users may not define their problems in these same terms (p. 439).

What matters to academicians may not matter to clients.

6.   Conclusion

When critical-consciousness proponents demand that students reveal their beliefs and thoughts and change those found to be unacceptable, they can be seen as violating the Universal Declaration of Human Rights, a seminal text for the social work profession. "Everyone," states Article 19, "has the right to freedom of opinion and expression; this right includes freedom to hold opinions without interference…" (General Assembly of the United Nations, 1948). Students are entitled to this right. They do not waive it when they enter social work school. If anything, they should expect to find it modeled and exalted there. In fact, to return to CSWE mandates, every social work program is required to reflect in its learning environment "a commitment to diversity—including age, class, color, culture, disability, ethnicity, gender, gender identity and expression, immigration status, (and) political ideology… ." (CSWE, 2008, p.10-11).

If we are to be true to our commitment to human rights and justice, we cannot without cause violate the freedom of our students to hold opinions—whatever they may be. When students are told their beliefs and very identities damn them from the outset, no matter how well they behave, this discourages them from reflecting on the possible effects of their beliefs at a time when it is essential—when they are struggling in class or practice. In class, students may cover their resentment at being unjustly condemned with the socially desirable overt admission of biases while inwardly holding even more tightly to a sense that what they always believed is still right. But then they are made to face "the demands of practice with little professional support or self-reflexivity" (Todd & Colohic, 2007, p. 18).

If and when students find they are struggling in practice, or having trouble grasping certain course content, then they need to consider if they have some biases that may be getting in the way. This is when critical consciousness is invaluable. If students want faculty help at this point, they should ask for it, and receive it—in private. There is no need for a public confession. Indeed, as Todd and Coholic (2007) argue, "the often irreparable loss of safety and the reproduction of harm to oppressed groups negate the classroom discussions of opinions that are antithetical to social work values" (p. 18).

As a result of their social work education, students may change some of their thoughts and beliefs, or they may not. They never have to—as long as they act as the values of their professions require them to act. As Patterson (2006) states, "the best way of living in our diverse and contentiously free society is neither to obsess about the hidden depths of our prejudices nor deny them, but to behave as if we had none" (2006, p. A25).

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Social Work Education in Non-Sexual Dual Relationships

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Abstract

This study examined ethics education in accredited bachelor of social work programs in one Midwestern state, specifically regarding non-sexual dual relationships. The results of the study indicated that the majority of undergraduate social work students reported receiving instruction in ethical issues surrounding non-sexual dual relationships. Participants were asked to respond to 20 ethical dilemmas involving dual relationships. Two participant groups were used; the first was a novice group selected from university students in introductory social work courses, while the second, an advanced group, was drawn from students completing their final advanced courses or field work. The student participants indicated whether they believed the social worker in each scenario was acting ethically or unethically and how confident the participants were in their response. From the 20 scenarios, advanced students correctly answered six of them significantly more often than the novice students. The novice students were also significantly more likely to indicate uncertainty when answering the scenarios in 18 of the 20 cases.

1.   Introduction

Social work by its very definition is a profession that assumes practitioners will have a relationship with other people. This relationship is one that is considered to be of a professional nature and subject to laws and a code of ethics that further define its character. As Kagle & Giebelhausen (1994) explain, "A professional enters into a *dual relationship* whenever he or she assumes a second role with a client, becoming social worker and friend, employer, teacher, business associate, family member, or sex partner. A practitioner can engage in a dual relationship whether the second relationship begins before, during, or after the social work relationship" (p. 213).

The National Association of Social Workers (NASW) addresses dual relationships in Standard 1.06 of its Code of Ethics (2008) as follows: "Social workers should not engage in dual or multiple relationships with clients or former clients in which there are risks of exploitation or potential harm to the client. In instances when dual or multiple relationships are unavoidable, social workers should take steps to protect clients and are responsible for setting clear, appropriate, and culturally sensitive boundaries."

Even with this prohibition against the formation of dual relationships that exploit clients, a review of ethics violations by social workers indicates that a substantial number of cases result from these boundary violations. Strom-Gottfried

(2003, p. 91) examined complaints considered by the National Association of Social Workers regarding violations of the organization's Code of Ethics. Of the 267 cases in which ethics violations were substantiated, 77 were the result of the formation of unethical dual relationships with clients. This represents the second most common violation in the study, followed by 70 findings labeled "Other Boundary Violations."

Accredited social work programs are clearly charged with addressing this content area by the Council on Social Work Education (CSWE) in its Educational Policy and Accreditation Standards. Educational Policy 2.1.2 requires that social work faculty provide instruction to students on how to "apply social work ethical principles to guide professional practice" (CSWE, 2008, p. 4). Specifically this policy states that "social workers have an obligation to conduct themselves ethically and to engage in ethical decision-making. Social workers are knowledgeable about the value base of the profession, its ethical standards, and relevant law" (CSWE, 2008, p. 4).

2. Purpose of the Study

The purpose of the study was to research, identify, and report social work student knowledge of the issues surrounding non-sexual dual relationships with clients. The specific research questions are as follows:

1. Do social work students enrolled in accredited baccalaureate social work programs in this Midwestern state report receiving instruction on the ethics of dual relationships?
2. What differences, if any, exist between novice social work students and advanced social work students in their application of the NASW Code of Ethics concerning dual relationships with clients?

3. Limitations of the Study

The participants in the study were enrolled in accredited social work programs in one Midwestern state. The sample was taken from students participating in a single academic year (2008–2009). In order to generalize the results, a larger sample from a greater geographic area would be necessary. The sample was not a random sample but instead a sample of convenience.

4. Literature Review

The review of related literature examined research and professional writings that detail the development of a professional code of ethics for social workers. The review investigated the development and inclusion of language addressing client-professional relationships in the code of ethical conduct. Finally, the review details historic and current research surrounding the topic of non-sexual dual relationships. This review of research and professional literature demonstrates the extent of current exploration into this topic area as well as the needs for future research that exist.

5. The Professional Relationship

The relationship between a social worker and his or her client is not based on equality; it is inherently unequal, because the practitioner has influence over the client, who is often vulnerable (Kagle & Giebelhausen, 1994; Reamer 2003). The recognized nomenclature uses the term "boundaries" to describe the line between the clearly different roles that the client and the social worker have in the relationship (Strom-Gottfried & Dunlap, 1998). Boundaries are used to help clarify the professional relationship as opposed to one that is of a social nature. The formation of a dual relationship is considered a boundary issue.

Although states that license social workers have laws that directly speak to and affect the social worker-client relationship, professional literature in the field also suggests a legal obligation inherent in the relationship. Kutchins (1991) proposed that social workers' responsibilities to their clients clearly form a type of fiduciary relationship. Three primary aspects of this relationship are pointed to by the author as evidence of this association, and they are as follows:

"1. Special duties arise because of the trust or confidence reposed in the fiduciary.

2. The Fiduciary has special powers to dominate and influence the client because of the nature of the relationship.

3. As a consequence, the fiduciary must act in the best interest of the client and cannot take advantage of the client to promote the fiduciary's own interest" (Kutchins, 1991, p. 107).

6.   Dual Relationships

The professional literature in the field of social work supports the idea that dual relationships with family, friends, and business associates are especially problematic, because of their involvedness and the difficulty of maintaining objectivity (Ramsdell & Ramsdell, 1993). Reamer (2001) has identified five primary domains or "conceptual categories" (p. 123) for dual relationships. First, he categorizes a group of behaviors he refers to as intimate gestures. Although this domain would include relationships of a sexual nature, it also includes a number of non-sexual intimate encounters, such as simple physical contact and providing services to a former lover. The next central domain is dual relationships that result in personal benefit to the social worker. Examples of this are trading goods and services with a client or using a client to gain useful information. The third domain Reamer identifies is emotional needs and dependency. Here Reamer focuses on ways that a helping professional may use a client to satisfy his or her own interpersonal needs. Examples may be extending relationships with clients beyond what is necessary and even reversing roles with the client. The fourth major domain would be altruistic gestures, such as exchanging gifts with a client or performing favors for each other. The final domain that Reamer identifies is the unanticipated circumstance. Instances of this may include attending the same social or community events, or sharing mutual friends.

Researchers have attempted to point out the inherent dangers in non-sexual dual relationships (Johner, 2006; Reamer, 2001). Johner (2006) argued that non-sexual dual relationships tend to undermine the client's right of self-determination and are often legitimized by social work agencies or even the profession. Johner used case study examples to illustrate the hazards of non-sexual dual relationships. For instance, a social worker is shown holding a client support group in her home, exchanging gifts with clients, and attending social functions with clients. Johner's line of reasoning was that these types of activities will foster client dependence, which may damage the client's ability to fully exercise his or her right of self-determination.

A study conducted by Ramsdell and Ramsdell (1993) questioned former clients from an urban mental health center regarding various types of dual relationships. Surveys were sent to 346 former clients and 67 surveys were returned. Although part of the instrument used was specific to sexual relationships, many of the questions dealt with aspects of a dual relationship of a non-sexual nature. Issues such as using the professional's first name in the therapeutic setting, sharing a meal, giving gifts, and social worker self-disclosure were addressed. This research suggested that a number of behaviors were considered to be beneficial, such as visiting a client in the hospital or addressing each other on a first name basis. Some behaviors the clients believed to be benign, such as sharing a meal with a client. Social worker behaviors that were viewed to be the most disruptive to the therapeutic relationship were drinking alcohol with a client, employing a client to perform services, or attending a social function such as a movie with a client.

In Kagle and Giebelhausen's study of almost 5,000 helping professionals from across the nation, many admitted to engaging in non-sexual dual relationships and believed them to be ethical in nature (1994). The majority of those surveyed considered employing a client, taking a client on as a student, or becoming friends with a former client to be ethical. Kagle and Giebelhausen (1994) also

explored the controversial issue of transference and countertransference, and they found that this issue is not agreed upon by all researchers; many recognize that the therapeutic process involves revisiting and processing significant relationships in people's lives. This process can lead both the client and helper to project unconscious needs they may have.

A qualitative study conducted by Nelson, Summers, and Turnbull (2004) examined the issues of dual relationships in special education settings that relate to social work. Two central issues were identified as affecting boundary definition in working with families. First, a number of professions such as nursing, special education, and social work have identified what are clear and definite violations of their codes in regard to exploitative dual relationships. Second, the existing codes fail to define fully or give guidance on navigating dual relationships that are not clearly unethical. This study was an attempt to develop guidelines further by examining client (in this case parent) preferences regarding professional relationships.

The following research question was used to guide the study: "What are the specific perspectives of parents and professionals about the closeness-distance continuum of their relationship and about having one or multiple roles in their relationships?" (Nelson et al., 2004, p.155) The researchers conducted 34 focus groups and 32 individual interviews (137 total participants), and analyzed the transcripts. One of the key themes identified by the researchers was that of "dual relationships." Their qualitative data revealed that a number of parents saw a dual relationship with a professional, such as developing a friendship, as a positive and helpful aspect of their relationship. Some parents considered the professional who came into their home "like a member of the family" (Nelson et al., p. 159). Other parents, however, reported that they were uncomfortable with the dual aspect of their relationship. Some discussed the fear that the professional was trying to replace them as a parent at times, while others felt angry or hurt by their "friend" when they were not provided all of the services they thought they needed.

The authors suggested that professionals should understand the dynamic of transference and countertransference to protect clients they may work with. Transference is a psychoanalytic term referring to emotions and thoughts the client ascribes to the social worker in the context of their relationship (Abbott, 2003). These feelings often stem from past relationships the client has had with other people in similar power, authoritarian, or helping roles (Bonosky, 1995). Countertransference is likewise the emotions and thoughts a professional helper, such as a social worker, assigns to the client in the context of their relationship (Abbott, 2003). Although transference and countertransference are often associated with sexual attraction between client and helper, many other unconsciously influenced emotions may affect the relationship (Abbott, 2003). Nelson, Summers, and Turnbull also conclude that the area of dual relationships is not well defined and opens a number of possible complications. While they suggest that there are a number of possible benefits from dual roles in the field of special education, the potential for conflicts of interest seems to outweigh them in most situations.

To date, little research has been conducted on how dual relationships are addressed in social work education. One empirical study conducted by Congress (2001) focused on social work educators' beliefs regarding dual relationships. Congress attempted to survey 120 accredited social work programs. The results of the research indicated that the majority of social work educators found a dual relationship with current students of a sexual (98.9%) or therapeutic (94.3%) nature to be unethical. A much lower percentage believed that a relationship such as employment (40.2%) or social activity (25.3%) with current students was unethical. The study also attempted to examine what educators believed regarding dual relationships with former students.

In this area considerable differences were noted in beliefs associated to dual relationships of a sexual or therapeutic nature with former students. Only 29.9% of educators viewed sexual

relationships with former students as unethical, while 46% thought a therapeutic relationship to be unethical in nature. The vast majority of educators surveyed (92%) believed that hiring a former student as a research assistant was ethical, and most (81.6%) believed that attending a social function with a former student was ethical. Congress's final research question had to do with how educators and students learn about social work ethics. The majority of programs surveyed (98.9%) claimed to infuse ethics education throughout the curriculum and about half (50.6%) offered an elective course specific to ethics. Fewer than half of the programs had a policy on dual relationships (34.5%) and only 44.8% acknowledged discussing ethics and dual relationships at a faculty meeting.

7.   Methodology

The study population was made up of students from six different CSWE-accredited baccalaureate social work programs in one Midwestern state. The sample came from both private and public institutions. The total sample size was 323 participants, with 192 participants in introductory social work courses and beginning theory courses (novice group) and 131 participants in advanced courses such as advanced practice or senior seminar courses (advanced group). The instrument is an attitude test using a Likert scale. Beyond the demographic data that was gathered (sex, age, etc.), participants were asked to respond to 20 scenarios. Each scenario presents a situation in which a social worker is confronted with a dual relationship with a client. The participant is asked to indicate whether the social worker is acting in a fashion that is ethical, ethical under most circumstances, unethical under most circumstances, unethical, or uncertain. The instrument incorporated Reamer's (2001) categorization of dual relationships into five domains shown below:

1. Intimate relationships or gestures
2. Emotional and dependency needs of the social worker
3. Personal benefit or conflicts of interest
4. Altruistic gestures
5. Unavoidable and unanticipated circumstances

The instrument includes four scenarios from each category of dual relationship type, for a total of 20 situations (Appendix A). Instrument validity was established by a panel of experts in the field of social work education. Instrument reliability was determined by using Cronbach's Alpha formula for internal consistency. The instrument was found to be reliable (20 items; $\alpha = .769$). The correct response to each scenario was identified by consulting the NASW Code of Ethics. Where clear direction was not given in the Code of Ethics, the researcher relied on responses from the panel of experts used in the instrument's development. The researchers obtained IRB approval/support from all institutions where participants are enrolled. All data were entered into SPSS for analysis. Analysis of the data has resulted in descriptive statistics such as measures of central tendency. The data were also analyzed using inferential statistics to test for significance. The researcher used statistical tests such as a chi-squared (χ^2) or t test to determine whether there were statistical differences between the beginning social work student group and the advanced student group.

6.   Results

The results indicate that the majority of all student participants had received instruction on ethics and dual relationships. Table 1 details the frequency and percentage of novice students and advanced students who had or had not received instruction in dual relationships. As Table 1 indicates, the majority of all participants had received instruction in ethics and dual relationships. A large majority of advanced students indicated that they had training in ethics relating to dual relationships. While many novice students indicated that they had received instruction in the ethics of dual relations, significantly fewer of them had than advanced students at the .05 level ($\chi^2 = 73.54$ $df = 1$, $p = < .001$).

Table 1.
Frequency and Percentage of Dual Relationship Instruction by Student Level

	Received Instruction		No Instruction	
	Frequency	**Percent**	**Frequency**	**Percent**
Total Participants	235	72.8%	88	27.2%
Novice Participants	106	55.2%	86	44.8%
Advanced Participants	129	98.4%	2	1.6%

In Table 2, the frequency of correct responses by novice and advanced students was compared. "Uncertain" responses were removed from this response set. For purposes of analysis, responses were recoded when considering correct and incorrect responses. Responses of "Ethical" and "Ethical Under Most Circumstances" were combined, as were the responses of "Unethical Under Most Circumstances" and "Unethical."

Table 2.
Comparison of Correct and Incorrect Answers by Student Level

Scenario	Frequency		Percent Incorrect	Value of Chi (χ)	p - value
	Correct	**Incorrect**			
S1: Client hug					
Novice	159	29	15.4%	3.89	.049
Advanced	116	10	7.94%		
S2: Hand-holding					
Novice	75	81	51.92%	.14	.704
Advanced	54	64	54.24%		
S3: Client massage					
Novice	183	0	0%	0	N/A
Advanced	128	0	0%		
S4: Former lover					
Novice	144	13	8.28%	.36	.550
Advanced	117	8	6.40%		
S5: Client friendship					
Novice	65	70	51.85%	32.01	<.001
Advanced	95	20	17.39%		
S6: Self-disclosure					
Novice	145	23	13.69%	1.28	.257
Advanced	96	22	18.64%		
S7: Preferential scheduling					
Novice	39	110	73.83%	1.11	.292
Advanced	36	76	67.86%		

Scenario	Frequency		Percent Incorrect	Value of Chi (χ)	p - value
	Correct	Incorrect			
S8: Unnecessary services					
Novice	108	39	26.53%	8.24	.004*
Advanced	106	15	12.40%		
S9: Beneficiary of estate					
Novice	120	26	17.81%	13.15	<.001*
Advanced	112	4	3.45%		
S10: Legal advice					
Novice	163	11	6.32%	2.55	.110
Advanced	123	3	2.38%		
S11: Bartering for services					
Novice	18	129	87.76%	.21	.650
Advanced	16	97	85.84%		
S12: Business partner					
Novice	136	21	13.38%	5.52	.019*
Advanced	115	6	4.96%		
S13: Gift to client					
Novice	120	32	21.05%	18.95	<.001*
Advanced	65	49	42.98%		
S14: Alcohol use					
Novice	58	80	57.97%	13.04	<.001*
Advanced	23	89	79.46%		
S15: Client transportation					
Novice	109	29	21.01%	.89	.344
Advanced	79	28	26.17%		
S16: Give phone number					
Novice	52	94	64.38%	18.38	<.001*
Advanced	70	42	37.50%		
S17: AA meeting					
Novice	87	35	28.69%	.22	.636
Advanced	67	31	31.63%		
S18: Moonlighting					
Novice	58	53	47.75%	3.56	.059
Advanced	62	33	34.74%		
S19: Family gathering					
Novice	126	12	8.70%	.11	.742
Advanced	100	11	9.91%		
S20: Teacher conflict					
Novice	76	35	31.53%	4.49	.034*
Advanced	56	47	45.63%		

Note. For all analyses, degrees of freedom = 1.

*p < .05

Advanced students correctly answered the scenarios more often in 16 of the 20 scenarios. However, there is a statistically significant difference over the novice students in six of those. Novice students correctly answered three of the scenarios significantly more often than the advanced students.

7. Discussion

As reported, 98.4% of advanced participants reported receiving instruction in dual relationships. This indicates that of the sample of accredited BSW programs in the state, all incorporate training in the ethics of dual relationships into

their curriculums. As this is a requirement of the Council on Social Work Education, it appears that the sample institutions are fulfilling this obligation. Interestingly, 55.2% of novice-level participants indicated that they had already received instruction in dual relationships. This would seem to indicate that many students are being exposed to the Code of Ethics early in their social work education. None of the participant schools has a course in its curriculum that lists social work ethics as a primary content area. This would lead one to believe that ethics training is woven into the curriculum at various points of instruction. This would be consistent with Congress's (2001) findings that 98.9% of social work programs infuse ethics education throughout the curriculum.

Looking at individual scenarios, advanced students answered the scenarios correctly more often in 16 of the 20 dilemmas. Therefore, one can conclude that advanced-level students receive effective instruction on dual relationships throughout the duration of the respective social work program. Six of those comparisons had a statistically significant margin. Those 6 are: *S1: Client hug, S5: Client friendship, S8: Unnecessary services, S9: Beneficiary of estate, S12: Business partner, S16: Give phone number*. This appears to indicate that advanced students had a more sophisticated grasp of the NASW Code of Ethics and its application to ethical dilemmas.

There are three scenarios, however, in which novice students correctly answered the scenario significantly more often than advanced students. The first of these, *S13: Gift to client*, deals with the social worker giving the client a gift. Although the code warns against conflicts of interest, the advanced group may be applying too legalistic a view of this interaction. There is no specific prohibition of gift-giving between client and social worker. The code does require the social worker to be aware of the power differential in the professional relationship, however, and this could play a role in the advanced student decision making. Many human service agencies have a policy against giving gifts to clients or accepting gifts

from clients. Advanced students demonstrate a higher level of exposure to human service agencies and such policies through volunteer service learning experience and/or job experience. The fact that some advanced students currently work for such agencies and/or are aware of such policies may influence their decision making regarding this scenario.

The second situation, *S14: Alcohol use*, has to do with the use of alcohol by the social worker. As discussed earlier in this chapter, the researcher believes that the advanced student group probably approached this scenario from a professional boundary standpoint. The novice student group, having less training in boundaries and ethics, seemingly did not have the same level of concern regarding this boundary crossing.

The third scenario has to do with a possible conflict of interest when a social worker practicing in a rural community and a school teacher create a dual relationship. Here, in *S20: Teacher conflict*, the teacher's child is a client of the social worker. The social worker's child is also in the teacher's classroom. It is the opinion of the researcher and the consulted panel of experts that this relationship has a high potential of creating a conflict of interest and should be avoided. The scenario goes on to say that if the social worker does refer the client elsewhere, the client will have to get services from another county. The researcher believes that this information may have influenced student decision making. It would not be uncommon for advanced students to have received instruction on the challenges of rural social work practice. The difficulties associated with rural practice would have to be weighed against the possibility of a boundary violation.

When completing the instrument, the participants were given the option of choosing "uncertain" as a response to the ethical dilemma. Advanced students used this option significantly less than novice students in 18 of the 20 situations. Based on the given results, one can conclude that the advanced student group possesses a higher level of confidence when responding to ethical dilemmas. There is also a sharp contrast between

advanced and novice groups when looking at the frequency of using "uncertain" as a response. The advanced student group selected "uncertain" less than 10% of the time in 11 of the 20 scenarios. In only three scenarios did fewer than 10% of the novice students choose the same response. Novice students chose "uncertain" at a rate of 20% or more in 12 of the situations, wherein only two scenarios did advanced students do the same. As implied, advanced students seemed to approach these ethical dilemmas with much more conviction. By infusing ethics education throughout the curriculum, social work programs in this Midwestern state are preparing students for proper application of the NASW Code of Ethics.

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Appendix A

For all the scenarios below, the participants were given the following five response choices: ethical, ethical under most circumstances, uncertain, unethical under most circumstances, and unethical.

S1. A social worker employed as a mental health case manager has provided services to a client for the past two years. The client and social worker have decided to end services and terminate their relationship. At the end of their final session together the social worker embraces the client in a hug that was initiated by the client.

S2. A hospital social worker assists clients who often have terminal illnesses. While conducting a psychosocial assessment with such a client who is very distraught, the social worker initiated an embrace with the client and continued to hold her hand throughout the rest of the session.

S3. A social worker has an interest in therapeutic massage as part of her practice, but has not been trained as a massage therapist. The social worker often encourages clients to allow her to massage their shoulders as they talk during sessions.

S4. A social work clinician in private practice who specializes in intimate relationship counseling often works with individuals and couples on intimacy and relationship issues. By request of his client, the social worker has started to provide services to an individual with whom he had intimate relations about one year ago.

S5. A social worker who has worked with a client for several months has developed a fondness for the client and enjoys spending time with her. Approximately one year after their professional relationship had terminated, the social worker invites the former client out for coffee in order to establish a friendship.

S6. While providing services to a client whom the social worker respects and enjoys spending time with, the social worker finds herself disclosing personal information to the client that she doesn't provide to other clients (such as her marital status and personal interests). The social worker feels as though she can trust her client with this information.

S7. A social worker employed as a children's mental health case manager often arranges client contacts at client homes or in public settings outside of school hours. For one client, with whom the social worker enjoys spending time, the social worker always schedules later in the day so that if the session runs long it won't disrupt the rest of his daily schedule.

S8. A social worker has established a working relationship with a client whom she really enjoys. The social worker and client have decided to continue services even though the client has completed the treatment program. While the social worker is convinced that the client will benefit from the continued services, she admits that they are no longer necessary.

S9. A social worker discovers that a client with whom he has had a long-term professional relationship has named him as a beneficiary in his will. Upon the client's death, the social worker graciously accepts a sum of money from his estate.

S10. A social worker has a client who happens to be married to an attorney. At the conclusion of one session, the social worker asks her client if she could obtain some legal information regarding the social worker's upcoming real estate transaction.

S11. A social worker is providing counseling services to a client who happens to be an artist. The client has no insurance and few resources with which to pay for services. The social worker and the client work out a bartering arrangement where counseling services are provided in exchange for some pieces of the client's artwork.

S12. A client in an addiction treatment program discovers that she and one of the social workers have a mutual small business interest. They work out a plan to partner in a potentially profitable business venture together, which has nothing to do with the treatment program.

S13. A client who has completed a transitional living program is moving into his own apartment. The social worker decides to reward him by purchasing him a small kitchen utensil as a "housewarming" gift.

S14. A social worker is invited to attend a client's retirement party. In a show of client

support, the social worker attends the event. Alcoholic beverages are served at the party and the social worker enjoys some with the rest of the guests.

S15. A social worker provides intensive in-home family therapy to her clients. At the conclusion of one session with a single-parent family, the mother requests that the social worker give her and her son a ride to work as their car recently broke down. The social worker agrees to transport them to work.

S16. A social worker at a group home for juveniles has developed a good working relationship with a particularly distraught client. While the rest of the staff tries their best, it seems as though the client only trusts the social worker. Upon leaving for the weekend, the social worker leaves her home phone number with the client in case she has difficulties over the next several days.

S17. A social worker is employed in an addiction treatment program. The social worker herself has been through alcoholism treatment and has remained committed to the recovery program for

seven years. As part of her program, she regularly attends Alcoholics Anonymous meetings, some of which her current clients also attend.

S18. In an effort to earn some needed extra money, a social worker moonlights as a bartender at a local bar and grill. The social worker soon realizes that a number of former and current clients regularly frequent that very establishment.

S19. A social worker practicing in a rural setting learns that his sister is dating one of his former clients. The sister is planning to bring the former client to a family event, and the social worker decides to attend the family gathering.

S20. A social worker employed as a children's mental health case manager in a rural setting learns that the mother of one of his clients will be his daughter's teacher next school year. The social worker decides to keep the client on his caseload as he has already established a working relationship with the family. A referral to another worker will require the family to get services from another county.

Cognitive-Behavioral Therapy and Social Work Values: A Critical Analysis

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Abstract

Increasing numbers of clinical social workers use cognitive-behavioral therapy (CBT) in their practice. This article analyzes how CBT fits with social work values and in particular with social justice. We propose that CBT is a good fit with the values of the profession and make suggestions for areas of improvement.

Keywords: cognitive-behavioral therapy, social work values, social justice, social work practice

1.   Introduction

In a day when evidence-based practice has become so important to the social work profession, cognitive-behavioral therapy (CBT) has become one of the most frequently used forms of psychotherapeutic intervention. Extensive research supports the effectiveness of CBT approaches for a wide range of psychosocial issues (Dobson & Dobson, 2009; Granvold, 2011). It is one of the most widely researched and published models of therapy, with more than 325 published outcome studies that validate its efficacy (Butler, Chapman, Forman, & A. Beck, 2006). This empirical validation has made CBT a popular choice for social work practitioners seeking evidence-based treatments. For the purpose of this paper we use CBT as a generic term that encompasses theoretical and practice approaches that emphasize that a person's thinking is the prime determinant of emotional and behavioral responses to life events (A. Beck, 1976; Ellis, 1994; Meichenbaum, 1993). Although there may be subtle differences among the various CBT approaches, Dobson and Dobson (2009) identify three basic assumptions that underscore most CBT approaches: (1) cognitive processes and content are accessible and can be known; (2) our thoughts and beliefs mediate the way we process information and consequently affect our emotional and behavioral responses; and (3) maladaptive cognitions can be intentionally targeted and changed in a more rational and realistic direction, thus relieving symptoms and increasing functionality. In CBT individuals are seen not as passive entities simply reacting to environmental cues or past experiences, but rather as human beings with the potential to actively shape the course of their lives. CBT methods are particularly popular in the fields of substance abuse and mental health. "Cognitive-behavioral treatment models are among the most extensively evaluated interventions for alcohol and illicit drug use" (Magill & Ray, 2008, p. 256), and several studies have demonstrated the effectiveness of CBT methods with this population (Rose, 2004; Van Wormer & Davis, 2008). CBT is also

recognized as an effective short-term treatment suitable for individuals with various mental health concerns (Butler et al., 2006; Leishsenring & Leibing, 2003; Pilling et al., 2002).

According to the National Association of Social Workers (NASW, 2005), clinical social workers constitute the largest group of behavioral health providers in the United States. Along these lines, NASW (2006) points out that more than 60% of mental health treatment is delivered by social workers. Social work involvement in the fields of substance abuse and mental health is prevalent and expected to rise. According to projections in the Occupational Outlook Handbook, 2010–11 edition, the Bureau of Labor Statistics (BLS, 2010) indicates that employment for social workers is expected to grow by 16% between 2008 and 2018. The greatest increases are projected in areas associated with clinical social work: medical and public health (22%), and mental health and substance abuse (20%). According to BLS (2010), the total number of social workers practicing in these domains in 2008 was 206,700. Over time, the social work profession has shifted from a focus on psychoanalytic models of practice to more practical approaches (Ronen, 2007).

The past three decades have shown the distinct influence of CBT on social work theory and practice evident by the steady increase in the number of social workers who use CBT as their preferred model of practice (Granvold, 2011; Thyer & Meyers, 2011). A study by Strom (as cited in Thyer & Meyers) surveyed clinical social workers and found out that 67% used a CBT orientation and 32% used a behavioral orientation. In 2009, Bike, Norcross, and Schatz replicated an earlier study by Norcross and colleagues and found that while only 10% of social workers practiced from a cognitive-behavioral perspective in 1987, that percentage more than tripled by 2007. Similarly, in a review of 16 major systems of psychotherapy Prochaska and Norcross (2010) found that among social workers, clinical and counseling psychologists, and counselors, cognitive-behavioral orientations comprised the second-largest approach, just

behind integrative models. When they examined the social work profession in particular, Prochaska and Norcross found that 30% of social workers in the United States practice from a behavioral or cognitive orientation. In another survey of licensed clinical social workers across 34 states, Pignotti and Thyer (2009) asked about interventions used in practice and found that 43% of respondents used cognitive-behavioral therapy, 18% indicated cognitive therapy/restructuring, and 12% used behavior modification. Other approaches included solution-focused therapy (23%) and psychodynamic therapy (21%). Furthermore, when Prochaska and Norcross polled a panel of experts to forecast the future of psychotherapy, the results indicated that cognitive therapies were projected to be the most popular—with the more generic approach "cognitive-behavioral therapy" ranked number one and Aaron Beck's cognitive therapy ranked number three. Since most cognitive therapists integrate behavioral experiments and interventions in their work with clients, the differences between cognitive-behavioral and cognitive therapy are most likely a matter of semantics and style rather than differences in core philosophies. What these studies indicate is the increasing use of CBT among social workers. Yet, at this point no one has really asked this question: How does CBT fit with the values of the social work profession and its mission of social justice?

"Social work is among the most value-based of all professions" (Reamer, 1995, p. 3) and for good reason. Social workers often hold considerable power in their work as they regularly work with the most vulnerable, powerless, and oppressed populations (Compton, Galaway, & Cournoyer, 2005). The NASW outlines strict regulations and ethical obligations that hold its members accountable for their actions. These standards encourage clients and the general public to trust and be confident in the integrity of the profession (Beckett & Maynard, 2005). A comprehensive code of ethical standards and guidelines provides an element of validation to the profession. Randall and Kindiak (2008) suggest that the "ultimate

evidence of an occupation achieving professional status is professional self-regulation..." (p. 346). When social workers do not abide by these ethical principles, that self-regulation is undermined. For this reason, the importance of ethical practice in social work is clearly essential. Values and ethics have been integral to the profession since its inception and are critical in shaping social work's fundamental aims and mission (Reamer, 1995). Ethical principles must be implicit in the practice of social work. As Sheafor and Horejsi (2006) suggest, "practice principles should reflect a combination of values and knowledge that underlay all practice activities" (p. 81).

Rooted in the preceding discussion, the purpose of this article is to analyze critically the compatibility of CBT and social work values. This analysis we believe is long overdue. In this article we specifically evaluate how CBT fits with social work values outlined in the NASW Code of Ethics (1996), such as valuing the importance of human relationships, respecting the dignity and worth of individuals, exhibiting competence in practice, and focusing on social justice. While our discussion focuses on the micro-practice approach of CBT, we will also address the role of CBT within the concept of the social environment and its fit with social justice.

2. Methodology

To explore available material that would allows us to evaluate the compatibility of CBT with social work values, we conducted an extensive review of the literature. For this purpose we conducted searches in the databases Social Work Abstracts (EBSCO), PsycINFO, PubMed, Proquest Library, Wilson Select, and Google Scholar. For the searches we used keywords: cognitive-behavioral therapy, cognitive therapy, rational-emotive behavior therapy, clinical social work, social work practice, social problems, social work values, social justice, worth of the person, importance of human relationships, and competence. In addition we also reviewed the literature on the effectiveness of CBT with various disorders as well as with various populations.

3. CBT and the Importance of Human Relationships

NASW (1996) suggests that an appreciation and respect for the value of the importance of human relationships compels social workers to engage their clients as partners in the helping process. From the early evolution of cognitive-behavioral therapy (A. Beck, 1976; Ellis, 1962, 1994), the nature of the therapeutic relationship has been defined as a collaborative endeavor between the client and the social worker, one that underscores not only the importance of that collaborative relationship but also the importance of the active role of the client in that process. This collaboration is defined by the client's right to self-determination and his or her ability to make choices relative to the treatment process (A. Beck, Shaw, Rush, & Emery, 1979; J. Beck, 1995). This collaboration is also underscored by a focus on clients' strengths and client empowerment. Both of these concepts, strength and empowerment, are cornerstones of social work practice (Ashford, Le Croy, & Lortie, 2006; Cormier, Nurius, and Osborn, 2009; Van Wormer & Davis, 2008; Zastrow and Kirst-Ashman, 2007). As Van Wormer and Davis assert, choice is a key aspect of a strength-based approach, and the justice-conscious social worker must ensure that clients are actively involved in making choices relative to the goals, contexts, and methods of treatment. In CBT the strength and empowerment perspective is embodied in the concept of "collaborative empiricism" (J. Beck, 1995), whereby clients and social workers work in tandem to uncover evidence that will help clients to assess the validity and functionality of maladaptive cognitions and to develop healthier and more rational, realistic perspectives of self, the world, and others.

According to Bordin (1994), "a therapeutic alliance grows out of the experience of association in a shared activity" (p. 16). In CBT the collaboration between the client and social worker reinforces the importance of human relationships and is continually reinforced in all phases of treatment. Therefore in CBT, clients decide what problems to address and what goals to pursue. Furthermore

in CBT, this client-centered focus is deemed to be essential for therapy to be successful (Gilbert & Leahy, 2007; Hardy, Cahill, & Barkham, 2007). Clients' choices and contributions extend to the formulation of the therapeutic agenda for each individual session (see J. Beck, 1995) as well as the formulation of homework assignments and behavioral experiments that allow clients to test out new behaviors and hypotheses in their natural environments.

In the CBT model clients are seen as possessing the abilities and strengths to become active agents in their own change process. According to J. Beck, a key principle of CBT is to empower clients to "become their own therapist" (p. 7) and thus learn to problem-solve independent of the therapist. CBT is an empowering approach (Dobson & Dobson, 2009; Hays, 1995). Client empowerment in CBT takes place in various forms, from socializing the client to the cognitive-behavioral model; to sharing information about the nature of the problem that afflicts the client; to providing a detailed rationale behind proposed interventions. Having that knowledge allows clients to make choices about the context and course of treatment. Empowerment is rooted in the idea of helping clients acquire knowledge and skills to increase their sense of self-efficacy and power, both personal and interpersonal, in order to take action that will improve the conditions of their lives (Cormier et al., 2009; Gutierrez, 2001). In CBT, client empowerment is also underscored by these points: (1) Recognition of the expertise that clients have about themselves is important. Although the social worker may have expertise about cognitive-behavioral methods and other change strategies, clients are the ultimate experts on themselves, and as such their input and participation are actively sought out. (2) The notion that clients can change their thoughts and beliefs and in doing so can engender healthier emotional and behavioral responses to life situations has value. Clients are not deemed to be merely reacting to environmental cues or as slaves to their past. Rather, they are seen as having the strengths and abilities to rewrite the script of

maladaptive or irrational messages into more realistic, rational, and balanced perspectives. (3) The focus placed on helping clients develop cognitive and behavioral skills allows clients eventually to apply those skills to various life events independent of the social worker.

Traditionally, a criticism of CBT approaches has been that CBT practitioners tend to focus more on the practical and technical interventions of therapy and not on the therapeutic relationship. Although it is true that in CBT models the primary means of emotional and behavioral change is the change in cognition, this does not imply a lack of appreciation for the value of the therapeutic relationship. In the more recent past there has been a more concerted effort to illuminate the value and importance of positive client/therapist relationship in CBT (J. Beck, 1995; Leahy, 2006). True to the premise that practice should be grounded in research, CBT recognizes the numerous studies that have underscored the importance of empathy and a caring therapeutic relationship in successful therapy (e.g., Berg, Raminani, Greer, Harwood, & Safren, 2008; Green & Christensen, 2006). Studies on CBT demonstrate that therapists practicing from this perspective work to maintain good relationships with their clients (Llewelyn & Hume, 1979; Murphy, Cramer, & Lillie, 1984) and that they provide encouragement, reassurance, praise, and empathy (Brunick & Schroeder, 1979). According to Keijsers, Schaap, & Hoogduin (2000), "The therapeutic relationship in CBT is characterized by an active, directive stance by the therapist, high levels of emotional support, high levels of empathy and unconditional positive regard" (p. 268). The emotional experiences that result from this relationship can be integral to client progress and lead to changes in cognition and client insight (Hardy et al., 2007).

4.   CBT and Dignity and Worth of the Person

Respect for the inherent dignity and worth of the person implies that social workers treat individuals with care and value, and that they promote

socially responsible client self-determination (NASW, 1996). Similarly, respect for the worth of the person is a primary tenet of CBT. CBT therapists accept their clients regardless of their faults or failings and see value in the person no matter what the feeling, behavior, or condition (Ellis, 2005). In Rational-Emotive Behavior Therapy (REBT), a CBT model, "...therapists fully accept their clients no matter how poor their behavior and they practice and teach tolerance and unconditional positive regard" (Ellis, 1979, p. 3). CBT avoids labeling people or making value judgments on individuals; instead it values open-mindedness and does not view people as "good" or "bad" (Ellis, Gordon, Neenan, & Palmer, 1997). In fact, judgmental attitudes and stereotypical labels that frame self or others in absolute and general derogatory terms are seen as maladaptive and irrational. J. Beck (1995) points out that in cognitive therapy such pejorative labels, placed on the self or others, are considered as cognitive distortions or errors in thinking that need to be corrected. Instead, cognitive therapists are encouraged to focus on and judge behaviors for their adaptability and functionality, or lack thereof, while working to accept their clients fully and unconditionally and to convey such acceptance openly. A behavior may be judged according to how it affects the individual's quest to attain his or her life's goals. However, "bad" behaviors do not define an individual as a "bad person" any more than "good" behaviors define individuals as "good persons." CBT therapists actively teach their clients to accept themselves fully and unconditionally, regardless of their failings, mistakes, or fallibilities and independent of the approval or respect that they may or may not get from others (Dryden, 1990). CBT views the estimation of self-worth as exceptionally important in repairing client functioning (Ellis, 2005) and thus stresses the need for client self-acceptance and the therapist's strong persistence in reinforcing it (Ellis, 1985).

Additionally, the problem-solving approach of CBT emphasizes client self-determination (i.e., the client chooses what problems to address and

what goals to pursue) and self-efficacy by facilitating a process that is based on client perspective of those issues that are most critical to healthy functioning (Pantalone, Iwamasa, & Martell, 2010). Even though the CBT-practicing social worker may possess the knowledge and skills of therapeutic strategies that facilitate change in the client, therapy is client-centered. The goal is to pass on to the client the knowledge and skills (i.e., cognitive and behavioral) that clients will ultimately use to face and resolve life's challenges. Given that the fundamental philosophy of CBT (A. Beck, 1976; Ellis, 1962, 1994) embraces the belief that clients have the strengths and ability to change how they feel or act by changing how they think, and that the client has an active role in determining the course of treatment, we suggest that this approach is congruent with social work's notion of self-determination. Therefore, by respecting and appreciating the inherent worth of the human being, by promoting an attitude of unconditional acceptance of self and others, and by encouraging the development of client self-determination in every step of the therapeutic relationship, CBT and social work go well together in this respect.

5. CBT and Competence

Competence in social work practice implies that social workers practice within their areas of knowledge and expertise and that they strive to increase their skills and understanding while contributing to the knowledge base of the profession (NASW, 1996). We suggest that competent practice should be based on two factors: (1) the use of evidence-supported interventions to address clients' problems, and (2) the effective and efficient use of time, not only to fit with today's demands of the managed care system but also to help reduce the cost of treatment for those who can least afford it. This becomes more important for social workers, who are the most likely practitioners to deliver mental health services to the poor and other underprivileged individuals. CBT by nature is a brief and time-limited approach that promotes research for the identification of evidence-based practices.

No discussion of CBT is complete without recognizing the vast number of empirical studies that support its effectiveness across a broad range of personal, interpersonal, and social problems (Butler et al., 2005; Dobson & Dobson, 2009; Granvold, 2011). With the growing demand for social workers to rely on the use of evidence-based and time-efficient interventions, CBT offers a value-laden approach, rich in research evidence and empirical validation. Strom-Gottfried (2008) suggests that "competence refers to the belief that social workers must be equipped with the knowledge, skills and values needed for practice" (p. 24). Evidence-based practice must rely on results of critically appraised research and determines if interventions do more good than harm, and that "emphasizes the ethical obligations of professionals in making decisions" (Gambrill, 2007, p. 74) by involving clients in the decision-making and ensuring that they are informed throughout the helping process.

CBT approaches promote professional competence through the pursuit of evidence-based models of treatment and ongoing research to validate its use with various disorders and populations. Treatment formats have been developed to include individual, group, couples, and family practice (Dobson & Dobson, 2009; Granvold, 2011). Despite the abundance of research supporting the use of CBT across various problems and populations, some criticism exists. Some have suggested that the need still exists to promote further research and evidence with at-risk populations and particularly with racial and ethnic minorities (Bryant & Harder; Granvold, 2011), while others have found mixed results regarding the efficacy of some methods (Carroll & Onken, 2005). Unfortunately, CBT's popularity and common sense approach may lead some, who do not possess knowledge, training or expertise in CBT, to falsely believe that they can effectively engage in the practice of CBT. Therefore when assessing the empirical literature on CBT, social workers must be cognizant of the fact that the way such methods are implemented may be the key to individual success and that the

level of professional knowledge and training and expertise with CBT techniques could influence therapeutic efficacy. On the other hand, the popularity of CBT has given rise to the dissemination of treatment procedures through workshops and courses that provide social workers with opportunities to raise their level of competence as CBT practitioners, as well as giving them access to treatment guidelines and manuals (Shafron et al., 2009). In order to disseminate information and promote competence, organizations such as the Beck Institute in Philadelphia and the Albert Ellis Institute in New York City provide training and certification. Training is aimed at individuals at various levels of CBT expertise and development who wish to acquire or enhance their knowledge and skills, and, if desired, pursue certification. The end result is to increase the level of competence among CBT practitioners. Through its focus on promoting research, developing evidence-based practices, and providing opportunities for continuing education and development, CBT provides social workers with the opportunities to develop their level of competence as social work practitioners.

6. CBT and Social Justice

In a series of seminal articles describing the relationship between social justice and social work, Wakefield (1988a, 1988b) suggests that "justice," and specifically what he refers to as "minimal distributive justice," is the organizing value and defining function of social work. NASW (1996) suggests that social justice implies that social workers should ensure that clients have access to needed information, resources, and services, as well as equality of opportunities and participation in decision making. Although social justice has traditionally been linked with macro-level practice such as policy making and social reform, and issues such as poverty, discrimination and economic deprivation, Wakefield (1988a) argues that economic goods are not the only goods associated with social justice and that clinical social work is a natural part of a justice-oriented profession. Wakefield (1998a) suggests that "minimal distributive

justice" in social work ensures not only that individuals receive at least a minimal level of socially produced goods to allow for effective rational action but also that "anyone falling below the social minimum in any of the social primary goods is brought above that level in as many respects as possible" (p. 295). Following Wakefield's argument, one would ask what might be the socially produced good that clinical social workers help their clients to obtain. And, more specifically, for the purpose of our discussion, we would ask how the practice of cognitive-behavioral therapy might be compatible with the notion of social justice and how it might facilitate access to such socially produced goods.

For this part of the discussion we refer to Rawls (1999), who defines social primary goods as goods that a rational person may want to pursue in order to improve the quality of his or her life. Rawls identifies such primary goods as liberty, opportunity, income, wealth, and self-respect. Building on Rawls' ideas, Wakefield (1988b) argues that a major purpose of clinical social work is to aim at psychological justice, and that a key function of psychological justice is the establishment of self-respect, a social primary good, essential for pursuing a rational course of action, a good that is acquired out of one's interaction with one's social environment. Therefore, clinical interventions aimed at promoting self-respect and other psychological goods would be congruent with a social justice perspective (Swenson, 1998; Wakefield, 1988a, 1988b). Consequently, the pursuit of "distributive justice" can occur at either the macro level of practice, through seeking and advocating for policy and social reform, or at the micro level, through direct clinical social work practice. When it comes to the pursuit of justice, the NASW Code of Ethics does not differentiate between macro- and micro-practice. Furthermore, it seems logical, as Salas, Sen, and Segal (2010) suggest, that "social work is most effective when the false dichotomy between working with individuals and working towards social change is reconciled and when social justice is addressed at all

levels of practice" (p. 95). But how specifically, we might ask, can social workers ascertain that their micro-level practice—and more specifically, clinical social work practice from a CBT perspective—meets the social justice mission of social work? To answer this we look at Swenson's (1988) discussion of the contributions of clinical social work to a social justice perspective. Swenson identifies various factors of clinical social work that promote social justice, factors that include having a focus on client strengths and empowerment, developing an appreciation for resources and context that define the client's social reality, planning and advocating for services, and addressing social action to change social institutions so that social justice becomes available to all. Other authors have suggested that social justice at the micro level is served when such practice addresses issues of power, privilege, and oppression (Jacobson, 2009; Parker, 2003). We argue that CBT—grounded in a nonjudgmental, strength-based, and empowering philosophy, and placing its focus on promoting unconditional acceptance and respect of self and others—is a good fit with the social justice mission of social work. Furthermore, we propose that CBT promotes equality within the therapeutic relationship, aims to understand the context that has shaped the client's reality, and promotes a healthy level of social interest where it is rational to want to protect the rights of others and address unfair and unjust treatment (e.g., oppression, discrimination) that diminishes the quality of one's social environment. A discussion of the focus of CBT on clients' strengths and clients' empowerment has been made elsewhere in this article.

How does CBT demonstrate an appreciation for the contexts that define clients' realities? For this we look at the CBT concept of "core beliefs" or "schemas." These entail the most central, fundamental, and absolute views that an individual has about the self, about the world-at-large, and about other people (Dobson & Dobson, 2009; Granvold, 2011; J. Beck, 1995). Core beliefs can be conceptualized as forming a "filter" through which a person looks at life, affecting the way new

information is processed and assimilated, how reality is interpreted, and how one defines his or her self and world views. According to J. Beck, core beliefs begin to develop in childhood out of the early context of the child's life. In other words, out of the early experiences with significant others (e.g., parents, caretakers, teachers) and the social environment at large, the child begins to formulate and internalize fundamental views about the self, others, and the world. In this manner individuals who from an early age have been subjected to systematic abuse, emotional and physical neglect, degradation, etc., may be at risk of internalizing negative core beliefs about the self (e.g., "I am not good enough"; "I am unlovable"; "I am defective"), about the world (e.g., "The world is a dangerous place"), and about others (e.g., "Others are cruel"; "People cannot be trusted"). The existence of such beliefs increases the chances that the person will face difficulties in adaptation that interfere with his or her capacity to pursue a rational course of action, to function effectively within the social environment, and to establish healthy relationships. Since core beliefs develop out of the early interactions of the individual with his or her social environment, CBT aims to understand not only the content of the beliefs but also the social context that contributed to the formation of such beliefs. CBT encourages practitioners to understand the full impact of those experiences on the client's thinking.

Responding to past criticism that CBT ignores the contributions of environmental factors to clients' problems, Dobson and Dobson (2009) argue that by definition CBT promotes a collaborative relationship with clients that allows for the identification and exploration of socio-economic factors such as poverty, violence, and various forms of discrimination. Furthermore, social workers working from a CBT perspective recognize the impact of internalized biases, stigmas, and other oppressive messages associated with societal attitudes such as racism, homophobia, heterosexism, and the stigma that society attaches to issues of mental illness and substance abuse. Equally important is to recognize how these oppressive messages, often formulated in the form of internalized self-deprecatory statements, underscore problems such as depression, anxiety, and internalized homophobia, among others (Balsam, Martell, & Safren, 2006).

Rawls (as cited in Wakefield, 1988b) suggests that supportive interaction is the preeminent factor in the formation of self-respect. We agree with Rawls' notion that a supportive, loving, nurturing, and healthy social environment, particularly during childhood, contributes to the development of a healthy sense of self-respect. Unfortunately, not all individuals are privileged to have a supportive and healthy environment. Instead, some individuals early on in life receive pervasive negative messages, implicitly or explicitly, from family, caretakers, and society— messages that devalue their respect and worth as human beings. For example, some individuals may devalue their worth and respect because they struggle with a particular disorder (e.g., alcohol and/or drug use disorders, depression, schizophrenia, etc.). In such cases, individuals could have internalized societal biases and pejorative labels attached to terms such as "addict" or "mental illness." A function of CBT is to help the individual restore a healthy level of self-respect by promoting unconditional self-acceptance regardless of the condition afflicting the person, while at the same time helping the person acknowledge and accept both his or her strengths and the deficits (A. Beck, 1976; A. Beck et al., 1979; Ellis, McInerney, DiGiuseppe, & Yeager, 1988; Ellis, 1998). CBT, for example, may help the individual reframe oppressive messages (e.g., "I have schizophrenia; therefore I am defective") into more rational, realistic, and balanced self-views (e.g., "Even though I have schizophrenia, it does not diminish my worth as a human being"). Therefore, we suggest that for social workers practicing from a CBT perspective, in order to have a full appreciation of the client's reality and beliefs about the self, the world, and others, they must consider both the specific content of such beliefs and the contexts that might have influenced the development of those beliefs.

7.   CBT and the Social Environment

Even though CBT is a micro-theory of clinical practice, we have argued that an appreciation of the context of the individual's social environment is essential to gain a full appreciation of factors that influenced the formation of a person's core beliefs and schemas. Nonetheless, the focus of CBT is to help individuals regain a healthy level of functioning by helping them to engender cognitive and behavioral changes that lead to more rational action as well as to higher levels of self-acceptance and respect of self and others. While the cognitive aspect of CBT focuses on the development of more rational and balanced views of the self, the world, and others, the behavioral aspect addresses social and behavioral skills deficits in order to enhance the individual's effective pursuit of his or her life goals. With this in mind, an objective of CBT is to help individuals develop a healthy sense of self-interest. That is, individuals are helped to identify and pursue their own life goals and ambitions, attend to their physical and emotional well-being, and assume a greater sense of responsibility for the direction of their lives (Ellis & Dryden, 1997; DiGiuseppe, 2010). However when discussing self-interest, it is important to underscore the distinction between a healthy sense of self-interest, as described above, and selfishness. The latter is defined as being "concerned chiefly or only with oneself, without regard to the well-being of others" (Morris, 1980, p. 1171). At the heart of a healthy sense of self-interest is social interest. Ellis and Dryden (1997) and DiGiuseppe (2010) suggest that because most people choose to live within social groups and communities, it is rational and self-helping to act morally toward other members of the community and protect their rights, demonstrating concern for the well-being of the larger society and working to ensure the survival of one's community. This is a rational course of action. Social workers who help their clients engender a healthy sense of self-respect and self-acceptance are also helping those same clients develop a healthy sense of self-interest. Those individuals who develop a healthy appreciation and respect of themselves will be more likely to attend not only to their own needs and desires but also to the needs and well-being of the community and society in which they live. Therefore, as Wakefield suggests (1988b), self-respect is a necessary attribute for the pursuit of a rational course of action that eventually leads one to address the unfair and unjust treatment that undermines and diminishes the quality of life in one's community and society.

8.   Conclusion

We have argued that CBT, as a theory of clinical practice, is congruent with social work values and the social justice perspective. CBT does this by promoting self-respect through the development of unconditional self-acceptance; adopting a strength perspective that recognizes clients' abilities to change and the expertise that they have about themselves; promoting a collaborative therapeutic relationship that respects and seeks out clients' input and participation in every step of the process; empowering clients to become active agents in the resolution of their problems; and acknowledging the impact of one's social context on core beliefs and schemas, as well as the oppressive nature of internalized biases and stigmas. Although the overall practice of CBT focuses on interpersonal or micro-level practice, it recognizes that part of a rational person's sense of self-respect and self-interest is a healthy sense of social interest. This sense of social interest compels the individual to protect the rights of others and to work toward the well-being of one's community. A number of authors have argued that the social justice mission of social work can be carried out at the micro or clinical level of practice (Jacobson, 2009; Parker; 2003; Salas et al., 2010; Swenson, 1998; Wakefield, 1988a, 1988b). Here we have argued that CBT, a micro-level theory of practice, with its focus of helping individuals engender self-acceptance and self-respect, is a good fit with social work values and with the Rawlsian view of justice as postulated by Wakefield (1988a, 1988b).

Nonetheless there are areas of improvement where social workers can play a key role. The

NASW Code of Ethics (1996) advises that social workers must be mindful of cultural and ethnic differences when working with their clients. Furthermore, Sheppard (2002), in a discussion on mental health and social justice, emphasizes the need to appreciate and not take for granted cultural differences when diagnosing and treating mental illness. Not attending to or taking for granted cultural differences in beliefs and behaviors could lead social work practitioners to erroneously pathologize behaviors that do not conform to the dominant culture. An area of attention in the field of CBT is the need for more inclusion of cultural diversity in intervention research. Hays (2006) argued that research on CBT has been primarily of a Eurocentric nature and that therefore there is a need to generate more research with cultural minorities, particularly at a time when the population of the United States is becoming more racially, ethnically, and culturally diverse. Although the criticism of the lack of cultural diversity in intervention research is valid, it would be unfair to single out CBT for such criticism. More than 10 years ago the Surgeon General of the United States in his report on mental health and culture (United States Department of Health and Human Services, USDHHS, 2001) challenged the mental health community and researchers to generate more intervention research exclusively targeting minorities. Pantalone et al. (2010) suggests that the field of CBT has increasingly recognized the need to generate competent cross-cultural approaches to work with diverse populations, but more needs to be done.

We suggest that since social workers constitute not only the largest group of mental health providers in the United States but also, quite likely, the largest group of providers of mental health services to minorities that are underrepresented in intervention research, we are uniquely positioned to promote and conduct clinical intervention research with these populations. This would allow for the development of more effective culture-sensitive treatment interventions and further strengthen the fit of CBT with social work values and the profession's mission of social justice.

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Social Work Student Attitudes Toward the Social Work Perspective on Abortion

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Abstract

The International Federation of Social Workers (IFSW) and the National Association of Social Workers in the United States (NASW) maintain that the right to access abortion services for clients worldwide is essential for self-determination and the advancement of women. This commitment is emphasized in the IFSW statement on expanding access to safe abortion and the NASW policy statement on family planning and reproductive health, both of which outline specific support for socially just reproductive health access that includes abortion. As students enter the social work profession, it is essential that they understand and accept this professional premise if advocacy and service referrals are expected to originate from practicing social workers. The purpose of the current study was to examine social work student attitudes toward the social work profession's perspective on abortion in the United States. Students at a large, public, land-grant university were surveyed to determine whether their personal attitudes were in line with the stance on abortion supported by the social work profession, as outlined by the IFSW and NASW. The relationship between levels of religiosity and attitudes toward abortion was also examined. Results suggest that 49% of students perceive that they would not make a referral for abortion and 41% did not know whether abortion was legal in their state. Further, as levels of religiosity increased, acceptance of abortion and perceived likelihood of making a referral for an abortion decreased. Implications for social work practice, education, and directions for future research are discussed.

Keywords: social work students, abortion, NASW, IFSW, policy statements, attitudes

1. Introduction

Despite an active legal history over the past 30 years, the abortion debate in the United States remains a highly politicized issue based on morality, gender roles, political ideology, personal responsibility and human rights. In many areas of the United States, conservative and/or religious ideology often supersedes public health and ethical concerns in the area of reproductive health (Kulczycki, 2007). Even with increased state restrictions and the anti-choice movement's efforts to limit abortion, half of unintended pregnancies in the United States still end in abortion (Finer & Henshaw, 2003). Surgical abortion remains one of the most common medical procedures for women of reproductive age (Henshaw, 1998), and at the current rate, more than one-third of American women will have had an abortion by the age of 45 (Boonstra et al., 2006). In the United States, a greater percentage of women of color and those who are young, unmarried, or poor face unintended pregnancies and the resulting decisions and consequences thereof (Boonstra et al., 2006). Worldwide, botched illegal and unsafe abortions kill 68,000 women annually (Grimes et al., 2006). Many of these women may also be social work clients. The issues surrounding abortion combine to make it not just a medical and political issue, but a human rights and social justice issue, as well.

Lack of access to abortion services often results in forced pregnancy (Ely & Dulmus, 2010). As the United States continues to pass laws incrementally restricting abortion, social worker attitudes and advocacy efforts become more significant. Currently, 46 states allow both individual health care providers and institutions to refuse to perform abortions; 24 states require a woman seeking an abortion to wait a specified amount of time between receiving counseling and the procedure; and 34 states require some type of parental involvement in a minor's decision to have an abortion (Guttmacher Institute, 2010). In light of this information, it appears that post *Roe v. Wade* (the landmark 1973 court case legalizing abortion in the United States) abortion advocacy efforts have been somewhat ineffective. As a profession, social work has a defined commitment to supporting abortion rights for global populations, including stated support for access to family planning that includes abortion services (NASW, 2009). Thus, social workers play an important role in advocating for international policy seeking social justice and reproductive freedom for women in the form of abortion rights and access worldwide.

Social work educational settings are the places where those who are new to the profession are introduced to the expectations of the profession. Social work is not a politically neutral profession, and the expectations for political advocacy related to social and economic justice are outlined during the educational process. It is at this time that social work students are first exposed to some of the controversial aspects of the profession, including its stated commitment to family planning and abortion rights. In order for our profession to achieve social justice in areas like abortion advocacy, it is necessary for social work students who will go on to become professional social workers to be exposed to the professional stance on abortion during their social work educational experiences. Also of great importance is their acceptance of this responsibility, even in light of the sociopolitical and religiously affiliated controversy surrounding abortion. Our success in advocating for abortion rights is directly tied to whether our students and professionals support and advocate for such.

Little to no research exists regarding social work student attitudes toward the social work perspective on abortion. There is no published evidence available as to whether social work students are open to the support of abortion access and which students may have a propensity toward supporting abortion while others do not. The subject of the current study then, was to examine social work student attitudes toward the social work perspective on abortion.

2. Review of the Literature

Even though the United States is a developed nation with an established health care system, access to abortion is severely limited, which is

counter to the stance of the social work profession nationally and internationally (IFSW, 2007; NASW, 2009). Approximately 87% of counties in the United States did not have an abortion provider in 2000 (Finer & Henshaw, 2003). Increasingly limited access to abortion services, high cost, and lack of insurance coverage for the procedure makes it an unrealistic alternative for many women in the United States and worldwide, especially those who are poor and those from rural areas (Boonstra et al., 2006). This essentially results in the continuation of pregnancy as the only option for many women, regardless of their actual preference (Ely & Dulmus, 2010).

In the general public, religiosity has traditionally been one of the most predictive factors in explaining negative attitudes toward abortion (Modi, 2002; Sahar & Karasawa, 2003; Wilcox, 1990; Zucker, 1999), and religiosity is also attributed to one holding views that can be defined as morally traditional and politically conservative (Granberg & Granberg, 1980; Zucker, 1999). Historically, the more religious, morally traditional, or politically conservative individuals are, the less likely they will approve of abortion (Sahar & Karasawa, 2003). Further, research suggests that those who self-identify as religious believers report less permissive sexual attitudes in general (Le Gall, Mullet, & Shafighi, 2002).

As religiosity affects sociopolitical perspectives in the general population, one would expect it is an influence within the social work profession, as well. Research suggests that approximately 50% to 80% of social work students report an association with some type of organized religion (Sheridan & Hemert, 1999; Ying, 2010), though social work students also report that overall spirituality is more important to them as a coping mechanism than religiosity (Ying, 2010).

Research indicates that social work students who self-identify as fundamental/evangelical Christians and/or conservatives are less likely to be accepting of many of the progressive political perspectives associated with the social work profession's social justice agenda, when compared

to students who self-identify with holding more liberal/progressive sociopolitical ideologies or moderate religious beliefs (Fram & Miller-Cribs, 2008; Hodge, 2006; Ressler & Hodge, 2005; Thyer & Myers, 2008; Weaver & Yun, 2010). Information also suggests that these students often object to progressive classroom content surrounding politically charged issues such as the social work stance on abortion, the welfare state, or gay adoption (Fram & Miller-Cribs, 2008; Thyer & Myers, 2008). Such objections, while perfectly within the rights of these students, may serve to greatly hinder access to abortion in light of the fact that social work is the only profession with a stated commitment to advocating for global access to abortion services in the name of human rights, social justice, and self-determination (NASW, 2009). Thus, knowledge related to students' attitudes toward abortion and their perceptions of whether they can or would provide referrals or information about abortion to their clients is imperative to social work educators and those concerned about access to abortion services in the United States and around the world.

Researchers have rarely considered the impact that interactions between social workers and clients may have on the decision to obtain an abortion. Those who come into direct contact with women seeking abortion services or crisis pregnancy counseling may play a critical role in determining the outcome of these experiences (Ely, Dulmus, & Akers, 2010). In particular, social workers may be the first point of contact for a woman facing an unintended pregnancy. Thus, the understanding of the importance of being able to provide information about abortion is necessary for the self-determination of those seeking such services (Ely & Dulmus, 2010). The social work profession was founded on social activism and advocating on behalf of disadvantaged and oppressed populations, and it is clear on its commitment to supporting access to abortion for the clients served by the profession (NASW, 2009). As such, it is assumed that social workers have historically held more liberal views toward abortion when compared to others working in health-related fields as such as nursing and medicine

(Rosen, Werley, Ager, & Shea, 1974), but the actual attitudes of social work students toward the social work perspective on abortion are unexplored.

Dealing with ethical issues in social work has become increasingly complex in an overall sociopolitical climate that is divisive and hostile (Hayes, Scheufele, & Huge, 2006). In the United States, the National Association of Social Workers (NASW) Code of Ethics was approved in 1996 and then revised in 2008 to address such complexities in professional practice (NASW, 2011a; Reamer, 1998). While the NASW Code of Ethics sets forth guidelines and recommended standards for professional social work practice in the United States, it must also allow for personal discretion and decision making. The ways in which a social worker perceives a client's needs, capabilities, and desires may greatly influence a client's decision making. This raises an important question: Do social workers, as a matter of course, separate personal opinion from professional responsibility in the area of abortion?

Social workers are not immune to cultural influences and societal norms—many are simultaneously members of churches, families, or communities that subscribe to values that are more or less at odds with those of the social work profession. While the NASW Code of Ethics in the United States is intended to serve as a guide to the everyday professional conduct of social workers (NASW, 2011a), it is reasonable to expect some divergence, at times, in one's personal values and the expectations of the Code of Ethics. Thus, it becomes even more important that social work education in university settings provide students the opportunity to explore their personal values and beliefs and determine what allowances or adjustments need to be made in their future professional work. Typically, educators encourage students to separate their personal beliefs from their professional actions when their personal beliefs are in conflict with the expectations of the profession. However, can social workers who disagree with the profession's stance on abortion really do this?

Given the profession's commitment to client self-determination and reproductive choice and its extensive history of socially just clinical practice, it is both surprising and alarming that social work researchers and practitioners have not taken an interest in this area of research. Because of the many barriers inherent in the abortion decision, this study seeks to determine social work student attitudes toward abortion and student perceptions of the likelihood they will potentially help (provide access) or hinder (prevent access) a future client choosing to terminate a pregnancy.

The profession needs to get a sense of whether students perceive that they are willing to provide referrals and information about abortion even in light of conflicting personal beliefs. Further, information on which types of students are more likely to support abortion will be helpful to social work educators in regard to developing strategies around how to create safe learning environments while also emphasizing the importance of abortion access as a human rights issue.

Because of the lack of information in this area and the importance of abortion access as a human rights issue, the purpose of this study was to examine social work students' attitudes toward the social work perspective on abortion and students' attitudes toward providing information and referrals to clients related to abortion. Another purpose of this study was to examine whether religiosity was associated with less favorable attitudes toward the social work perspective on abortion and/or likelihood that students would report that they would make a referral or give out information about abortion. In light of the limited knowledge in this area, this exploratory study makes a significant contribution to the literature.

3.   Methods

Social work students in a CSWE-accredited social work program (one that has been continuously accredited since the early 1970s and was most recently accredited in 2009 under the new CSWE EPAS standards) in a large public university in the Southeast were recruited to participate in the study via an email distributed by the program's technology manager. The recruitment email was distributed

to all students who were enrolled in the student listserv, which included those matriculating on the main campus as well as the four satellite programs located in other parts of the state. Undergraduates (319), MSW students (310), and doctoral students (36) were invited to participate in the anonymous Internet-based survey administered through the SurveyMonkey (www.surveymonkey.com) program. An initial email went out to the students on day 1 and a reminder email was sent out midway through the availability of the study in an attempt to increase the response rate. A total of 116 participants responded to the survey, which was available online for 17 days during the spring 2008 semester. The electronic survey instrument was partially composed of questions derived from Abortion Attitudes Scale developed by Snegroff (in Davis et al., 1998,

p. 11–12). This scale has shown above-average reliability and validity (Davis et al., 1998). The study was approved by the Institutional Review Board (IRB), the body in charge of approving research with human subjects in U.S. institutions, located at the university where the study was conducted.

4. Results

4.1. Characteristics of the Sample

A total of 116 students completed the survey, for a response rate of 17%. The majority of the sample was white, female, and Protestant. Just over half were married or partnered, and more than two-thirds were graduate students. Table 1 contains the characteristics of the sample.

Table 1. Characteristics of the Sample

	% (n)
AGE: N=115	Mean=30 (SD=9.7)
GENDER: N=114	
Female	88 (100)
Male	12 (14)
RACE: N=116	
Caucasian	97 (112)
African-American	3 (4)
MARITAL STATUS: N=91	
Single	37 (42)
Married	37 (42)
Living w/ Adult Partner	18 (21)
Separated/Divorced	8 (9)
Other	1 (1)
RELIGION: N=115	
Protestant	66 (76)
Catholic	10 (12)
Jewish	3 (3)
Other	6 (7)
None	16 (18)
RELIGIOUS LEVEL: N=115	
Not Active	32 (37)
Slightly Active	25 (29)
Moderately Active	26 (30)
Very Active	17 (19)

4.2. Data Analysis

Univariate statistics were computed to summarize participant responses. Cross-tabulation tables, using chi square statistics, were constructed to compare responses across level of religious participation, which was measured on a four-point Likert-type scale, ranging from *not active* to *very active*, and attitude ratings being scored as *agree, not sure,* or *disagree*, or *yes, no*, depending on the construction of the item.

Table 2 summarizes overall student responses regarding abortion policies and potential practice behaviors. Of particular note, nearly half of respondents said they would not refer a client to abortion services if this was requested by a client. Furthermore, 41% were unaware that abortion is legal in their state of residence.

Bivariate comparisons were consistent with prior research, indicating religiosity (measured here as level of participation in religious

Table 2. Sample Attitudes

TOTAL SAMPLE, N=116		% (count)
A fetus should be protected because it cannot protect itself	Agree	32 (36)
	Not Sure	27 (31)
	Disagree	41 (47)
A fetus should have the same rights as a person	Agree	32 (35)
	Not Sure	27 (30)
	Disagree	41 (46)
If a client asked me where to get an abortion, I would tell her where she could get one	No	49 (54)
	Yes	51 (56)
A woman's decision to have an abortion is always justified	No	72 (82)
	Yes	28 (32)
If a client asked me where to get an abortion, I would try to convince her abortion is wrong	No	99 (109)
	Yes	1 (1)
I support legislation that bans abortion	No	85 (95)
	Yes	15 (17)
Abortions should be banned	No	86 (98)
	Yes	14 (16)
Abortion should be legal for any reason	No	50 (57)
	Yes	50 (57)
\ *Abortion is a legitimate health procedure*	No	57 (65)
	Yes	43 (48)
Abortion is the equivalent of murder	No	77 (87)
	Yes	23 (26)
Abortion is legal in my state	Agree	63 (71)
	Not Sure	24 (27)
	Disagree	13 (14)
I know where abortions are performed my state	Agree	32 (35)
	Not Sure	26 (29)
	Disagree	42 (47)

services) had a statistically significant influence on social work students' attitudes toward abortion. Table 3 describes the differences between attitudes by level of religiosity. For two items (*Abortions should be banned* and *I support* *legislation that bans abortion*), level of religious activity was collapsed into two categories (*very active + moderately active* and *not active + slightly active*), in order to obtain adequate expected counts within cells (Abu-Bader, 2006).

Table 3. Comparison of Attitudes Toward Abortion by Level of Religious Activity

		Religious Level % (count)			
		Not Active	**Slightly Active**	**Moderately Active**	**Very Active**
A fetus should be protected because it cannot protect itself (Cramer's V = .35)	Agree	14 (5)	17 (5)	45 (13)	67 (12)
	Not Sure	22 (8)	35 (10)	28 (8)	28 (5)
	Disagree	65 (24)	48 (14)	28 (8)	6 (1)
A fetus should have the same rights as a person (Cramer's V =.31)	Agree	11 (4)	21 (6)	46 (13)	61 (11)
	Not Sure	28 (10)	36 (10)	21 (6)	22 (4)
	Disagree	61 (22)	43 (12)	32 (9)	17 (3)
If a client asked me where to get an abortion, I would tell her where she could get one (Cramer's V =.33)	No	34 (12)	41 (12)	54 (15)	82 (14)
	Yes	66 (23)	59 (17)	46 (13)	18 (3)
A woman's decision to have an abortion is always justified (Cramer's V =.32)	No	58 (21)	69 (20)	76 (22)	100 (18)
	Yes	43 (16)	31 (9)	24 (7)	0 (0)
Abortion is the equivalent of murder (Cramer's V =.42)	No	97 (35)	79 (23)	72 (21)	44 (8)
	Yes	3 (1)	21 (6)	28 (8)	56 (10)
Abortion is a legitimate health procedure Cramer's V =.52)	No	31 (11)	45 (13)	76 (22)	100 (18)
	Yes	69 (25)	55 (16)	24 (7)	0 (0)
Abortion should be legal for any reason (Cramer's V = .40)	No	32 (12)	38 (11)	59 (17)	89 (16)
	Yes	68 (25)	62 (18)	41 (12)	11 (2)

		Not Active to Slightly Active	**Moderately Active to Very Active**
Abortions should be banned	No	91 (60)	86 (25)
	Yes	9 (6)	14 (4)
I support legislation that bans abortion (phi= .24)	No	92 (61)	75 (21)
	Yes	8 (5)	25 (7)

Denotes p ≤ .05

5.   Limitations of Study

This study lacks generalizability outside the university where it took place, and it should be replicated nationally. The response rate is low, although issues with the way the student listserve is managed may make the response rate seem lower than it actually was (i.e., names of graduated students are not always removed promptly, and thus some of the active student e-mail addresses may in fact have not been active). The sample lacked diversity, as participants were almost all white and overwhelmingly female, although this reflected the composition of the social work student body where the study was conducted. Considerations should also be given to the methods in the area of religious participation. While the authors of the current study chose, in the interest of brevity, to measure religious activity using one self-developed question, other established methods that are more multidimensional may be preferable for measuring religiosity in future studies. Such methods have been suggested and implemented by Hodge (2003; 2007), and use may serve to increase the reliability and validity of future studies.

6.   Discussion

6.1   Implications for Social Work in the United States

The results of this study are consistent with the results of other research indicating that religiosity affects social work practice behaviors regardless of race, gender, and other personal factors (Mattison, Jayaratne, & Croxton, 2000). While these responses cannot predict how these current students and future social workers would respond in the presence of a client faced with an unintended pregnancy, they certainly raise concern as to the students' lack of professional social work knowledge and potential personal bias and the effects of such on the well-being and life course of the clients these students may serve. These results also suggest that the students perceive an inability to set aside personal biases when dealing with the emotional issue of abortion. The authors found it

astounding that 49% of the students surveyed indicated they would not even refer a client for abortion services if faced with a client presenting this concern. This is more alarming when one considers that a referral would simply involve providing a client with an 800 number or referring her to another social worker for assistance. In light of the findings here suggesting a projected unwillingness to make abortion referrals and a lack of knowledge regarding abortion, it is imperative that social workers clarify their own personal, spiritual, and religious beliefs and the potential impact of those beliefs on clients (Mattison et al., 2000).

The results of this study may also suggest an inability to use the NASW Code of Ethics in actual practice settings. Similarly, in a study of Canadian social workers, subjects reported that the NASW Code of Ethics was not used in practice and that colleagues did not appear to be very aware of the code in practice settings (Rossiter, Prilleltensky, & Walsh-Bowers, 2000). In the same study, respondents reported that ethical decision-making models were not being used in practice. Perhaps practice that does not conform to the Code of Ethics is prevalent in many areas and needs to be addressed within social work across the board.

6.2   Implications for International Social Work

These results suggest that students in this study report attitudes and potential practice behaviors that would also be in conflict with the IFSW perspective on global reproductive health. In the IFSW International Statement on Women (2011) the IFSW indicates that women's access to the full range of reproductive health services is essential and international access and support for such is declining. The IFSW (2011) also indicates specifically that social workers must commit to advocating for women and girls over the life course, especially in the area of access to the full range of reproductive health services, which would include legal abortion services. With social workers from the United States increasingly involved in global social work (NASW, 2011b), the role of U.S.

social workers in global reproductive health is also increasing. In light of severe limits to abortion access that exist in some countries due to social stigma and legal restrictions (Singh, 2006), social work advocacy in this area is more important than ever. Thus, the attitudes and potential practice and advocacy efforts of U.S. social work students are pertinent to the world community, in that their advocacy efforts or lack thereof has the potential to affect client reproductive health worldwide. The importance of U.S. social work advocacy in the area of international abortion access cannot be overlooked, and such advocacy begins with social work students who understand the importance of such. In order to improve reproductive health for vulnerable women in developing nations, action is needed to promote policy regulations that intentionally facilitate access to safe abortion for all women (Orner et. al., 2011), and social work has an obligation to lead the way in this area.

6.3 Implications for Social Work Education

These results suggest that specific educational content on abortion access and the NASW and IFSW stance on abortion may be required if students are to develop into practitioners who are capable of addressing client requests for abortion referrals. If social workers do not know whether abortion is legal in their state, they may not be motivated to find out how to make a referral for it even if they are willing to do so. This recommendation is supported by social work research in other areas. For example, results from one study suggest that specific educational content on the social work perspective about partner violence is necessary in order for students to understand the cultural nature of the problem, as general information provided in MSW-level courses does not always communicate the knowledge necessary for a social worker to deal with partner violence in a sensitive and appropriate manner (Black, Weisz, & Bennett, 2010). Based on the results of this current study, such an approach may also be warranted surrounding abortion, if future research

efforts demonstrate results similar to the ones presented here.

The results of the current study also suggest that social work students perceive that they will not be able to separate out their personal beliefs from their practice efforts. The typical approach to addressing personal beliefs in social work education is to encourage students to identify their biases and separate their personal beliefs from their practice. However, if social workers are not capable of doing this, then how should this be addressed in the educational setting?

6.4. Directions for Future Research

Future studies in this area should be conducted with larger sample sizes with populations from all geographic areas of the United States. If possible, social work programs from public, private secular, private religious, and historically black institutions should be selected at random to participate in similar studies. These approaches would improve the generalizability of future study results and allow researchers to begin to determine whether the biases identified in this study are widespread or perhaps more concentrated within the university or region where this study was conducted. In addition, future studies should question practicing social workers about actual practice behaviors rather than relying on information gathered from students about what they project that their future professional behaviors might be. It is possible that through the process of social work education and practice experience, growth and development may occur that will allow a professional social worker to make a referral that the social worker once believed he or she would be unable to make when questioned about it as a student. Finally, research is needed to explore and evaluate novel pedagogical techniques aimed at helping students to separate personal biases from practice behaviors.

7. Conclusions

The social work profession's perspectives on women's issues and abortion may be

problematic for social work students who come into the profession from fundamentalist backgrounds that may present abortion as taboo (Seabury, Seabury, & Garvin, 2011). However, the mission of the profession is progressive and focused on promoting social and political change to bring about solutions to the world's most pressing social problems (Seabury et al., 2011). Access to safe and legal abortion is one of these pressing social problems that is specifically supported by the NASW and the IFSW due to the relationship between childbearing, poverty, and economic well-being in women worldwide (IFSW, 2011; NASW, 2009). Unlike the issue of child welfare, advocating for abortion access is not always embraced by the general population and may not seem to be an issue at the forefront of social work concerns. However, when abortion is restricted, unsafe abortion occurs and women lose their lives, at a rate of 68,000 women per year (Grimes et al., 2006; Singh, Wulf, Hussain, Bankole, & Sedgh, 2011), and this is an issue that should be a grave concern to social workers. In order to address this loss of life, social workers must advocate for global progressive social policy in this area. Students who cannot put their personal values aside when it comes to the issue of abortion access may become professionals who cannot put their values aside and thus likely will not be able to advocate for progressive policy in this area, which is a disservice to women and families worldwide.

In work with clients, social workers must rely on guidance from professional social work organizations (IFSW, NASW), in addition to other resources such as evidence-based practice, for decision making in daily practice settings, as competent practitioners change their assumptions and approaches in response to their clients (Gilgun, 2005). In light of the findings here suggesting a projected unwillingness to make abortion referrals and a lack of knowledge regarding abortion, it is imperative that social workers clarify their own personal, spiritual, and religious beliefs, as well as their levels of knowledge and the potential impact of such on clients (Mattison et al., 2000).

Spiritual and religious beliefs are deeply personal and should be respected in every setting. However, the spiritual and religious beliefs of the social worker do not take precedence over the needs and self-determination of the client. Social workers must be able to respond appropriately to the needs of all who are using social work services (Gilligan & Furness, 2006). The role of a social worker in a direct practice relationship with clients is not to judge or even sway clients into making decisions that are consistent with the beliefs of the social worker. Rather, the responsibility of the social worker is to serve as the client's advocate in the interest of self-determination. When it comes to unintended pregnancy, it is not the role of the social worker to offer judgment as to which option for pregnancy resolution is best for a client based on the personal beliefs, biases, and religious practices of the social worker. Rather, in this instance, a competent social worker will offer non-biased information even in settings where a request for such information is not expected to occur. If we allow religiosity and other biases to taint the practice abilities of our profession, then we are no longer offering professional social work services to clients; rather we are offering religious counseling to clients in social work settings. Although the results of this study are exploratory, the findings do suggest a potential problem threatening one of our profession's core principles—that of client self-determination. The question now becomes: What are we, as social work educators and practicing professionals, going to do to address this problem, in order to protect the health and welfare of some our most vulnerable clients?

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Social Work Research Considerations with Sexual Minorities in the African Diaspora

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Abstract

This article provides guidelines and considerations for research with lesbian, gay, bisexual, transgender, and questioning (LGBTQ) people of African descent, particularly those living in developing countries. Recommendations are drawn from the International Sexuality and Mental Health Research Project, which studied experiences of black LGBTQ people in the Caribbean, Africa, and Europe.

Keywords: African diaspora, lesbian, gay, bisexual, transgender, and questioning (LGBTQ); sexuality; sexual minorities; social work research

1.   Introduction

This article highlights critical issues in research with sexual minorities in the African diaspora and is based on research conducted as part of the International Sexuality and Mental Health Research Project (ISMHRP). The ISMHRP is a mixed methods study that examines how racism, heterosexism, and homophobia are experienced by lesbian, gay, bisexual, transgendered, and questioning (LGBTQ) people of African descent in the Caribbean, Europe, and Africa. For the purposes of the project and this article, the terms black, African heritage, and of African descent are used interchangeably. The project has to date surveyed and interviewed 178 participants. The respondents were queried about their unique experience of race and or racism as well as their experiences as LGBTQ persons and homophobia and heterosexism as these phenomena manifest in their country or region.

Through focus groups and self-administered surveys, LGBTQ participants articulated their experiences, their ways of coping with discrimination, and their communities' needs, concerns, and resources. Psychometric scales were used in the survey to assess depression and anxiety, and there were also several self-report measures of racism, homophobia, and their internalized correlates as well as health service utilization queries. The survey included questions about the frequency and severity of racist and homophobic events in the professional, social, and familial contexts. The questions about internalized racism and homophobia allowed the respondents to share how they felt about being black and how they felt about being non-heterosexual, as well as their thoughts and feelings about other black people and non-heterosexuals.

The Center for Epidemiologic Depression

Scale was used to measure depression, and the Beck Anxiety Index was used to assess anxiety. Both scales have been shown to have validity and reliability across a wide range of cultural demographics. (Roberts, 1980; Naughton and Wilkund, 1993). Focus group questions included queries about respondents' process of becoming aware of their sexual orientation as well as their degree of openness with family and community, their supports and coping mechanisms, their intimate relationships, their experience of discrimination, and their vision for their country in regard to providing resources to their constituency.

The ISMHRP sites included Nassau, Bahamas, London, United Kingdom, Trinidad, West Indies, as well as Johannesburg, Pretoria, and Cape Town, South Africa. These locations were chosen based on the availability of local organizations to assist with the research effort. It was important that the work be collaborative, as the goal was to empower communities through both the process and products of the research. Also, researching hidden populations, particularly those targeted with discrimination, is challenging and it is necessary to have local site coordinators to assist with key tasks throughout the research process. ISMHRP local site coordinators participated in a range of research activities, including formulation of culturally appropriate queries (via adjustment of survey and focus group questions as needed), outreach to participants via announcements at formal and informal LGBTQ gatherings, and finding venues to host focus groups and other project activities that were accessible to and safe for the population under study. In this way people representing the various LGBTQ communities actively participated in the design, development, and implementation of the study.

Research on lesbian, gay, bisexual, transgender, and questioning (LGBTQ) people of color highlights the need for cultural sensitivity with regard to exploring how sexual orientation and gender are experienced for people of African, Asian, Latino, and Native American descent (Green, 1997; Walters, Evans-Campbell, Simoni,

Ronquillo, Bhuyan, 2006; Wheeler, 2003). People of color in the LGBTQ community experience "minority stress" because of their sexual minority status (DiPlacido, 1998). For example, ethnic minority gays and lesbians in the United States must function in three distinct communities: "(1) the Euro-American heterosexual communities, (2) the ethnic minority heterosexual communities, and (3) the Euro-American gay male, lesbian, bisexual, and transgender communities" (Parks, 2001, p. 46). Lesbian, gay, bisexual, transgender, and questioning people of color negotiate stressors that are often exacerbated by intragroup conflict.

In both developing and industrialized countries, LGBTQ people of African descent face some imposition, be it subtly or overtly expressed, of Eurocentric culture as well as oppression based on sexual orientation and gender identity. In developing countries, LGBTQ persons face additional barriers related to their sexuality, including educational and economic inequity due to harsh discrimination in education and employment. Some LGBTQ persons also face a lack of access to LGBTQ-friendly health care and services.

2.   Emphasis on African Diaspora

There is limited research on the experiences of LGBTQ persons of the African diaspora. The African diaspora refers to "African-descended populations across spatial, temporal, linguistic, cultural, and historical boundaries that do not always correspond to the borders of nation-states nor to the borders of academic disciplines" (Hancard, 2004, p. 140). Nnameka (2007) highlights Colin A. Palmer's reference to the African diaspora as a people of African descent who share emotional bonds with their dispersed kin due significantly, but not exclusively, to the history of racial oppression and the struggle against it. People in the African diaspora are consistently faced with navigating their identities in a context where racism is ubiquitous. This navigation is necessary because of the international scope of anti-black racism.

As conceptualized by Camara Phyllis Jones (2002), racism can exist and occur on three

levels: institutionalized, personally mediated, and internalized. Institutionalized racism limits access to power and material resources. Personally mediated racism includes prejudice and discrimination based on stereotypic race-based assumptions and judgments. Finally, internalized racism refers to an individual or communities' acceptance of negative messages concerning the racial or cultural groups with which they identify. In countries that are predominantly black in their government, administration, and leadership, the historical remnants of racism and colonialism must be examined with regard to their lasting, albeit elusive, manifestations in the psychological, social, and institutional realms (Jones, 2002) Homophobia and heterosexism also manifest in the three dimensions of institutionalization, personal mediation, and internalization. Therefore any examination of the LGBTQ black experience must consider the impact of internalized, social, and institutionalized homophobia and heterosexism as well as that of internalized, social, and institutionalized racism.

The experiences of African heritage people have been overlooked in much research (Hancard, 2004), and the authors here bring emphasis to the needs of sexual minorities in the African diaspora, especially those living in developing countries, to address this disparity. The goal of the ISMHRP is to attend the concerns of black people who share emotional and historical struggles in the context of poverty, colonialism, and challenges posed by homophobia and heterosexism.

3. Literature Review

Most of the social work research literature on LGBTQ people of color in the United States is focused on HIV/AIDS and domestic violence prevention (Van Voorhis & Wagner, 2001). Much of the research literature on the questioning population is limited to youth (Savin-Williams, 2001; Elze, 2003), and the intersexed population publications have focused on Native American communities (Meyer-Cook & Labelle, 2004). There is some research on the impact of multiple oppressions on mental health and social functioning (Herek,

Gillis, Cogan, & Glunt, 1997). However, in general, the experiences of LGBTQ people of African heritage throughout the diaspora are not well documented. While there are research articles on ethics and research considerations with LGBTQ communities (Martin & Meezan, 2003; Miller, Forte, Wilson, & Greene, 2006; Zea, Reisen, & Díaz, 2003), these do not focus on LGBTQ people of African descent.

To conceptually grasp the international black sexual minority experience, it is useful to consider writings outside the realms of experimental research and conventional scholarship. This includes examining personal narratives and testimonials that reflect the perspectives of the communities being studied. These writings guide the researcher to an authentic representation of the black LGBTQ experience as expressed by members of that population. Testimonials such as Audre Lorde's (1984) *Sister Outsider*, Hein Kleinbooi's (1995) *Identity Crossfire* and Stacy Ann Chin's (2006) *Me and Jesus* provide a succinct narrative of life as a black LGBTQ person that transcends the scope of most scholarship on these populations.

4. Conceptual Framework

One theory alone cannot adequately address the complex issues presenting in the experience of black LGBTQ people; therefore, a multi-theoretical approach is taken. Community-based participatory research, the ecological perspective, and the strengths perspective are discussed in reference to these populations. Community-based participatory research (CBPR) will serve as the overarching framework for discussion about research with LGBTQ communities of African descent. The central point of this type of research is that participants benefit from the process and products of the research.

The CBPR approach goes beyond community outreach and is systematic about relating community practice to research (Wallerstein & Duran, 2006). The strengths and ecological perspectives create a comprehensive context for understanding

the experiences of LGBTQ people of the African diaspora.

4.1 Community-Based Participatory Research

Community-based participatory research is not a specific method of research design, but rather an approach to the research process. As defined by Lantz, Israel, Schulz, & Reyes (2006), CBPR is a collaborative approach that includes community partners who are engaged and involved in all phases of the research. There are many similar approaches, which are referred to as "action research," "participatory research," "participatory action research," and "participatory community research." The overall goal of CBPR is to increase knowledge and understanding and then apply that same knowledge in the development of interventions and policies focused on improving health and well-being at the community level (Israel et al., 1998). Research indicates that this approach is particularly important in marginalized communities and communities of color, because empowerment of community participants is at its core (Chavez, Duran, Baker, Avila, & Wallerstein, 2003). While holding the community-based participatory research perspective as a foundation, it is crucial that the needs and challenges of individuals not be usurped. It is essential to address conflict and ethical dilemmas in ways that protect respondents while supporting overall community development. This paradigm is ideal for research with LGBTQ people of African descent.

4.2 Ecological Perspective

The ecological perspective is necessary, because the impact of all the systems in the participants' experience must be considered. This perspective avoids the error of looking at communities and individuals without understanding their social, cultural, political, and economic contexts. Economic issues affect sexuality and sexual choices, and conversely, sexuality and sexual choices have an economic impact on economics. For example, homophobia has made gay and lesbian sex illicit. As a result, sexual practices of same-gender people are accessible only via the sex trade in many regions. The impact of economic issues on choices about and perceptions of sexual orientation bears thoughtful consideration. Other variables such as geographic location, religion/spirituality, quality and perspective of formal education in the region, gender roles and privileges (particularly the role of patriarchy and male privilege), closely knit communities, and the degree to which the government is involved in private affairs must also be considered for their influence on people's experience of their sexuality.

4.3 Strengths Perspective

The strengths perspective invites the research community to move beyond the plethora of challenges facing black LGBTQ people in developing countries and seek out the wealth of resources, resiliencies, and contributions that invariably exist. Elements of the strengths perspective that are appropriate when working with LGBTQ communities include: empowerment, resilience, and membership.

Dennis Saleebey (1996) considers these elements to be central to the strengths perspective. In this perspective, the "person is identified as having unique, traits, talents and resources that add up to strengths," "individuals, family, or community are the experts," "possibilities for choice, control, commitment, and personal development are open," "resources for work are the strengths, capacities, and adaptive skills of the individual, family, or community," and "help is centered on getting on with one's life, affirming and developing values and commitments, and making and finding membership in or as a community" (Saleebey, 1996, p. 298). In working with black LGBTQ people, this entails an emphasis away from pathology and victimization, and toward assets and resources within the individuals and communities under study.

With regard to community-based resources, there are allies to LGBTQ persons and communities in every region, although often part of the researcher's contribution is to unearth them.

Community organizations, educational institutions, and health and human service agencies should be explored and assessed for cultural competence with regard to LGBTQ persons and issues as well as gay friendliness, or at least the willingness to become culturally competent or gay friendly. While it is important to recognize social and psychological challenges faced by these populations, particularly in light of the oppression they face, it is equally important to not view LGBTQ persons and communities in developing countries as being so blighted that they do not have significant strengths.

Examination of the unique experiences of both culture and oppression provides insight into the resiliencies unavailable to those with more social, economic, and racial privilege. Equally important is the need to examine the contributions of black LGBTQ community members in their respective regions and localities. Although many are not public about their sexual orientation and/or gender identity, LGBTQ people of African heritage are often cornerstones of progress and development in their countries and in the world at large. Recognizing and utilizing that leadership is essential to contributive research.

5.   Roles/Caveats for the Researcher

Researchers must explore their own values with regard to how they think about race, class, gender, and sexual orientation, paying particular attention to biases toward one conceptualization versus another. They must also process their experiences with both racism and homophobia to eliminate the projection of their own reality onto the respondents. When working with LGBTQ communities in the African diaspora, it is important to include black and or LGBTQ researchers in the process; but having researchers of African descent, or researchers who identify as LGBTQ does not eliminate the need for cultural introspection. Each individual experience of being black or LGBTQ is by its very nature unique, so it is important that researchers not project their conceptualizations of sexuality and ethnicity onto the participants.

The leadership team for the International Sexuality and Mental Health Research Project included both heterosexual and non-heterosexual people of color as well as a white heterosexual student intern who participated in the South African component of the research. There is no doubt that the project benefited from having a combination of allies as well as members of the community under study as its leaders and administrators. As a mental health clinician and researcher of African heritage who also identifies as a lesbian, the principal investigator was able to discuss the challenges of racism and homophobia as an insider. This had the impact of making participants feel connected and supported and perhaps less "studied" than had the leadership been predominantly white or heterosexual. Furthermore, because local activists and community organizers who had served as site coordinators also completed surveys and participated in focus groups themselves, participants were further supported by and connected to their local leadership as they engaged with ISMHRP.

On the other hand, the leadership and commitment of ISMHRP's non LGBTQ and/or white researchers who were able to guide the project without duplicating the experience of oppression was invaluable. These individuals showed genuine compassion for the participants' struggles as well as initiative and enthusiasm for the elimination of the kinds of injustice the participants had endured and in so doing they created an expanded sense of safety. The presence of allies on the leadership team highlighted the reality that many people who do not identify as black or LGBTQ are available to black LGBTQ persons as resources, even comrades, in their battle against oppression. Hence allies contribute to a sense of psychological and emotional safety for people targeted by oppression. It is the safety that comes with the realization and reminders that not all who identify as "other" are unsafe.

This sense of safety combined with a sense of connection to the researchers and to the project's aim, which was to improve understanding of and services for LGBTQ black people, facilitated open dialogues, which often lasted far

longer than typical focus group discussions. Participants in the ISMHRP expressed a perception that these discussions were an opportunity to tell their story in a venue where it would be validated, where they could openly discuss being both black and non-heterosexual in their cultural context. As ISMHRP explored the painful experiences of social oppression and the mental health sequalae thereof, the emotional and physical safety and support of the participants was paramount.

From the ISMHRP experience we can note that it does not suffice to simply have researchers of color or LGBTQ researchers in order to conduct culturally competent research with black LGBTQ populations. As with culturally matched dyads in the clinical context, researchers may counter-transfer their own experience of being black or LGBTQ onto the participants or the research as a whole. This will compromise the meaning of the work, as the experience of the community under study will only be understood as it relates to preconceived notions. Thus it is necessary for the researchers to consider themselves facilitators of empowerment and social development and work accordingly. Laying the foundation for the research may include educating law enforcement, service providers, and the community at large regarding the issues. In the ISMHRP study, this was done by engaging the community at large in public dialogues via media and community discussion groups prior to the actual focus groups and survey administration.

The researcher should also give thoughtful consideration to the utility of being out as an LGBTQ person. The advantages and disadvantages of self-disclosure regarding sexual orientation should be weighed, with the provision of resources to the community under study as the determining factor. The clinical rule regarding self-disclosure, that it should always be done in the service of the client, applies in the research context as well. The advantages of being out include empowering the community under study by example if the researcher does identify as LGBTQ. On the other hand, even though the researcher may identify as an LGBTQ person, other aspects of

the researcher's identity such as nationality may symbolize oppression for study participants. These types of considerations inform the development of culturally competent research.

6.   Recommendations

The academic has many roles as a researcher, including initiator, consultant, and collaborator (Stoecker, 1999), and it is important to match skills and expertise with the needs and wants of the community being researched. In conducting research with LGBTQ people of color, certain considerations are imperative to sustaining the strengths perspective, which augments empowerment, resilience, and membership in a community. Based on research literature and the experiences of the authors as part of the International Sexuality and Mental Health Research Project, the following recommendations are made.

It is important that the developmental process of research in the LGBTQ community address issues related to partnerships between researchers and community members; human rights laws; safety concerns of both the participants and the researchers; compensation for participants; intersections of ethnic, gender, and sexual identity; use of the media; and strategies to overcome methodological barriers. Guided by the strengths perspective, local resources can be engaged in partnerships, human rights laws are considered, people's multiple identities addressed, and the media effectively engaged. It is hoped that the recommendations made here will also inform social work practice as well as policy to address the presenting needs and issues.

6.1   Partnerships

In the ISMHRP, working relationships between community-based organizations, researchers, local health departments, and nonprofit initiatives focused on the health and mental health needs of LGBTQ communities. Partnerships can aid in overcoming methodological barriers associated with research in hidden populations. Such collaborative partnerships are a useful mechanism for research in the LGBTQ community.

In order to be effective, the collaboration must support human and civil rights as they relate to the LGBTQ people under study. The fundamental principles of community-based participatory research that are critical include the following: it is participatory; it involves a joint process between community members and researchers; it involves a co-learning process; the development of systems and capacities of local resources is important; the process is empowering for participants; and there is a balance achieved between the research and the action taken on behalf of the community (Minkler, 2004, p. 685), such as advocacy for example. Building and maintaining partnerships with individuals and organizations alike provide for what some researchers term "partnership synergy," which refers to addressing and challenging issues more effectively in partnership, rather than alone (Minkler, 2004, p.694).

Each location must have a site coordinator to serve as the local representative for the research project. This person works in constant communication with the research team in managing logistics related to finding an appropriate venue, securing a meeting time, working with local resources in terms of refreshments for study participants, etc. The local site coordinator is also involved in instrument development, and acts as an informant on local public issues affecting members of the LGBTQ community as well as resources available to self-identified LGBTQ people and their allies. This person is heavily involved in outreach, whether it is by word-of-mouth at local social events and/or by getting the project publicized over the Internet on appropriate listserves and websites so that interested persons know who to contact for more information on the research project and how to participate.

Identifying local site coordinators empowers the community and provides resources for local activists. A local site coordinator also strengthens the cultural competence of the research process by informing the researcher of culturally appropriate language and etiquette. Partnering with local community-based institutions and agencies and with individual activists affirms the work of locals who

strive on behalf of their LGBTQ communities. Researchers in turn gain some social acceptance from the community members with the active involvement of local leadership. The identification and utilization of a local site coordinator is a way of directly acknowledging the community partners as experts.

It is important to identify partners at the community level as well as at the academic and professional levels. Specifically related to local capacity development, engaging local colleges and universities as well as any available LGBTQ agencies, especially those focused on the needs of LGBTQ people of African descent, is pivotal. Making connections with national and international human rights agencies also helps to extend the reach of the project as a whole.

In the ISMHRP study, the assistance of the local LGBTQ agencies that were advocacy centered in nature served as an invaluable resource in helping the research team understand the challenges of being LGBTQ in the countries under study. The local agencies also helped with outreach and community "buy-in" and willingness to participate. Outreach involved activities such as face-to-face invitations to participate, hardcopy and online media postings, radio and television promotions, mailings, telephone calls, and e-mail correspondence.

In conducting LGBTQ research, local colleges and universities should always be explored for their community and student resources. There are often pro-diversity clubs or LGBTQ student organizations on college campuses. Students provide a unique perspective on the LGBTQ experience, particularly in regard to family, friends, and intellectual issues. In the ISMHRP study, the local universities served as a neutral venue for holding focus groups. There was always campus security onsite, and attending a meeting at the local university sidestepped concerns participants may have had about stigma associated with being seen in an LGBTQ-identified venue.

Appropriate Ministries of Health and Social Service officials should also be engaged early

in the research process and alliances between these and the community under study should be strengthened. Due to the stress caused by homophobia and heterosexism, LGBTQ persons are at an increased risk for negative mental health outcomes. Thus local substance abuse centers, mental health clinics and hospitals are key resources. By engaging with them, the researcher can both determine and enhance the cultural competence of these institutions with regard to LGBTQ issues. These agencies may also serve as an additional resource to draw respondents from or refer respondents to.

6.2   Human Rights Laws

While almost half of the countries in Africa have laws against homosexuality in general, there are some countries that discriminate and have laws against only male homosexuality and a few countries remain unclear as to their laws in this area. In the case of the Caribbean and Latin America, more than half of the countries in these regions have no formal law against homosexuality but as is the case with Africa, there are a few countries that ban male homosexual behavior. It should be noted that the absence of formal laws banning homosexuality does not mean that law enforcement is supportive of protecting the rights of the LGBTQ community. The presence or absence of law is not a sufficient indication of safety, and often police and government officials are complicit in discrimination and violence against LGBTQ persons regardless of the official policy.

For some of the locales under study, homosexuality was illegal. This was a critical context for the researchers to be cognizant of in terms of the type of public outreach that could be conducted, venue locations, and identification of resources. While this proved challenging in the beginning, particularly as the researchers were trying to connect with these hidden LGBTQ communities from across continents, once participants were contacted with the help of the local site coordinator, significant access to participants became available. Local partners also provided invaluable insight regarding

legalities and safety issues in an effort to assist the participants and researchers throughout the process.

In South Africa, the rights of gays and lesbians are constitutionally acknowledged. The Bill of Rights in the 1996 South African Constitution prohibits discrimination based on sexuality. While South Africa has been a transformative model for social justice globally, LGBTQ black people still face significant challenges in the region. One participant at a 1997 Gay Pride March in South Africa discussed how the Constitution means nothing at all in the face of hate crimes. (Christiansen, 2000, p. 62). Several black South African participants in ISMHRP had experienced hate crimes, often in the form of sexual and physical violence, with little or no legal redress. In this region, racism and the continued disenfranchisement of black people in the townships exacerbated the participants' experience of homophobia.

6.3   Personal Safety: Respondents and Researcher(s)

It is necessary that the researcher(s) be responsible for their own safety and make appropriate choices to protect the participants. The development of Institutional Review Board applications should include some discussion of how to protect respondents from social and familial discrimination (as well as negative legal consequences in countries where homosexuality is illegal) that could potentially come about based on their participation. When the research is conducted with the appropriate considerations, the researcher has the unique opportunity to share information about the experiences and strategies for change used successfully by LGBTQ people in other parts of the world. Thus it is imperative that one make efforts to create security and develop relationships with law enforcement and dialogue with community members about the social and legal risks and protective factors.

6.4   Compensation for Participation

Researchers must be thoughtful about the implications of paying respondents for their participation in regions where economic deprivation

prevails. Lasting resources need not be limited to money but must focus on developing social capital and providing inroads to future economic development. As part of the ISMHRP study, the principal investigator is working with regional LGBTQ leaders to support and chronicle black LGBTQ perspectives and contributions to the larger community's economic, social, and cultural development.

6.5   Ethnic Identity

Since the experience of people of African heritage is not monolithic in any community it is important to consider what it means to be black in the region under study and how that relates to what it means to be LGBTQ. Pride in nationhood and in one's unique representation of the black experience must be understood for the layers of meaning it contains. Thus it is important to distinguish what being Jamaican, Trinidadian, Senegalese, etc., symbolizes to members of these communities and the interplay between that and issues of sexual orientation and gender identity in their experience. Researchers must be mindful of the ways in which people of African descent self-identify, especially in the case of people with mixed-ethnic and/or mixed-national identity and heritage.

It is important that researchers not become a part of the problem and confine people to what they "appear" to be. All people are complex and multidimensional. In the poem *Me and Jesus* (Chin, 2006), the author expresses the challenges that LGBTQ people of color face in terms of identity, while emphasizing the unique capacities of LGBTQ black people to be "who they are" as visible, spiritual, intellectual, contributing members of society.

6.6   Gender Identity

The cultural context of gender roles and expectations is important to acknowledge, as it varies across countries and presents differently throughout the African diaspora. The preservation of patriarchy is no doubt in part responsible for the more emphatic opposition to male homosexuality in Africa and the Caribbean. In the African diaspora the economic and social exploitation of women is still prevalent.

It is in this context that consideration must be given to the gender roles transgendered persons may be seeking to transcend and the different experience sexual minorities may have based on gender.

6.7   Sexual Identity

The nomenclature of "LGBTQ" is not always embraced by individuals and communities, particularly communities of color. While it is used throughout this article for explanation, it must be taken into account that this reference term is not appropriate for all communities. Also, sexual identity may hold far less significance for individuals in developing regions than national/cultural identity, economic issues, or some other aspect of their experience. It is important to remember that the LGBTQ community is not homogenous, no matter the country. For many sexual minority youth in the United States for example, the term "gay" refers to belonging to a class of people who face prejudices, stereotypes, and hate crimes based on their sexual orientation (Savin-Williams, 2001). This same negative connotation of these identifiers is sometimes prohibitive for LGBTQ persons in developing countries.

6.8   Use of the Media

Engagement with the local media allows the researcher to participate in a healthy exchange of dialogue with the overall community. Through well-considered interviews in the press, the researcher can support local activists in bringing awareness to issues of concern to LGBTQ persons, thus educating the community at large while promoting involvement in and support for the research. In so doing there is the potential for creating lasting regional understanding of the strengths and challenges of LGBTQ persons that endures beyond the life of the research project.

Participating in dialogues via local television, radio, and print media can also be a vehicle to inform the public that there are many contributive LGBTQ citizens in their communities. Doing so also allows the researcher to address the issues of stigma and discrimination that LGBTQ people face in that region. Heterosexist and homophobic ideologies and actions

negatively impact the physical and mental well-being of heterosexuals and non-heterosexuals alike, and the social capital in communities as a whole is diminished by their presence.

6.9 Overcoming Methodological Barriers

Based on the work of Joan C. McClennen (2003), there are eight innovative strategies to overcome methodological barriers for the non-LGBTQ researcher, all of which are applicable to LGBTQ researchers as well. These strategies are: (1) education about the culture; (2) preparation for objections; (3) incorporation of instruments defined by those being researched; (4) implementation of various sampling techniques; (5) engagement of affiliated members for assistance; (6) immersion in the culture; (7) collaboration with scholars and other professionals; and (8) triangulation in data collection.

While the above eight strategies are based on the experience of a heterosexual researcher focusing on domestic violence in the LGBTQ community, the implications are far-reaching. Particularly in the case of African diaspora LGBTQ communities that face additional layers of stigma due to racism and economic oppression, these strategies are essential. Overall, commitment to the ethical contract between the researcher and those being researched is required.

7. Implications for Social Work Policy, Practice and Research

7.1 Social Work Policy

The policy arena may be the most pressing point for intervention on behalf of LGBTQ people of African heritage. Advocacy for basic human and civil rights, particularly in countries where homosexuality is illegal, is central to protecting LGBTQ people of the African diaspora from violence and the debilitating effects of social, familial, and internalized oppression. Efforts to reach out to and support refugees fleeing persecution due to sexual orientation–based discrimination and resulting

health disparities must be strengthened. Policy and resources for immigrant and refugee people of African heritage who are LGBTQ must be developed and supported.

The elimination of health disparities first requires a clear picture of what types of disparities exist; and in the African diaspora, particularly in developing countries, these needs are not yet clear. The ISMHRP study highlights key issues such as the need for legal and social protections (i.e., anti–hate crime legislation, and antidiscrimination policies in the public sector). However there are also indicators that emotional psychological and social support is needed due to the impact of social oppression on mental health and social functioning in these populations. Continued research to further quantify and qualify these needs is crucial.

7.2 Social Work Practice

The implications of the ISMHRP study and its recommendations are far-reaching with regard to their impact on social work practice as well. Practitioners continue to be informed by empirical research that qualifies the experience of understudied constituencies. Although there is a growing body of literature on social work practice with people of African heritage, this study is the first to offer insights with regard to the experience of black LGBTQ people throughout the diaspora. Throughout the ISMHRP study, implications for health service provider trainings on culturally competent black LGBTQ-sensitive health care provision have emerged. Ultimately, practice guidelines can be informed and developed from such studies to implement services and train providers in the provision of services to the LGBTQ community.

7.3 Ethics and Research

The ISMHRP study incorporated the values and ethics of leading social work organizations that may be used as guides for social work considerations with sexual minorities, given their implications for practice and research. The National Association of Social Workers Code of Ethics (2008) articulates a social justice commitment and emphasizes

the development of sensitivity and knowledge directly related to oppression. The ethical responsibilities of social workers include culturally competent service provision and advocacy for disenfranchised populations. In addition, social work researchers are ethically responsible for taking appropriate measures to ensure participants access to appropriate supportive services and ensuring confidentiality of participants and the data obtained from them. The ISMHRP provides an example of due diligence in this regard.

The joint International Federation of Social Workers and the International Association of Schools of Social Work (2004) code of ethics highlights the importance of human rights and respecting human dignity as essential to effective research and practice. These values have proven to be indispensable in work with sexual minorities of the African diaspora. As stated by renowned philosopher and educator Daisaku Ikeda (2008), "By focusing on the deepest and most universal dimensions of life, we can extend a natural empathy toward life in its infinite diversity" (p367). With an emphasis on engaging individuals holistically, recognizing the unique aspects of their human experience and challenging unjust policies and practices that affect them, social work research has the capacity to address the needs of marginalized constituencies and advance social justice for all people.

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An Exploration of the Development of Professional Boundaries

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Abstract

Professional boundaries and ethical behavior are fundamental principles in the field of social work, yet there is great variation in how individual social workers interpret and apply these principles. This review of current literature explores the extent to which personal traits, job duties, and agency policy may contribute to the development, interpretation, and application of professional boundaries.

Keywords: Professional boundaries, professional ethics, social work ethics, development of boundaries, code of ethics

1.   Introduction

The nature of the social work profession carries unique challenges for practitioners. In order to be effective in their roles, social workers must develop relationships with their clients built on mutual trust and an understanding of client strengths, challenges, and goals (Compton, Galaway, & Cournoyer, 2005). This intimate relationship and clinical approach can blur the boundary between professional and personal communications and behaviors. It is expected that social workers practice by adhering to the code of ethics developed through their professional organizations (Fine & Teram, 2009; National Association of Social Workers, 2008). Two significant factors affect how individual social workers respond to that expectation. First, a comprehensive professional code of ethics was not available until the late 1900s (Reamer, 1998). Second, while the code prescribes standards for many professional behaviors, there continues to be widespread debate regarding personal versus professional values, ethical decisions and client needs, and individual interpretation of the written code of ethics (Landau & Osmo, 2003).

The social work profession has experienced several metamorphoses over time (Reamer, 1998). As a result, it is not unreasonable to expect that individual social workers may have different interpretations of professional responsibilities. Understanding the factors that contribute to the development of professional boundaries may lie at the base of diverse interpretations and could, ultimately, inform future professional codes, practice guidelines, and educational efforts (Davidson, 2005; Fine & Teram, 2009; Green, Gregory, & Mason, 2006; Osmo & Landau, 2006).

2.   History

Although social work was not established as a formal profession until the late 20th century, individuals have been doing social work since the early 1900s. Through the years, the emphasis and interpretation of values and ethics have undergone several different phases. Early in the profession's inception, social workers were primarily concerned with the values and needs of their clients

as they advocated for individual and community change in response to social injustices. By the mid-1900s, social work pioneers recognized that the previously held emphasis on client values must be widened to include social work professional values and standards. While there were early attempts to increase education, create ethics committees, and introduce a professional code by which social workers should abide, it was not until 1947 that the Delegate Conference of the American Association of Social Workers adopted the first official code of ethics (Reamer, 1998).

In the early 1980s, as ethical dilemmas and discussions emerged in many fields across the country, social work literature began to focus on ethical challenges, complications, and decision making within the profession. Those discussions shifted the focus from client-centered versus profession-centered values to a focus on sequential decision-making processes to help navigate the complexities of ethical issues (Reamer, 1998). Partially as a result of the changes that have occurred over time, not all social workers and social service agencies have embedded the comprehensive code of ethics into daily practice. Furthermore, there are several guidelines in the written code that require situational interpretation. This results in diverse opinions and behaviors between and among practitioners and agencies.

3. The Research Question

While each step in this historical development has increased the profession's understanding of how social workers *should* behave, it has done little to help the field understand how social workers develop their professional boundaries and ethical stance, thereby defining *why* social workers behave as they do (Green et al., 2006). As society and technology change, professional encounters with values, boundaries, and ethics increase in complexity (Fine & Teram, 2009). Despite the recommended, and sometimes mandated, student education and continued education promoted at the state, national, and international levels, social workers violate the code of ethics on an alarming

basis (Davidson, 2005). Gaining an understanding of how social workers develop and interpret their professional boundary limits may enhance educational efforts and agency policy, prompting a minimization of client harm caused by social worker violations.

In a qualitative study with child welfare supervisors, Bogo and Dill (2008) discovered that policy, organizational culture, supervisory relationships, and personal development all contributed to the participant's professional behavior in the supervisory role. Other research suggests that religion, culture, and community demographics contribute to one's sense of values and boundaries (Reamer, 2006). While agencies and workers cannot control certain environmental factors such as rural versus urban settings, they can affect organizational influences that may influence professional boundaries. Based on the proposition that professional boundaries are shaped by a worker's personal development and professional environment, current literature was examined to answer the question: How do personal traits, job duties, and agency culture impact professional boundaries and ethical behavior?

4. Personal Traits

In order to gain an understanding of the individual social worker's professional behaviors, it may be important to examine personal influences—especially in relation to the development of professional boundaries. By the time social work students enter the professional work world, they have lived approximately one-fourth of their lives (Centers for Disease Control and Prevention, 2010). Individuals who study and become social workers as nontraditional students may have considerably more life experience. In either case, only the latter two to four of those lived years are devoted to professional social work education. It is reasonable to assume that new social workers may draw on all their life experiences, not just formal education, when approaching and forming their professional selves. These lived experiences likely shape how social workers interact with their clients.

In her work regarding the role of power in social work, Mandell (2008) opines that the previously accepted concept of *use of self* should be revisited by the profession. Use of self "is generally understood as being centered in a core, definable self shaped by personal history and psychological and emotional experiences; in many instances it is understood to be operating outside of our consciousness" (Mandell, 2008, p. 237). In her argument supporting the important elements that use of self involves, Mandell draws a strong link to the development of professional boundaries.

> These serve us in setting and maintaining boundaries and confidentiality, conveying empathy and respect, building rapport and trust, and modeling constructive social behavior. Use of self is often considered by workers to be synonymous with boundaries and personal integrity, especially when they are in tension with the dictates of the professional code of ethics. What constitutes appropriate boundaries and ethical behavior tends to vary according to the context and one's own theoretical framework. (Mandell, 2008, p. 237)

Mandell maintains that the unique personhood of individual social workers enters into all social and professional interactions affecting, on a conscious or an unconscious level, the social worker and the client. She extends this concept to areas of practice that evoke tension and stress, suggesting that each social worker approaches these challenges from a unique subjective viewpoint. That individual perspective is the foundation on which the social worker will proceed with the client (Mandell). Mandell's argument supports the notion that personal traits influence the development of professional boundaries.

The findings from two different studies, which were designed to examine the experiences of social workers, revealed a similarly close connection between personal and professional influences (Buchbinder, 2007; Françozo & Cassorla, 2004). Françozo and Cassorla (2004) interviewed 10 Brazilian social workers at the height of the country's fragile social policies. The social workers were asked to tell their life histories, from the moment they selected social work as their chosen profession to the current time. The authors situated their study among several others that examined the reason individuals chose a social work career. Among those cited is Reynolds who, the authors write, "describes her journey as a social worker, discussing the close interchange between personal and professional experience" (Françozo & Cassorla, 2004, p. 212). Reynolds' response typifies those of the participants Françozo and Cassorla interviewed, drawing distinct linkages between their professional and personal viewpoints.

Buchbinder's (2007) study of 25 Jewish, female social workers in Israel examined "the reciprocal influences between their personal and professional worlds" (p. 163). The focus of the research included "On what ways do meaningful life events influence one's professional career?" (p. 164). Powerful statements were made by the participants in Buchbinder's study regarding the influence of their childhood and young adult years on their social work experiences:

> I learned since I was little that you cannot trust this world, you must act on your own. …If I am at work and I see someone who is alone, it activates me, sometimes up to the point of losing control, to do everything to help. …Over the years I had the feeling that I had to give something in order to feel strong; at that time I felt that helping others strengthened me as well. (p. 170)

In the telling of her relationship with her father another participant states, "It was also something obsessive; it was something with no limits that I took totally into my work" (Buchbinder, 2007, p. 169). This social worker recognized how

her personal history contributed to her lack of boundaries, stressing the need to remain vigilant to her obsessive tendencies. While the intent of Buchbinder's study was not to examine the development of professional boundaries and ethics, the shared life histories from the participants reveal strong connections between personal influences and professional behavior, including professional boundaries.

The common thread between the research of Mandell (2008), Françozo & Cassorla (2004), and Buchbinder (2007) focuses on how personal traits affect professional behaviors. While their evidence has limitations, their research provides solid justification of the need for further understanding around this issue.

5.   Job Duties

A second factor to be explored in the development of professional boundaries and ethics is that of job duties. Social work jobs place practitioners in a vast array of settings and situations requiring different levels of involvement. A social worker might secure a position that includes living with clients (residential treatment centers), transporting clients (child protection services), meeting vulnerable clients in their own home (hospice work), or meeting clients only in a formal setting (hospital or clinic work) (Compton, Galaway, & Cournoyer, 2005). How might these different practice settings impact the development of professional boundaries and ethical behaviors?

Bogo and Dill (2008) discussed boundary issues with child welfare supervisors who participated in their study. The supervisors stressed that child welfare work, unlike many other areas of social work, is based on mandates that require protection of children while maintaining a respectful approach with the client and client systems. Upholding this fine line between two different client needs (those of the child and those of the adult) requires the development and continual monitoring of strong, clear professional boundaries.

Conversely, Sherr, Singletary, and Rogers (2009) studied the role of spirituality and social

work in a Christian-based agency whose primary goal is to aid clients by connecting them to a support group of parishioners from area congregations. Historically, there has been strong debate regarding the separation of religion from social work practice. Yet, in this agency, support from a religious perspective is the foundation of the program. The social workers practicing in this agency were "upfront about the religious nature of the program. They even specifically referred to God in the screening process" (Sherr et al., 2009, p. 162). In another setting, the discussion of religion as a part of treatment could be considered a violation of the code of ethics (NASW, 2008). This is a prime example of how job duties may have an influence on professional boundaries and ethical behaviors.

Another example of the influence of job duties on practicing social workers is related to the definition of a client. There is widespread debate between practitioners and agencies regarding this issue. At what point does a client become a former client, thereby allowing for a different type of relationship between the former client and the social worker? Mattison, Jayaratne, and Croxton (2002) found significant correlations between social workers' response to that question and their respective areas of practice. Practitioners in private practice tended to take the stance of "once a client, always a client" (Mattison et al., 2002, p. 58); whereas public-sector workers viewed the client as moving to former status at the end of services. Those same public-sector social workers had a significantly higher response to the approval of multiple or dual relationships with clients, which—depending on one's definition of a client—may not be a violation of the code of ethics (NASW, 2008).

An alternative look at the influence of job duties on professional boundaries and ethical behavior is to examine it from the client's perspective. Several authors (Clements, 2004; Swartz, Perry, Brown, Swartz, & Vinokur, 2008; Ungar, Manuel, Mealey, Thomas, & Campbell, 2004) suggest that a less rigid and formal approach (i.e., relaxing professional boundaries) may result in more effective client-worker relationships and outcomes.

A study conducted with 109 patients in a dialysis center focused on the relationship between patient-staff interactions and the patient's mental health. There was a strong correlation between decreased depressive symptoms in patients and increased personal interactions from staff (Swartz et al., 2008). The findings suggested that the more personal disclosure a staff member permitted with a patient, the better the patient responded, which correlated to improved mental health status. It could be speculated that since the social worker's goal is to improve client outcomes, lowering boundaries related to self-disclosure in a setting such as a dialysis unit might be warranted.

In a recent project with 6,000 tenants of a housing provider, Clements (2004) discovered that when she assumed more professional roles and behaviors she was less effective in instilling self-determination among the tenants.

> I found times when I did not act in my role of community development worker and acted instead as one human being interacting with other human beings. Any time when I acted primarily in this capacity communication improved, relationships improved and resources flowed. (Clements, 2004, p. 71)

Clements increased the time she spent with the tenants in social activities, including recreational drinking, craft sessions, picnics, and cultural events, in order to maintain effective communication.

Similarly, Ungar et al. (2004) studied the effectiveness of indigenous workers (community guides) in helping oppressed individuals and groups become a part of their communities. Their findings were in direct contrast to how social workers are taught to conduct themselves when working with clients (NASW, 2008). The community guides (active and participatory leaders in the community) were engaged in personal relationships with their neighbors, yet their efforts to promote effective change were highly successful. These findings threaten the "insider-outsider

dichotomy" (Ungar et al., 2004, p. 559) that is typically supported by the social work profession.

Without additional research, generalizations about social workers adapting their professional boundaries and ethical behaviors according to job duties are inconclusive. However, the works of Swartz et al. (2008), Clements (2004), and Ungar et al. (2004) provide evidence that job duties influence social worker behaviors, which may in turn influence professional boundaries.

6.   Agency Culture

The final focus of this literature review is that of agency culture. There is considerable overlap between agency culture and job duties, but they are not entirely synonymous. Job duties refer to the day-to-day responsibilities of a social worker in a specific position. Agency culture includes formal job descriptions, policies, procedures, and the organization's general view of client-worker relationships (Schein, 2004).

Due to the multiple and sometimes conflicting interpretations of professional boundaries and ethical behaviors, Elaine Congress (2001) recommended that agencies develop policies. Responding to a gap in the literature, she surveyed 87 social work educators to explore their beliefs regarding dual relationships with social work students. Congress (2001) analyzed the results against comparable studies that measured social worker beliefs regarding dual relationships with clients. Not unlike in other published studies, the social work educators had differing views on the definition of a former student versus a current student.

The most marked difference between this study and other comparable studies involved the issue of sexual relationships with former clients/students. While the vast majority of social workers (96.4%) believed a sexual relationship with a client, even a former client, was unacceptable behavior, 39.1% of the social work educators believed sexual relations with former students were not unethical (Congress, 2001). Based on her findings and the obvious ambiguity around this issue, Congress advocated for the implementation

of agency policy to influence and enforce professional boundaries and ethical practice. This stance calls for agency policy and procedures to dictate professional behaviors rather than relying on social workers to apply their individual interpretations.

Another example of the impact of agency culture on social work practice is being highlighted by the postmodern movement. Ungar (2004) presented the challenges for practitioners who subscribe to the postmodern theory. Laced throughout his argument is the conflict between postmodern practice, which encompasses the diminution of boundaries, and the traditional culture of social service agencies, which promotes a clear division between client and worker. Ungar recognized that a movement toward postmodern social work confronts the traditional services delivery system. "[W]orkers in the meantime have to practice in ways agreeable to their employers" (p. 495). In essence, Ungar confirmed the notion that agency culture influences professional boundaries and ethical behaviors, regardless of the beliefs that individual social workers may hold.

As a clinician working with children and youth, Marshall (2009) summarized the impact of agency culture on clients. Citing a study of 248 practitioners conducted in Hawaii in 2000, Marshall asserted that agency policies are established in response to professional fears: fear of physical harm, fear of litigation, and fear of damage to one's reputation (p. 37). She opined that global policies may, inadvertently, prohibit social workers from demonstrating adequate care and compassion to their clients. For instance, a *no touch* policy prohibits the social worker from modeling affection to a child whose therapeutic goal is to learn how to trust and love. This discrepancy between actions and words may, unintentionally, have a negative impact on clinical results.

As demonstrated by these authors, policies and procedures often dictate professional behaviors. It may be assumed, then, that agency culture influences professional boundaries and ethics. However, whether agency culture assists in the development and maintenance of an individual's professional boundaries and ethical behaviors or merely reinforces compliance, cannot be ascertained through these studies.

7. Discussion

A common theme across the literature stresses the need for education and training for all social workers. Most professional social work organizations and regulatory bodies concur (Reamer, 1998). Every two years in the state of Wisconsin, all certified and licensed social workers are required to participate in four hours of continuing education focused solely on professional ethics and boundaries (Wisconsin Department of Regulation and Licensing, 2010, p. 19). The Council on Social Work Education requires that ethics be taught in all accredited schools of social work in the United States (Council on Social Work Education, 2008, p. 4). This emphasis, combined with the profession's history, proves the value that social work places on professional boundaries and ethical behavior (Marsh, 2003; Reamer, 1998).

Why, then, did readers open a fall 2009 issue of the *Milwaukee Journal Sentinel* to the disturbing story of a Wisconsin social worker who had sexual relations with a client, fathered her baby, and denied the behavior for years until the client stepped forward (Stephenson, 2009)? Is this behavior the result of the social worker's individual interpretation influenced by his personal traits, job duties, or agency culture? Is this evidence that, despite the profession's efforts to clarify professional roles and responsibilities, they have become more confusing? Or is this breach of professional ethics related to some other phenomenon?

While this review of the literature answered neither the questions above nor the question of how personal traits, job duties, and agency culture affect professional boundaries and ethical behavior, it did illuminate some of the confusion within the profession. Citing other studies, Marshall (2009) asserts that agency policy protects the professional. The National Association of

Social Workers touts the code of ethics as a tool to protect clients' rights (NASW, 2008). Community activists and postmodern social workers encourage relaxing professional boundaries in order to serve clients more effectively (Green et al., 2006; Ungar, 2004; Ungar et al., 2004). Practitioners present vastly different interpretations and explanations for their individual professional decisions. This may be due, in part, to the mixed messages that come from the profession itself (Congress, 2001; Fine & Teram, 2009).

One group of authors (Buchbinder, 2007; Françozo & Cassorla, 2004; Mandell, 2008) presents compelling arguments for the often-overlooked influence of a social worker's personal self on professional development. Based on the continued presence of ethical misconduct in spite of the profession's best efforts to provide clear-cut parameters, this is one area of influence that demands additional attention.

Mandell (2007) stresses the need for a process by which social workers can gain insight into their own personhood "comprising individual developmental history and multiple social identities in the context of personal experience, education, socialization and political milieus" (p. 237). She carries her banner into the practice field by discussing the lack of self-monitoring and reflection that is available to guide practicing social workers due to time and funding constraints.

According to the participants in the study conducted by Françozo and Cassorla (2004), their greatest satisfaction, professionally, was connected to their greatest satisfaction, personally. While not a new discovery, it may be an important point in the discussion of professional boundaries and ethical behaviors. That is, the ways in which individual social workers feel most personally satisfied might be closely related to how they develop their professional boundaries.

Buchbinder (2007) drew many connections between the influences of the family-of-origin on social workers' decisions to study the profession. A participant in the study explained how she chose her career:

There is something in our family that is deeply rooted, values of helping others and friendships as being very dominant, really to give something, in the direction of giving and receiving to society and friends. …From the start, I saw myself as working with people, working with problems that are connected with growth. (p. 165)

Buchbinder (2007) suggested these findings be used as an impetus in professional social work training to help social workers connect their past, present, and future personal and professional selves.

8.   Conclusion

The scholars cited in this literature review provide an array of evidence that professional social work boundaries and ethical behaviors are influenced by a worker's personal development *and* professional environment. Yet the degree and sequence of those influences is still unanswered, and assumptions cannot be conclusively drawn explaining the differences in social workers' professional behaviors, leaving many opportunities for continued research.

Based on the findings from this literature review and the unethical issues that continue to arise with client-worker relationships, it is important to the profession, the practitioners, and future clients that clarity is brought to this matter. This can be accomplished by keeping the topic of professional boundaries and ethical behavior at the forefront of social work research.

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Book Review

Hegland, K. F., & Fleming, R. B. (2010). *New Times, New Challenges: Law and Advice for Savvy Seniors and Their Families.* Durham, NC: Carolina Academic Press.

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

Written by two attorneys who have not forgotten how to laugh, New Times, New Challenges is filled with legal advice for those nearing their senior years. While it addresses every conceivable end-of-life issue, this is not a book about dying, but rather a book about how to age well. Rights and benefits change with age, so the savvy senior needs to know how to assert the former and acquire the latter. Family members of savvy seniors will learn nearly as much about the new challenges of aging and an awareness of the new pitfalls that may come for some. This book is highly recommended for both readers.

For anyone who has not made full and complete preparations for the last days of their or their loved ones' lives, a better resource is unlikely to be found. Death, as the authors remind us, is overrated, but unavoidable. The only way to leave the legacy one might intend to leave is through preparation; the only way to spare your family unnecessary turmoil is through preparation. The easiest and most enjoyable way to begin preparing may be to read this dry, witty, and amusing book.

Divided conveniently into 42 short chapters—the longest is merely 12 pages—the book is designed to be used as a handy reference rather than read from cover-to-cover as a story. The table of contents increases the ease of use by providing both a summary of chapters and a detailed outline of each chapter even though the book includes an eight-page index. Organized into seven sections (introduction, retirement, problems in aging, wills and estates, disability, death, and where to find help), readers will find that the contents are quite comprehensive, but delivered in the voice and tone of a folksy great uncle. Readers will find few pages that sound like legal advice, despite the wealth of legal material provided.

When read from cover-to-cover there is some repetition, but that is to be expected by the authors' intent to make the book a useful, handy reference. The most common and most important of the repetitions are those directed at encouraging the reader to talk things over with her or his family. Wills can be challenged in court. Medical treatment for the incapacitated is more likely to follow family wishes than written documentation. The best way to make sure that one's wishes are followed is to make sure that the entire family understands what is wanted. This takes candid conversations about touchy subjects. This book is filled with conversation-starting ideas and phrases to help.

If there is an antagonist in this book, it is the litany of bad excuses often used to put off end-of-life planning, and the authors will have none of it. They are very high on hospice—which takes planning on many levels, including how to select and communicate with a doctor, how to apply for Medicare benefits, and how to deal with pain medications. Avoiding family conflicts and rivalries are equally important. Surprisingly, a will is not always called for, but a Health Care Durable Power of Attorney is absolutely essential. Living wills, in contrast, may carry little import without family support.

After reading this book, I started the conversations with my wife and daughter. I believe other readers will do so as well. Social work practitioners working with seniors and their families will find this a useful reference tool if only because it will be quite difficult to address these issues in more accessible language. I felt like I was listening to *insider* information without having to wade through jargon or technical language. This one is a keeper.

Book Review

Hunter, S. (2010). *Effects of conservative religion on lesbian and gay clients and practitioners: Practice implications.* Washington, DC: NASW Press.

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

Ski Hunter is a professor at the University of Texas at Arlington and a leading social work researcher on lesbian, gay, bisexual and transgender issues. This is her fifth book on LGBT issues, and I believe that it will be particularly useful for social work practitioners working with lesbian and gay clients as well as for social work educators interested in preparing students for work with lesbian and gay clients. The ten chapters grouped into four parts are sorted for easy reference, and the 30-page reference list will provide the more inquisitive reader ample alternatives to dig a little deeper.

Social work with lesbian and gay clients is a field of practice filled with potential ethical challenges and values conflicts primarily due to conservative Christian religion. While she does not organize this text in this fashion, Hunter clearly addresses three potential conflicts: (a) the conflict between anti-gay religious beliefs and the social work profession's commitment to social justice; (b) the conflict between a client's desire to change sexual orientation despite research indicating such change is not in the client's best interest; and (c) the conflict between a practitioner's anti-gay religious values and the professional obligation to serve lesbian and gay clients.

In her first chapter Hunter identifies the intersection between cultural heterosexism and conservative Christianity in some detail. To her credit, she avoids polemics against the rejecting-punitive view most Christian denominations hold against gays and lesbians, but readers should also note that it is unlikely that evangelical and fundamentalist Christians would completely agree with the description of their form of biblical interpretation. Hunter does briefly mention other religious perspectives from time to time, but the focus is clearly on Christianity. Chapter two contains brief information about specific denominations, and chapter three addresses the effects of religious condemnation of same-sex attraction. The faulty belief that one is a sinner abhorrent to God is at the heart of a variety of mental health issues for gay and lesbian people and a significant hindrance in progressing through the stages associated with the "coming out" process.

The conflict between religious and sexual identities is addressed in the next section. Chapter four contains brief summaries of research identifying gay and lesbian attempts at addressing cognitive dissonance and stigma. While this chapter is written without pathos, the challenges addressed by the gay and lesbian participants provide moving examples of cognitive reframing and ideological/theological restructuring. Anyone who has addressed personal change on this deep level will be moved. In contrast, chapter five is a critique of sexual reorientation therapy (SRT) as unsupported by the research, ethically bankrupt, and unprofessional. "If a client remains steadfast in his or her desire to reorient to heterosexuality, no action is better than the wrong action" (p. 67). In Hunter's view, ethical professional practice is completely incompatible with SRT.

The practitioner desiring to provide effective services to gay and lesbian clients is likely to spend significant time with the third section of this book. Chapter six emphasizes the basics of practitioner preparation by eradicating personal heterosexism in order to become gay affirming, learning about the lesbian and gay community, and building skills to deal with religious conflict. Hunter also presents many specific suggestions for a four-step process of assessment, goal identification, intervention, and resolution in

working with lesbian and gay clients. Chapter seven is an exceptionally practical guide for techniques that might be useful in dealing with the client who is not open to a lesbian or gay identity. Although there does not appear to be evidence that such a decision is in the best interest of the client, respecting the client's right to self-determination is paramount. Affirmative practice leading to integration of religious and sexual identities is the focus of chapter eight.

In the concluding section of the book, Hunter's passion as a social work educator and LGBT advocate is revealed as she turns her attention to practitioners rather than clients. In chapter nine she confronts conservative religious practitioners who chose to avoid working with lesbian and gay clients. To Hunter such an implicit endorsement of heterosexism has no place in social work. She condemns this attitude as a violation of social work values, ethical practice, moral principles, court decisions,

and licensure requirements. The final chapter is a six-session training program aimed at changing heterosexist practitioners in accordance with the stages of change model. Gay affirmative practice is the goal, and here Hunter provides a useful and detailed tool for addressing the remnants of heterosexual bias within the profession.

I believe that social work programs should seriously consider use of this text in courses promoting diversity and multiculturalism. As Hunter so clearly presents, the central obstacle to LGBT inclusion is conservative religion. This book challenges the social work profession, social work educators, social work practitioners, and social work students to assert gay affirmation and full social inclusion. "If, as a profession, social work admits heterosexist students and practitioners without requiring that they commit to the values of the profession, social work colludes in the perpetuation of heterosexism" (p. 125). I agree.

Book Review

Lesser, H. (Ed.) (2012). *Justice for Older People.* New York, NY: Rodopi Press.

Reviewed by: Stephen M. Marson, Ph.D., Senior Editor

Harry Lesser, the editor of *Justice for Older People*, does not explicitly articulate the specific readership for his work. However, it is clear that the intended audience is gerontological scholars and students who have a specific interest in values and justice related to the aging process. Although some of the material is fit for those who are being introduced to the field, most of the writing assumes that the reader has advanced knowledge of gerontological theories and a background in the area of ethical theories. Without such a foundation, the reader will be lost.

The 15 authors focus on issues that can be generalized globally. They do a superb job of avoiding the trap of ethnocentrism. They are successful in this endeavor for at least two reasons. First, they focus on social concepts that are transcultural. For example, the authors employ such concepts as "human dignity," "autonomy," "resources" etc. Second, the authors wrap these concepts and empirical evidence with theory. Gerontology is frequently criticized for being theoretically barren. We do not see this as a valid criticism for Lesser's work.

The book is divided into 16 chapters. These are:

- The present situation: Diagnosis and treatment
- Older people, care dignity, and human rights
- Age, dignity, and social policy
- Dangers and dilemmas surrounding the consumption of anti-ageing medicine
- Loneliness in older patients
- The effect on ageing on autonomy
- Intervention without patient consent
- Is a gray world desirable?

- Personal development in old age
- The global distribution of healthcare resources in the twenty-first century
- The rival claims of children and adults to healthcare resources: Is there a need for greater coherence in our view?
- Setting limits fairly: A critique of some of Daniel Callahan's views
- Social injustice: Distributive egalitarian, the complete-life view, and age discrimination
- A fair innings or a complete life: Another attempt at an egalitarian justification of ageism
- Triage and older patients
- Justice, guidelines, and virtues

One can immediately acknowledge that this work is comprehensive. In addition, the chapters offer a good transition from one topic to the next. Coordinating meaningful transitions within an edited volume is an extremely complex task and Lesser must be applauded for his work.

Three problems commonly found in edited works exist. First, there is an uneven quality of writing. As a regular book reviewer, I use a ranking protocol to assess variation in writing quality. Some chapters are better written and organized than others. Second, and more surprisingly, the authors do not share a single citation style. Some use a variation of APA; while others employ MLA. This will be irritating for many readers. Third, edited books are rarely read from cover to cover. Readers are often drawn to these volumes as a result of a particular chapter (which is the reason I listed the chapters). With such a readership, the index is of utmost importance. While conducting my evaluation, I jotted down

concepts that I wanted to reread. For example, Gidden's concept of "Third Way" is addressed throughout chapter 2. However, the index only refers to a citation found on page 32. With other words/ideas I listed, the index did not help me to return to the original section of the book I needed. The index is lacking.

The three minor problems should not detract advanced gerontologists from reading this fine volume. Academic libraries that are responsible for housing material for the study of gerontology should adopt this volume. Students and professors who specialize in the study of aging should read this.

Book Review

Nichols-Casebolt, A. (2012). *Research Integrity and Responsible Conduct of Research.*
NY: Oxford University Press.

Reviewed by: Charles Garvin, Ph.D.
The University of Michigan

Dr. Nichols-Casebolt has been a faculty member of the social work school at Virginia Commonwealth University since 1993, has had several previous academic appointments, and has served as associate dean at that school. She is currently the associate vice president for research development in the Office of Research in that university. She has been engaged in research and teaching for many years and has a good number of research publications in print. She has served as chair of the board of the Institute for the Advancement of Social Work Research.

The purpose of this book is to discuss the ethical and professional issues that arise in all phases of the research process and most of the latter have ethical implications as well. The first chapter discusses such broad issues as what is meant by "research integrity" and its relationship to ethics, the federal regulations that seek to promote this, and the nature of ethical decision making. The following chapter deals with the process of "mentoring," as this often precedes the development of a research project especially for newcomers to that activity. The role of the mentor is described in detail as well as the role of the protégé and the responsibilities of each party. The ways that diversity is manifested in this relationship are discussed. A very useful chart is also included that presents the skills involved in mentoring.

The next chapter discusses another topic that often arises and is seldom dealt with in the research literature—the professional conflicts that arise in the research process. Of great importance, and raised at several places in the book, is the issue of conflict of interest. This may take many forms in addition to the financial ones and includes personal conflicts, time commitment conflicts, and value conflicts. Useful strategies for the solution

of such conflicts are prescribed. As in all other chapters, Nichols-Casebolt provides well-developed vignettes in which these issues arise; these are complex and "real" enough to stimulate an in-depth consideration of the ethical and professional solutions to the problem posed.

Chapter four describes the very contemporary issue of collaboration, including collaboration between new and seasoned researchers and scholars from different disciplines. These can create conflicts that grow out of power differences and these can be among the most challenging to resolve. Another related issue is created when the collaborators are members of the community rather than professional colleagues and such persons are often neglected when issues of authorship and contributions to the research process occur. I believe we are seeing more examples of community participatory research, which is very healthy for social work researchers who, however, may not have sufficiently thought through the ethical and professional responsibilities of the researcher in these circumstances. Another useful table is presented in this chapter that outlines the many ethical and professional issues growing out of this type of collaboration related to roles, responsibilities, and decision making.

Chapter five deals with the all-important topic of protection of human subjects. This is typically discussed in research books and articles, yet Nichols-Casebolt brings fresh insight to the process of Institution Review Board approval, when it is needed, and how research is presented to boards and what this review entails. A useful section of this chapter discusses the risks and benefits that are generated by the kinds of research engaged in by social work investigators, especially with

vulnerable populations such as children, students, and those who are economically oppressed. A discussion that is especially relevant to social work research and is included in this chapter is the risks and benefits to communities.

Ethical issues in data acquisition, management, sharing, and ownership are presented in the following chapter. This includes protecting subject confidentiality and privacy as well as the subject's control of what data might be obtained as a result of their agreement to participate in the study. Many years ago I agreed to participate in a study of why I and others decided to remain in or leave a particular field of service. I was not informed that the investigator, whom I knew, would have access to my personnel records in the agency in which I had once been employed. When I learned of this, I complained to the agency but to no avail.

Chapter seven presents issues arising from publication and authorship, particularly the topic of authorship credit. I have been aware of many conflicts arising from the last issue, especially when these are not resolved prior to the creation of the publication and when incorrect assumptions are made by the various authors. A practice that

yields many concerns is that of including persons in authority, especially heads of departments, who assume the right to be named as authors in publications by members of the department.

The final chapter discusses emerging issues in the responsible conduct of research such as by technological advances in collecting and sharing data and the encouragement of faculty to engage in entrepreneurial activities. In these discussions as well as those throughout the book, the author demonstrates her thorough grasp of the topics covered based on her many years of experience as an author as well as administrator.

This book is destined to become a classic in the literature on the ethics of social work research. Both new investigators as well as the seasoned ones will find much to ponder in what is a relatively short book. It covers every topic I can think of in the research process in which ethical issues can arise. As I stated earlier, it provides useful vignettes that facilitate the reader's consideration of these issues. It suggests further reading on each of the topics as well as excellent examples of each. It should be included on the syllabi of every research course in social work as well as, perhaps, in the social sciences.