



Journal of Social Work Values and Ethics, Volume 10, Number 2, 2013
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Thank You!

Dear Readers,

A great deal of work goes into each issue – more work than most people can imagine. ALL of the work completed for *The Journal of Social Work Values and Ethics* is accomplished by volunteers. I want to give my special thanks to the following volunteers that have made this issue a success:

Kathleen Hoffman

Mara D. Hunt

Belinda O. James

Roger Ladd

Cook Mack

Bob McKinney

Everyone thanks you for your hard work.

THANK YOU!

Stephen M. Marson, Ph.D.

Editor

Editorial: A Question of Ethics for Gerontological Social Workers

Stephen M. Marson, Ph.D., Editor

Within Volume 10, Number 1 (2013) *Journal of Social Work Values and Ethics*, I wrote an editorial titled [Is Infantilization Ethical? An Ethical Question for Gerontologists](#). I was surprised by the number of responses we received from our readers.* In fact, the interest generated on the topic of “infantilization” far exceeded the responses we have received on the topic of abortion. I seemed to have opened up a hornet’s nest.

With the hats that I wear as a gerontologist, professor, and practitioner, I have become profoundly frustrated when I see professionals (physicians, nurses, AND social workers) interacting with elderly clients in a childlike manner. There is *nothing* in the literature that supports such an interaction.

If you are a gerontologist, I strongly recommend that you read the material housed within the following two links.

[Letters to the Editor](#) – These represent the replies from our readership.

[Letter Replying to Letters to the Editor](#) – After I read these letters, I invited Sonia Salari, Ph.D., to respond to them. Dr. Salari is the author of the 2005 article titled “Infantilization as Elder Mistreatment: Evidence from five adult day centers” cited in *Journal of Elder Abuse and Neglect*, 17(4), 53-91.

If you have additional comments, email them to smarson@nc.rr.com. In order to publish your comment; authors must include a statement granting permission to publish.

* Our current number of subscribers is approximately 11,000.

Responses to Spring 2013 Editorial, “Is Infantilization Ethical? An Ethical Question for Gerontologists”

From: [MaryKaren Reid](#)
Sent: Thursday, March 28, 2013 5:57 PM
To: 'smarson@nc.rr.com'
Subject: Infantilization of seniors

Hello:

You asked if infantilization of seniors is elder abuse – I don't know if I would go that far, but I know that some of them find it offensive.

I met an elderly lady, a patient in acute care, who was living in a nursing home and after I addressed her as “Miss ****” she said something to me that I will never forget. She said “I worked for 30 years as the executive assistant for the mayor's office in *****. I had a lovely apartment, and threw brilliant parties, where important people attended, and I was Miss ****. Now I live in one room and I'm “Sweetie” or “Honey” or called my first name. I have lost everything.”

Many people who are elderly were taught to always call those older than themselves Mr. or Mrs. and expect the same courtesy now that they themselves are aged. I believe that calling elderly patients by their first name is a false intimacy, diminishes them, and also emphasizes the power differential between the patient and caregiver. I'm not sure that it is abusive but it sure as hell is rude and disrespectful.

You may publish my comments, if you wish.

regards

m-k

Mary-Karen Reid, BSW RSW
Social Worker
Glenrose Stroke Program
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Edmonton, Alberta T5G 0B7
Phone 780-735-8292

From: [Julie Weckel](#)
Sent: Saturday, March 30, 2013 1:45 PM
To: smarson@nc.rr.com
Subject: response to article

Dear Stephen M. Marson, Ph.D.,

In your editorial “Is Infantilization Ethical? An Ethical Question for Gerontologists,” I found myself wholeheartedly agreeing with you. Twenty years ago as a new BSW I worked in a long term care facility and found myself irritated with the manner in which many direct care staff addressed the residents in their care. I tried then to educate staff on respect and dignity issues for the elderly but I'm uncertain how much of an educational impact I made. I am now a MSW who specializes in clinical work with the elderly in their home environment. I continue to voice my thoughts when I encounter professionals who interact with the elderly in an infantile manner. I expect many of them have learned to curb their words and actions when I'm about. I've tried working with my clients to empower them so they may make their wishes known on how they wish to be treated and referred to in conversation/interaction. Being dismissed by family, caregivers, physicians and others who they encounter on a daily basis simply due to their age or infirmity has a direct negative impact on a person's self of self, strength, efficacy and mood.

To your point of abuse of the elderly I find myself considering the realities of systems that monitor behaviors and uphold laws intending to protect vulnerable adults. I have made many reports to the state Adult Protective Service (APS) agencies over the years. I find them understaffed, overworked and in great demand with issues ranging from self-neglect due to dementias' to truly atrocious treatment and conditions that

lead to trauma, hospitalization/institutionalization and death. With that in mind I am confident if I were to report to APS a situation where an elderly person was subjected to being treated as a child the case would not be opened even if it were in a care facility. This does not dismiss your points or my observations over the years about the harm infantilization can create with a person.

I would suggest instead of reporting or classifying 'abuse' a campaign to educate professionals and non-professionals alike to the negative impact of such behavior. Let us teach the elderly how to voice their preference of treatment and address. Let us empower family members to speak up for those who are unable to speak for themselves and let us help those who work with the elderly recognize and understand better ways to interact with others that is respectful and provides for dignity.

Social workers are steeped in social justice: Let us bring forward this issue with advocacy, education and partnership with industries best positioned to support our efforts.

Thank you for making this issue an issue with substance simply by talking about it. You certainly hit close to my beliefs and I wish you well in your endeavors. Please feel free to use and share the contents of this email as your work on this important issue. If you have any need for clarification please feel free to contact me.

Julie Weckel, LMSW, ACSW
Geriatric Connections
direct line: 269-240-8042
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webpage: www.GeriatricConnections.com
Support and Services for Older Adults

-----Original Message-----

From: [Gil Guerrero](#)

Sent: Sunday, March 31, 2013 11:06 PM

To: smarson@nc.rr.com

Subject: Infantilization - JSWE Editorial

Dr. Marson,

As a young man, almost 30 years ago I worked in a regional hospital in S. Texas and had my first experience of watching some nurses and nurse's AIDS, and even some doctors infantilize elderly patients in their interactions. I suppose one might be able to see some parallels between child-like behaviors and the behaviors of some of the elderly folk who are displaying signs of cognitive decline, but they seem thin to me.

This past fall, I spent my father's last days with him in hospice care. In general, the staff was very respectful and gave him dignified and respectful treatment until the end. But there were a couple of folk who fell into this syrupy sing song pattern in dealing with him. My father was a dignified man all his life. He maintained most of his faculties up to near the end, though he sometimes had problems verbalizing words quickly as his Parkinson's disease advanced.

I did not correct these persons, though I suppose I regret I did not. I can see a value in attempting to be soothing to a person who is in active distress, but being warm and reassuring does not require making the person feel that they have returned to childhood. Generally, you are dealing with a person who has lived and experienced a long and independent life, being in care is often enough of an indignity without heaping infantile language on an adult. I don't believe that a clinician is adding value when they treat the client with anything less than the respect and dignity they deserve.

I agree with your premise that those who act in this way are good intentioned, I just don't believe that the practice is soothing or within the bounds of ethically valuing the dignity and worth of the individual.

You have my permission to use, quote, or aggregate my response as desired. If you choose to quote by name, I prefer Gilbert Guerrero.

Please feel free to contact me if you need any clarification.

Best regards to you and thanks for your work in the world.

Gil Guerrero
Graduate Student
University of Texas at Arlington - School of Social Work

From: [penny shaw](#)
Sent: Tuesday, April 02, 2013 9:15 AM
To: smarson@nc.rr.com
Subject: editorial on infantilization

Dear Dr. Marson:

I'm writing to you today about your editorial on infantilization. I've been a nursing home resident due to the need for care because of paralysis from Guillain-Barre syndrome for ten years. I'm also a state (MA) and national nursing home advocate and policy advisor. What I have been calling paternalism is indeed a very serious problem as I see it. I'm not sure I would call it abuse but it is inappropriate, humiliating and demeaning. Personally, I had staff run their fingers through my hair, pat me on the arm kiss me, hug me call me names like honey, boo boo, sweetie, etc. One by one I had to get my dignity back by politely saying I felt uncomfortable.

Feel free to publish my comments.

Penelope Ann Shaw, PhD
Board Member. MA Advocates for Nursing Home Reform
Member. National Consumer Voice for Quality Long-Term Care
Advocate and Policy Advisor. Division of Nursing Homes. CMS

From: [Sanjuanita De Luna](#)
Sent: Tuesday, April 02, 2013 9:51 AM
To: smarson@nc.rr.com
Subject: Infantilization of geriatric population.

I do not agree with your statements that speaking to the elderly in "syrupy" voice constitutes abuse. This is taking it too far. I do believe that is grossly inappropriate and condescending to say the least, but not abusive.

I worked in a nursing home for 20 years and I saw all kind of interactions with the elderly. People need to be educated and made aware of the impact this kind of interaction can have on people. The way I see it, education is the key as to the first step in the changing of behaviors. Labeling and criminalization of such activity is not only counterproductive, but also harmful to givers and receivers of such inappropriate behavior.

It is OK for JSWVE to publish my letter.

Thank You.

Sanjuanita LMSW-IPR

"It is not the strongest of the species that survive, nor the most intelligent, but the one most responsive to change." -Charles Darwin

From: [Emily Roberts](#)
Sent: Tuesday, April 09, 2013 9:52 AM
To: Stephen Marson Ph.D
Subject: Re: E. Roberts-Letter to the question on infantilization of elderly persons

April 8, 2013

Dear Dr. Marson,

When we see an individual in pain or distress, it is our first reaction to nurture that person. *This individual in front of me is hurting emotionally or physically, so I will try to "make it better" or make them "feel" better.* This act of nurturing may then make us feel better...rather than actually addressing the root causes of the individual's needs or distress.

The distress that many in nursing home settings experience runs much deeper than their physical restrictions. *Due* to these physical restrictions, the individual has had to give up their autonomy; their freedom of action to do as they wish, when they wish, in order to live a setting where they are told implicitly where, when and how to live their lives. Often the size of the building, long treks to activities or meals and the numbers of people they have to deal on a daily basis cause emotional stress that overwhelms their coping capabilities. Rather than try to cope, the individual gives up.

An example that comes to mind is my interactions with Miriam, an 86 year old nursing home resident I was visiting frequently in 2011. Miriam was a small, well-kept woman who would often sit in her wheelchair crying in the narrow double loaded corridor outside of her room. It was observed that busy care staff would pass Miriam in the hall, bend over her (never kneel at her level) and pat her on the head, back, shoulder or arm and say "Oh, honey don't cry. Do you want to come with me to Bingo and have some cookies? Don't cry dear, it's going to be OK." These exchanges only served to cause Miriam to weep more.

I sat with Miriam several afternoons on the sunny patio enclosed on two sides by the narrow wings of the facility. We sat together on those long summer afternoons, often not speaking, just experiencing each other's presence. Miriam asked me about myself, if I were married, how many children I have. We talked about her life, she spoke of her sister who lived in a house in our town. "She dances, I cry." was Miriam's way of synopsizing the situation.

Through our conversations, I discovered that Miriam had been through the Holocaust, as she would often question the motives of the nursing home staff... "should I really go with her, does she really want me to go to lunch, for a bath, to Bingo?" In other words, Miriam could not trust those around her due to her life experiences. She was trapped in her past and in her present and that stress immobilized her through her tears.

I believe through just a few afternoons with Miriam that I was able to look through a window

that few in that nursing home took the time to look through. After a break from my visits for several months to work on my dissertation, I returned to the nursing home to find that Miriam no longer lived there. Two months earlier her sister had moved her to a "nicer" facility, and within two weeks, Miriam had died.

The relationship between infantilization and dementia in nursing homes is many layered and speaks more to a system of care, than an individual's interaction with a resident. Miriam's care staff cared for her, but did not have the resources, time or knowledge base to look through the window to find out Miriam's true needs. This is the tragedy of traditional nursing home care... the "caring environment" serves only to close the shutters on true understanding; and often a resident dies without ever having the opportunity to express who they are; an individual with an individual life story.

I give you permission to publish my letter.

Kind Regards,

Emily

Emily Roberts, Ph.D, M.A., M.Arch
Specializing in Environmental Gerontology
828-275-5212
er4z3@mail.missouri.edu

From: [Alleman, Mary](#)
Sent: Wednesday, April 10, 2013 3:37 PM
To: 'smarson@nc.rr.com'
Subject: Response to: Is Infantilization Unethical?

Dr. Marson,

The question, "Is infantilization elder abuse and therefore unethical?" implies that it may be unethical because it is abuse. I would suggest that treating our elders as less than adults is not "best practice" for a professionally trained social worker and is therefore unethical. However, I would not consider the isolated act of infantilization to be abuse.

A report of acts of infantilization in a healthcare facility would cause me to question

the agency's overall approach to resident care and would call for an examination of other ways the agency culture may encourage the violation of basic Resident rights.

As Social Workers, we treat people, especially those who are disenfranchised, with the utmost respect and dignity, and it is our calling to strengthen their voice. Residents of care facilities often fit into several categories of people who are traditionally disenfranchised – they may be elderly, physically disabled, struggling with mental illness, and physically ill.

Healthcare staff generally have more power than people receiving care. We provide sometimes very intimate care for residents in a way that can feel paternalistic. I believe that healthcare staff often love and nurture the residents for whom they provide care. As professionals, though, we have to maintain a relationship that requires some distance. These factors may skew our ability to honestly evaluate our interactions. Social Workers must be aware of their own privileges, biases, and actions.

Two other concerning things I see in the general treatment of people who are aged: 1. Talking about the person instead of directly to them. 2. Actively or passively denying their sexuality. Both of these actions are infantilizing.

You have my permission to publish these comments.

If possible, I would like to be informed of how to access whatever you write in response to this inquiry.

Mary Alleman, LCSW
Social Work Supervisor at
South Mountain Restoration Center
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Bureau of Community and Hospital Operations
10058 South Mountain Road | South Mountain, PA
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From: Roberts, Jane
Sent: Wednesday, May 15, 2013 4:09 PM
To: smarson@nc.rr.com
Subject: Infantilization of Elders

Stephen,

I imagine you've covered this topic at present, but am just getting back to my thoughts on it. If the subject is closed, I realize you may just delete this!

It's an interesting question that you posed, however; and in my training as a gerontologist and my area of research of ageism, I would call this practice definite ageism (therefore unethical) but probably not outright "abuse". As we know, ageism arises from misunderstandings about a target population (older people), and these misunderstandings are fairly universal in our society. Added to that, any fear of aging, death anxiety, fear of frailty and the like perpetuate the sometimes subconscious phenomenon of distancing ourselves from those perceived as frail and closer to death. Having said that, I'm not sure I wouldn't feel abused if on the receiving end of ageism!

Although now classic material of the 50's, I have found Gordon Allport's theoretical viewpoints on racial stereotyping useful in considering ageist attitudes (older people are not viewed individually but en masse, stereotyped, seen as needing assistance or perhaps even control). All of this can reinforce ageist and infantilizing behaviors; (e.g., when one is infantilizing elders, functional NASW scientists' abilities are discounted right along with those of dementia patients). As with combating any discriminatory behavior, one would think that self-awareness is paramount.

Anyway, I'm sure you're past this discussion by now, but you allowed me to ventilate! Feel free to use any of these thoughts if you see fit.

Thanks for the inquiry into an important topic,

Jane (Ph.D., Gerontology, VA Tech)
Jane Roberts, ACSW, LCSW, Ph.D.
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Salari's Response to "Is Infantilization Ethical? An Ethical Question for Gerontologists." *Journal of Social Work Values and Ethics* 10(1)2013

I wish to thank Dr. Marson for leading this discussion with his insight into the ethical treatment of older persons and his critique of my article Salari, S. (2005) "Infantilization as Elder Mis-treatment: Evidence from five adult day centers" *Journal of Elder Abuse and Neglect*, 17(4), 53-91. The question is a good one, whether or not "infantilization," involving child-oriented behaviors, baby-talk, nick names, constitute elder abuse and are considered unethical treatment in aging service environments?

Thirty-two years ago, as I turned 16, I began a lifetime journey familiarizing myself with elderly persons in care environments and aging services. As I attended high school, I worked part-time in a health related facility. As a "diet aide" I enjoyed interacting with residents as I served meals and cleared tables. I have special memories, such as the nightly visits from Mrs. G as she would approach me quietly in the dining room and in her foreign accent she would ask "Can you help me find my room?" It was a nightly ritual to assist her in this quest. Although my perspectives on aging and the elderly were underdeveloped at the time, I knew I enjoyed this work. I do feel guilty about the policy we upheld regarding dietary standards. If you were a resident who was ordered a "salt free diet" by the dietitian you would be served salt free soup, salt free crackers and a salt free entrée. I don't know of anyone who thought these items were edible. People may have lived a wee bit longer from the reduced sodium, but in hindsight, we effectively prevented them from enjoying food. That must have contributed a great deal to their sense of loss upon institutionalization. In college, I worked as a resident aide and intern in a retirement home with 25 private rooms located in a 100 year old building. The original founders were committed to the goal of housing "indigent women" and the residents were referred to as "inmates." Needless to say, that term has a different connotation

to refer to prisoners in modern times. The rules of the retirement home changed over time so that residents also included persons of varying socioeconomic categories as well as men. In 1985, some of the longest lived residents had signed a contract where they had paid a set fee (\$20,000) in exchange for lifelong care. The arrangement had been discontinued for newcomers, due to the financial stresses of providing what turned out to be many years of free care. Due to the small size of the residence, I was able to know each resident personally and it was my job to write individual reports about each one for state inspections.

As I recall the conditions of these living facilities, I can point to several differences when compared to modern residential care. Since the late 1980s there are more regulations, but we also see structural and philosophical changes in the social expectations. Modern "person-centered" choices are now offered in some facilities (Kitwood, 1997), so that consumers can choose to take a risk and eat more flavorful foods, have a glass of wine at "happy hour," or smoke cigarettes in a designated smoking area. It is now commonly acknowledged that exposure to some risk is a normal part of life. Programs with a healthy balance of intergenerational activities, horticulture and pets (See Thomas, 1996) have helped to make environments less institutional and more home-like. While more frail residents are included by law, there are other alternatives for those with fewer limitations. Assisted living facilities have emerged to provide an option for those with fewer needs and functional limitations. These alternatives have fewer regulations, when compared to the skilled nursing facility.

In skilled nursing care, resident's rights are upheld by law to require the "least restrictive" environments (Heisler & Quinn, 1998). In the past, it was more common for those with severe dementia were often intermingled with higher functioning

peers. This can be problematic when the culture as a whole, is addressed at the perceived level of the lowest functioning person. Over time, policy has encouraged inclusion of residents with even more severe impairments, but in response, there are now specialized care options, such as "dementia units." If done correctly, I find myself agreeing with this change, as it allows security and autonomy for those who could face harmful situations. Without it, clients have been known to literally wander out the front door. Rather than relying on "old school" chemical or physical restraints, the dementia unit allows free movement, social interaction with others and adequate choice in available activities. Ethically, persons with severe dementia should be treated as adults, without a need for control tactics, baby-talk or child-oriented nicknames. Segregation may also allow higher functioning residents to have age appropriate activity choices, and perhaps lower their exposure to infantilization.

I chose to observe an adult day center (ADC) as a requirement for a graduate course in qualitative research methodology. Located in a former elementary school, the center retained many of the environmental cues of early childhood. The only renovation of the space had added an alarm system to keep wandering clients on site. My initial impression found the treatment to be fair and adequate. I was surprised when I interviewed Mr. T and he described his experiences as intensely negative. He expressed how much he disliked it, and wished to do just about anything else. The requirement to do "children's things" was frustrating for him. He consciously "made the best of it" so that he could remain well liked by the staff. He spoke freely in his interview with me, but he had never informed the staff of his displeasure. Once I became familiar with this insider perspective, I began to realize my original naïve perspective was flawed. The activities and behaviors I observed really were quite childish and age inappropriate. As an example, the staff required participation in central mandatory activities with no choice or alternative. Clients often tried withdraw by sleeping, but they were woken abruptly. This technique

was frequently met with resistance and negative behavior aimed back at the staff members. The activities often seemed meaningless and resembled elementary school tasks. Examples included singing child-oriented songs and chanting alphabet exercises, such as "A, E, I, O and U!" I observed very little active participation and clients were inadvertently kept from socializing with each other. Toileting could be humiliating, because the school stalls in the back of the classroom lacked adequate privacy regulation. Staff members often made loud comments about bathroom habits publically. There were clients who refused to participate and many became withdrawn. Others became hostile, such as the man who argued frequently and called one of the aides a "vulture." Staff attributed these reactions to symptoms of dementia.

During my faculty career my research team added observations and interviews from four additional adult day centers. Each of these settings contained some degree of infantilization in the activities, behaviors and environments. One that attempted to include pre-school children in an intergenerational program had a high degree of infantilization. The generations were treated as status equals and there was no escape option for the elderly persons (Salari, 2002). Another had a director who was controlling and used nicknames, including "brat" if the client deviated from her instructions. There were two centers with a mostly age appropriate environment that provided more adult status to consumers (only about 20% of activities were child-oriented). The atmosphere in those centers was more relaxed, with fewer incidents of conflict between staff and consumers. Ultimately, three senior centers (Eaton & Salari, 2005; Salari, Brown & Eaton, 2006), five living facilities (including a combination of assisted living, skilled nursing and dementia units), and an in-patient hospice facility were studied. In all, approximately 500 hours of observation, 74 client/resident interviews and several staff/administrative focus groups were obtained. Comparing and contrasting these ethnographic studies provided an opportunity to assess the behavioral reactions of clients in each

setting (Eaton & Salari 2005; Salari 2002; Salari 2005; Salari, Brown & Eaton, 2006; Salari & Rich, 2001; Uriona & Salari, 2004).

Insider reports were needed to uncover the perspectives of those exposed to service environments. Early in my ethnographic research, it was very rare for the elderly client to be interviewed if there was a chance of cognitive impairment. Studies interviewed staff, directors, family caregivers, but not the person with dementia. Initially, I experienced resistance from my university Institutional Review Board at the notion of interviewing people with dementia. The questions I wished to ask had virtually no risk involved (i.e. Do you enjoy the activities? Do you have people here you consider your friends?). Finally, a reasonable solution was found by adding a family consent requirement. Today, there is a growing acceptance to include the perspective of the insider, even if they have cognitive or physical impairments (NIH Guidelines, 2009). In fact, it is considered unethical to conduct a study about a population and omit certain categories from providing input. I am optimistic that the new inclusive philosophy will lead researchers to a better understanding of the rich complexities of life within the institution or aging service environment.

From my observations there are differences by cohort in the level of complaint one will lodge about infantilizing treatment. The current generation in advanced old age, tends not to respond publically with criticism toward staff members who are infantilizing. This cohort tends to internalize and keep problems to themselves. There is a concern about "airing dirty laundry" in a way that would draw attention or embarrass the individual/family. The real feelings tend to emerge in personal interviews. In contrast, the Baby Boom cohort has more openly expressed problems and complaints. I expect that the new ranks of elderly persons from that cohort will be a more assertive group, vocalizing their negative opinion infantilized treatment. In order to accommodate this new attitude, aging services will need to modify and make sure they are age appropriate,

technologically advanced, interior decorated, etc. to prevent becoming dinosaurs (Salari, Brown & Eaton, 2005)

I agree with Dr. Marson, Goffman's work is a good place to start when searching for explanations of the social realm of the aging care facility. Institutions can modify one's social world to the point of influencing the self identity through a process of "self-mortification (Goffman, 1961)." I have noted in my own work, behavior of clients often relates to the cues they receive from the environment and interactions in aging services. Participant "dysfunction" was less prevalent in settings where consumers were permitted greater autonomy, privacy regulation, activity choice and age appropriate options (Salari, 2002; Salari, 2005; Salari, Brown & Eaton, 2006). When the offerings take away choice or treat older persons like children, adaptations have been observed. Some participants attempted to blend in with staff members. These reactions serve to distance themselves from those with lower social status (other clients). Others experience severe withdrawal, only to spring back to life when an alternative presents itself (such as a caregiver arriving for transportation home). Two women in an adult day center told us they planned their withdrawal from activities they perceived as child-oriented and stressful (termed "anticipatory withdrawal," See Salari, 2002). For some, anger erupts toward the staff or attempt is made to escape. Interpretation of these behaviors is sometimes blamed on dementia, or "sundowning." However, our research team has seen far fewer of these types of adaptation strategies in age appropriate environments.

In a manuscript submitted to this journal, I outlined the reaction among service users to what Goffman termed "deference obligations" –the requirement that consumers behave according to institutional goals and rules. One of the themes from my observations and interviews was the repetitive use of the term "behave." In infantilized settings, clients were told to "behave" if they were expressing needs that did not fit the institutional goals of the facility. Deference obligations were

used as a mechanism of control. Those consumers in the most infantilized settings, tended to make comments about themselves which reflected this demand for deference. They made statements such as "I behaved myself." Persons with health and disability issues, when exposed to infantilization environments seemed particularly vulnerable to this self-fulfilling prophecy. In service settings where consumers were treated age appropriately (i.e., senior centers), assertiveness was more common, with consumers feeling fewer obligations to "behave."

When my daughter was 6 she made up several words on a regular basis. One of them stuck with me and I still use it regularly. After watching *Gremlins*, she said "If I see that movie again, I will be *humilified!*" After careful investigation, we determined her new word was a combination of the terms "humiliating" and "horrified." Infantilization is something that can leave a person feeling "humilified." Loss of status is traumatizing. Those in care facilities have experienced other losses (health, friendships, etc.), and now to add adult status to the list is something that can be both humiliating and horrifying. An example came from observing a former physician (Dr. D) who was a client in an ADC setting. He had been observed to enjoy singing. One afternoon, he was encouraged to join a music program being held in a separate room. The facilitator began the program by speaking in high pitched baby-talk. In response, Dr. D jumped to his feet and headed for the door. It seemed he could not exit fast enough. He was questioned and he said "I've got to go. How do you get out of here?" The journey from respected physician, to person with health related limitations, to adult day center participant, had just become unbearably worse and Dr. D responded to this decline by searching for a way to escape. Subtle resistance was commonly observed in the face of infantilization.

In addition to direct care staff behavior, there are other sources of child-oriented treatment that can be detrimental to elderly persons. Family members can inadvertently be the source of the

problem, even if the living facility is age appropriate. One man in an assisted living described how he had lost status and was relegated to "the son" role in the father-son relationship. He found it important enough to mention as he spoke to staff members and he brought it up again in his interview. When he received notoriety for a television news interview, he expressed elation that he had regained some of what was lost.

I have consciously included health as part of my model (See Salari, 2005), because I agree that a person's poor health in itself, can make one feel infantilized and it can cut down on social interaction. Even in environments where infantilization by staff is minimal, poor health and functional disability can leave persons feeling vulnerable. In an informal conversation with Mr. W, he described his perspective about his disability:

Mr. W: "I'm a prisoner...I'm 84..you wake up one morning and there you are...can't walk. I was WWII injured... I've been trying to learn to walk again. Not currently scheduled for more therapy...My wheelchair feels hard about this time[of day] ...I used to golf and ski...I lived in a condo in F town. I had to sell it. I'm like a baby now."

He went on to describe his need for help with personal tasks, such as toileting. Later he concluded "It's what you've got to do I guess." Health and functional disability had limited his activity and he seemed to be incorporating his condition into his sense of self-identity, even in the absence of inappropriate treatment. To include infantilization from caregivers would have been a further assault.

Health status seems related to whether service users are subjected to infantilization. When our research observer examined three voluntary senior centers and conducted thirty consumer interviews it was noted that most users were relatively healthy and child-oriented treatment was extremely rare in those settings. Instead, we detected

a different social behavior "territoriality" in two of the three centers, where participants were likely to express ownership over specific dining chairs. If someone inadvertently sat in a chair that had been spoken for, widespread discomfort would result and in some cases conflicts would erupt. The pattern was observed where the two centers with territoriality had directors who exerted heavy control over the activities. The third center had virtually no territoriality. In that case, the director played only a supplemental role and all decisions were made by elected consumers in a "senior council" government. Service users were responsible for planning and implementing all of the activities, arranging the environment and managing the budget. Consumers "owned" the center, and there was no perceived need to "own" a specific chair in the dining room (Salari et al, 2006). My perspective suggests that whenever possible, aging services have an ethical obligation to encourage autonomy and self-governance among participants, so as to promote social interaction and prevent harmful conflicts from erupting. Voluntary services such as senior centers must create a welcoming environment, or Baby Boomers will likely opt out of using them.

Ethics involve the branch of philosophy with values related to right vs. wrong human conduct. Older persons are not the only vulnerable population to be infantilized in society. Persons with disabilities do not appreciate being spoken about in the third person, and left out of conversations that should be directed at them. Adult minority men typically find it oppressive to be labeled by the term "boy." Many also believe it would be inappropriate to refer to career women or other adult females as "girls." A recent controversial Supreme Court ruling indicated this behavior does not meet the standards of illegal workplace discrimination, but many citizens would agree it is offensive and can lead to a hostile environment. During observations we noted an exchange among three clients in an adult day center.

Ms. S:

"I try to be nice to everyone. He's a nice boy (pointed to Mr. R). I mean man. (Leaned toward Mr. R) I'm sorry I called you a boy. You are a man."

This example illustrates the point that even cognitively impaired persons in need of adult day center services can be aware of the norm to preserve dignity and address adults with appropriate status.

Does infantilization by helpers constitute abuse? I would agree that it can be considered unethical, and in some instances it is mistreatment. It would not be considered life threatening, requiring APS intervention. As I've mentioned, the "perpetrators" typically have good intentions. It is likely the staff simply do not recognize how it makes the consumers feel. As a scholar interested in elder abuse and family violence, I believe this is a subtle form of mistreatment which can influence the sense of self. In contrast, the most dangerous psychological abuse requires intention. It is important not to call everything abuse. In my view, the best definition of serious psychological abuse includes "bad empathy," which involves the intention to destroy the victim's sense of self esteem by zeroing in on their most sensitive vulnerability, using it against them to cause harm (Weiss, 2003). Infantilization is a form of ageism and "elder mistreatment" but I agree most of the time it does not rise to the severity or intentionality of serious psychological abuse.

Resident advocacy and socialization programs could be utilized to raise awareness and encourage staff members to make different choices. So, for example, problematic terminology could be modified. Instead of the term "bib," caregivers could ask residents if they would like a "clothing protector." Educating staff that attempts to control individuals may backfire with negative consequences. Providing autonomy and decision making may keep service users from becoming defensive. In other words, caregivers have a stake in this issue and they are likely to reap benefits from

age appropriate care. I also agree with the push to empower persons who are targets of infantilization to speak up for themselves when possible. However, due to the effects of cognitive challenges such as dementia, change may need to take place in the absence of this ability to speak for themselves.

I grant permission to publish this response.

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Exploring the Complexities of Child Neglect: Ethical Issues of Child Welfare Practice

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Abstract

This study sought to provide an understanding of how child welfare workers go about assessing child neglect. Four themes emerged from this study; neglect is complex, concern regarding legal issues of child welfare work, differing worker and parent values, and differing perceptions of neglect.

Key Words: Child Neglect, Assessment, Ethics and Values, Qualitative Research

1. Introduction

In the United States, approximately 695,000 children were estimated to be victims of maltreatment with child neglect representing 78% of this maltreated population (DHHS, 2010). Despite the fact that more than one-third (32.6%) of child maltreatment fatalities are associated with neglect compared to physical abuse (22.9%), children who are neglected remain an invisible and vulnerable population (DHHS, 2010).

The purpose of this study was to explore child welfare workers' and MSW students' experiences with child neglect. The aim of the study was to find out if a standard definition of child neglect was used by all workers and how neglect was assessed. However, during the focus group

interviews, researchers discovered that child welfare workers, within the same agency, did not have a unified definition and operational standards for assessing and intervening with neglect. This paper will address potential value conflicts that child welfare workers face, due to inconsistencies within agencies, when working with families who are charged with child neglect.

2. Defining Child Neglect

One of the key conflicts within child welfare is defining, assessing and intervening in child neglect cases. The lack of a cohesive, agreed upon definition and framework for child neglect affects assessment and intervention and eventually the outcomes of the case (Combs-Orme, Wilson, Cain, Page, & Kirby, 2003; Goldman, Salus, Walcott & Kennedy, 2003; Hearn, 2011; Rodwell, 1988; Scannapieco & Connell-Carrick, 2002; Tanner & Turney 2003; Wilson & Horner, 2005). Child neglect is generally defined as a parent or caretaker's inability to meet the child's basic needs, potentially placing the child at risk of serious harm. Basic needs consist of attending to a child's emotional, environmental, physical, educational, and medical well-being (DHHS, 2010). Child neglect is also the primary form of maltreatment that greatly

hinders healthy child development and growth (Cichetti & Toth, 2005; Toth & Manley, 2011; Widon, Kahn, Kaplow, Sepulveda-Kozakowski, & Wilson, 2007).

Social workers in the field of child welfare are reporting that child neglect is “subjective” and “harder to prove” as it often requires waiting until the severity of “proof” is increased in order to proceed with any type of intervention (Bundy-Fazioli & DeLong Hamilton, 2007b). Failure to intervene with neglect in a timely manner can result in a child’s removal from the home, longer stays in out-of-home care and an increased number of families experiencing termination of parental rights because of non-compliance with case plan or agency goals (Bundy-Fazioli & DeLong Hamilton, 2007a; Courtney, Piliavin, & Wright, 1997; Dawson & Berry, 2002; Wells & Guo, 2004). However, child neglect often receives the least amount of time, attention, and research when compared to physical and sexual abuse.

3. An Ethical Crisis

Over 20 years ago, in August 1990, the U.S. Advisory Board on Child Abuse and Neglect issued a 177 page statement on the national crisis of child maltreatment. This Board “concluded that child abuse and neglect represents a national emergency” (p.vii). This statement was based on the fact that the system for protecting children 20 years ago was inadequate. But what has changed since this statement was published? What accounts for the significant increase in child neglect each year? Scholars purport that Americans ignore the needs of neglected children and their families when compared to other forms of child maltreatment (Dubowitz, 1994; Wilson & Horner, 2005). Child neglect is not a high priority for most organizations providing child protective services and consequently, is “taken less seriously because the effects are usually insidious and not obvious” (Dubowitz, 1994, p. 557). The emergent discourse on child neglect highlights chronic neglect and multiple co-occurring factors (Bundy-Fazioli & DeLong Hamilton, 2007a; Wilson & Horner, 2005).

4. Factors of Neglect

Research findings signify that child neglect factors are usually correlated with or are co-occurring with other issues (Allin, Wathen & MacMillan, 2005; Connell-Carrick, 2003; Harder, 2005; Hearn, 2011). Currently, there is no unifying approach or a comprehensive understanding of child neglect; however, we do have an emerging understanding of familial and societal factors that contribute to child neglect. Contributing risk factors include poverty (Hearn, 2011), perhaps the most noted, along with marital status (Slack, Holl, McDaniel, Yoo & Bolger, 2004), family structure (Wilson & Horner, 2005), number of persons residing in the home, support systems (Connell-Carrick, 2003), family resources (Paavilainen & Astedt-Kurki, 2003), mental health concerns, substance abuse, domestic violence, race, and parental childhood abuse (Newmann & Sallmann, 2004).

Child neglect is not solely a child welfare problem. Numerous social systems are affected by the problem of child neglect including public welfare services and public and private agencies aimed at addressing issues related to substance abuse, mental illness, and domestic violence. The confluence of co-occurring factors in child neglecting families makes assessment and intervention efforts very complicated (Hearn, 2011). Thus, the challenge for social workers is to provide a comprehensive assessment that addresses the “immediate needs” of family members to ensure the safety and well-being of the child. Such an assessment would assist social workers in better identifying services for families that could mitigate the harmful impact of child neglect. There is also a need for increased education and training of social workers to conduct effective child neglect assessments and identify the interventions that are most successful with this population.

5. Assessment and Intervention

One of the inherent systematic problems in responding to multi-problem families is that services are fragmented, and as a result, families

often deal with multiple service providers (i.e. parenting classes, substance abuse counseling, mental health counseling, and child welfare services). Practitioners must be equipped with the necessary skills to assess co-occurring factors, engage parents in the change process, and collaborate with multiple service providers to ensure positive outcomes (Smokowski & Wodarski, 1996). Connell-Carrick and Scannapieco (2006) suggest that effective intervention in child neglect will depend heavily on how it is defined. Additionally, the lack of a consistent framework for assessment can hinder the social workers ability to separate neglect and abuse factors, inhibiting effective and appropriate intervention in each of these types of maltreatment (Hearn, 2011).

Newmann and Sallmann (2004) argue that in order to improve service delivery, practitioners need to be trained to ask assessment questions that gather crucial information about a parent's history. Benedict and White (1991) assert that "using all assessment information available, is crucial to ensure positive outcomes" and avoid out of home placement for the child (p.45). The challenge for practitioners is navigating the complex terrain of child neglect assessment. DePanfilis (2005) proposes a thorough assessment including an understanding of familial risk and protective factors (i.e. environmental, family parent or caregiver, and child factors). Similarly, other scholars have stressed the importance of evaluating environmental factors to determine parenting skills, social supports, and available resources (Burke, Chandy, Dannerbeck, & Watt, 1998). Additionally, Stowman and Donohue (2005) suggest that a standardized method of assessing child neglect must be developed that uses an ecological framework to reduce parent blame/responsibility, and takes into account the frequency, severity and type of neglect being assessed. The challenge for practitioners assessing child neglecting families is where to begin? Therefore, the guiding research question for this study asked, how do child welfare workers and MSW students assess and intervene with families where child neglect is the presenting concern?

6. Methodology

This research was guided by a constructivist inquiry. The epistemological belief of the constructivism (interpretative) inquiry is that findings are co-created between the "knower (the inquirer) and the known (or knowable)" (Guba, 1990, p. 18). The inquiry "starts with the experience and asks members to construct it" (Charmaz, 2010, p. 187). This methodological stance is focused on meaning-making for "groups and individuals around those phenomena" (Lincoln, Lynham & Guba, 2011, p. 116). The phenomena in this research being child neglect. Thus, the use of focus group methods aligns with this stance in understanding the social constructions of individuals and groups focused on a specific phenomenon. Focus group research provides an opportunity to gather data on a specific phenomenon through the use of a collective action where "multiple understandings and meanings" are generated (Ivanoff & Hultberg, 2006, p. 129). Focus group research aligns with qualitative inductive methods in the exploration of understanding the participant's perception of child neglect (Morgan & Krueger, 1998).

7. Sample

Convenience sampling was used to recruit participants through the use of announcements and flyers distributed at the County Department of Human Services (DHS) and within the School of Social Work in a western state. Convenience sampling "represents sites or individuals from which the researcher can access and easily collect data" (Creswell, 2007, p. 126).

Three focus groups were conducted in October 2007. The first focus group was held at the County Department of Human Services with workers from child protection services. This group of participants (n=8) was predominately female (n=7). All the participants had an undergraduate degree in applied human sciences (3 social work, 2 psychology, 3 human development and human studies). Of the participants in this group, two were intake workers, five were ongoing

caseworkers, and one participant was a parent educator. The number of years in the child protection unit consisted of less than one year to 28 years.

The second focus group was held in a reserved room in the School of Social Work, at a university in a western state. This focus group consisted of six MSW students with child welfare knowledge or experience. The group consisted of all females with years of experience ranging from 1.5 years to 28 years. The third focus group was also held in a reserved room in the School of Social Work at a university in a western state. This group also consisted of six female participants. Child welfare experience ranged from 2 months to 3 years in this group.

8. Data Collection

Key stakeholders, child welfare workers, and MSW students with child welfare experience, were invited to participate in focus groups in order to explore assessment and intervention with families receiving services for child neglect. Recruitment flyers and announcements provided information about the study's intent to meet with participants who had experience working with child neglecting families. The County DHS announcement and flyer targeted frontline staff and supervisors. The School of Social Work flyer targeted MSW students who had child welfare knowledge or experience. This study received approval from the University Institutional Review Board.

At the onset of each focus group, participants were informed of consent procedures and the voluntary nature of the research. Each participant chose a different name to use during the focus group process in order to remain anonymous. Researchers felt anonymity was important in order to assist participants in feeling comfortable with sharing in a group environment. Focus group interviews were moderated by both authors. A graduate student was present for each of the interviews to serve as an observer as well as note taker; documenting content and substance of group participant interactions. The interview guide (Appendix A)

consisted of seven questions exploring participants understanding of child neglect assessment and intervention. All focus group interactions were audiotaped and transcribed.

9. Data Analysis

Focus group transcripts were analyzed using a constant comparison approach to generate codes and categories (Charmaz, 2010). The authors (including one graduate student) read the focus group transcripts independently coding identified passages within the text and naming each selected passage with a descriptive name (Charmaz, 2010). This initial coding process involves sorting through the data and distinguishing units of information that would eventually be placed into categories (Charmaz, 2010). The researchers then met as a group and conducted focused coding which "requires decisions about with initial codes make the most analytic sense to categorize" (Charmaz, 2010, p. 57). This was an iterative, give and take process of constant comparison with the intention of identifying categories and emergent themes.

10. Findings

Child welfare workers and MSW student participants provided rich data for understanding work with families where child neglect is the presenting issue. Four emergent themes will be discussed; neglect is complex, legal issues of child welfare work, differing worker and parent values and differing perceptions of neglect.

11. Neglect Is Complex

One of the first focus group questions asked participants to share their experience in working with families where child neglect had occurred. What emerged in the data was a consensus that neglect as an identifying issue and concern was not easy to operationalize. As one participant stated, "I think neglect is really complex and you know that there are so many underlying reasons." The underlying reasons identified by participants included "poverty," "mental health

issues,” “developmental level” of the child, “health care,” and “generational neglect.” In the context of underlying reasons, participants highlighted the depth of these complex issues by noting macro issues relating to national and regional differences in defining neglect. One participant raised the concern of neglect being a subjective process due to geographical differences,

I think that the neglect can be more subjective, than you know, sexual abuse or physical abuse, and that you know that part of the problem might be that what's neglectful in [this town] isn't going to be neglectful in New York. It isn't going to be neglectful in Chicago. (Katie)

Another participant also shared her experience working in different counties and the lack of congruence and agreement across counties within the same state. “I’ve worked in child welfare services in [this state] for about 28 years now (laughter) and I’ve worked in three different counties so there are certainly regional differences” (Jamie).

It appears reasonable that if neglect is hard to define and differences exist regionally and nationally, about how to operationalize child neglect, then child welfare workers will continue to struggle to intervene on behalf of neglected children. In addition to the issue of operationalizing child neglect, two subthemes emerged that highlighted the concern child welfare workers have about legal issues and the differing values and beliefs related to child neglect.

12. Legal Issues

Legal issues were brought up by participants in the context of safety and eminent risk. It appeared that legal guidelines help to provide some structure and clarity for child welfare workers. However, overwhelmingly, participants spoke to the challenges involved in “proving” child neglect. Lisa shared her difficulties related to proving that child neglect is occurring, “I would say and

I would agree, I think it’s harder to prove when I think, as an on-going worker, it’s one of the harder cases to have because it isn’t clear cut. Is it a poverty issue?” Jackie also spoke to the challenges of proving neglect:

I guess my experience with neglect is that it's, I mean, I obviously agree with everybody it's harder to prove. You have to let things continue on, knowing that potentially neglect is going on, but if don't have substantial proof there's sometimes not a whole lot you can do for awhile until there's a pattern or there's a history.

Chris spoke to the “different standards” of knowing that neglect is occurring but proving that it is occurring is another matter. Jackie also added, “I think the legal system gets in the way a lot too, like trying to file on a family instead of, neglectful or not, parents not being protective or what have you and then our attorney saying ‘well, you know there’s just not enough yet’ and so then we’re stuck with closing out something [case] and waiting for another one [report] to come back in [on the same family].”

Adding to this challenge of proof is the concern regarding perception and fact. Sally added her perspective regarding the differing objectives between child welfare workers and lawyers, “Because they can’t prove it or because it’s more [than] we’re very comfortable with grey [areas] and the lawyers are black and white.”

The legal issue most discussed by participants was proving that child neglect was occurring. Child neglect reports can be substantiated once there exist evidence that the child is unsafe and at risk. However, the participants in this study appear to raise the issue that child neglect needs earlier intervention, before safety and risk is established.

13. Child Welfare Worker and Parent Values and Perceptions of Child Neglect

Factors associated with child welfare worker values appeared to be the center of issues related to culture, bias, self awareness, and class. One of the participants addresses the difficulty in defining neglect and how this related to her values, as well as, her child welfare experience. She shares:

You know, when I worked at the family treatment facility, one of the things that I wrestled with was defining neglect 'cause I know how I define it from my white middle class background. I work with a lot of Native American families from the reservation that have moved off the reservation and the state became involved and in their ummm... Native people, and I can't speak for nationwide, but all I can speak for is South Dakota, what I know of Native people there, is that they have different views on their rearing of children that don't necessarily mesh with white middle class...so children are left to explore their environment a lot more freely. Mom and dad are not part of the direct discipline, that falls to uncles and grandparents, and so that was an issue that, because unfortunately I think that I probably judged them harsher because I was coming from my white middle class background and not understanding the cultural issues. (Julie)

Another participant also brought forth issues regarding cultural bias which connected with her values. Jill states:

I think it's really important to be aware of your cultural biases, and like I said, not just race or ethnicity, but the way

you were raised as compared to the way that other people might have been raised. [When] talking about a dirty house, well my opinion of a dirty house is completely different from most of my clients, especially before I had children. And being aware of those [biases] I mean, that I think that you're always in the back of your head going to have those biases, but if you're aware of them, you can sort through them and come to a more accurate, you know, picture of what's going on.

Participant Lisa brought forth the metaphor of the suitcase and the backpack. Her metaphor aptly captures the struggle that workers have in assessing and intervening in families where neglect has occurred. Lisa struggled to share her thoughts:

You try not to [let your values influence your work so] you get rid of your baggage. You've got to leave your suitcase [at the door] and then you get in there and you realize you still have your backpack on and you're like, oh my gosh, and I think that it is so hard, like not to bring that in with you.

Participants appeared to wrestle with awareness of their white, middle class values and how this identity affects their ability to assess and intervene effectively. To further complicate this issue, a number of participants shared their perception of how their values appear to conflict with the neglecting parents' understanding of neglect. Julie addressed this issue when sharing that she may be concerned about what the child is eating, but the parent views this differently, "You know so often families will say 'well no, maybe this isn't the most nutritious meal' but I'd never hit my kids and they go to school every day and they wear decent clothes."

One participant shared her perspective as a teacher of parenting classes and how her

values are different from parents in her class. Abby stated:

I see a different take on what parents say is neglectful and sometimes we might think of a messy house or the children's needs not being attended to. They see neglect as maybe that they didn't get their food stamp bill or... their idea of neglect is completely different than what we think neglect is.

Participants shared a multitude of issues that make assessing and intervening with families, identified as having child neglect concerns, difficult and complex. These issues appear to span from macro concerns (lack of clear definitions and inconsistency regionally and nationally) to micro concerns (conflicting parent-worker values and perceptions).

14. Limitations

It is important to note that this study included a number of limitations. First and foremost, due to the nature of qualitative research, this study is not generalizable to the overall population. Although the knowledge gained is valuable and transferable, one must take into consideration the geographical context and sample limitations (gender and race). Sample participants in this study were predominately female. An additional sample limitation is that participants were not asked to disclose their ethnic and racial identification. It appears that the majority of participants were Caucasian but this cannot be confirmed without confirmation by participants. Furthermore, although all participants stated that they had child welfare knowledge and or experience, a distinction between currently employed or not currently employed participants, depth of knowledge, and years of experience could have influenced the findings of this study.

Through the exploration of child welfare worker experiences with child neglect, researchers discovered potential value conflicts that child

welfare workers face, due to definitional and assessment inconsistencies within agencies, when working with families who are charged with child neglect. The following will address some of the ethical dilemmas child welfare workers face on a daily basis when working with families who neglect.

15. Practice Implications

As noted by many researchers, families who neglect children often have co-occurring problems that need a multitude of services or interventions in order to alleviate these problems (Allin, Wathen & MacMillan, 2005; Connell-Carrick, 2003; Harder, 2005; Hearn, 2011). However, as participants discussed in this study, one of the major issues in completing an assessment of neglect is operationalizing or defining, what constitutes neglect in a multi-problem family. The issue of operationalizing or defining goes hand-in-hand with the ability to adequately assess and intervene.

Researchers in child welfare have determined and agreed that there is no unifying approach or comprehensive understanding of child neglect; however, we do have an understanding of familial and societal factors that contribute to child neglect (Combs-Orme, Wilson, Cain, Page, & Kirby, 2003; Goldman, Salus, Walcott & Kennedy, 2003; Hearn, 2011; Rodwell, 1988; Scannapieco & Connell-Carrick, 2002; Tanner & Turney 2003; Wilson & Horner, 2005). This knowledge can assist child welfare workers in the assessment and intervention process.

Second, are having the necessary skills to assess the co-occurring problems within the family, but at the same time, engage the family and other service providers in collaborative relationships that will eventually lead to alleviation of the neglect within the family. A barrier to relationship building is differing values and perceptions of child neglect. Consistently discussed in this study is child welfare worker awareness or lack of awareness to differing values and perceptions of child neglect. This skill or knowledge is taught in

undergraduate and graduate social work programs; however, workers in this study, from all experience levels, continually struggled with this issue.

The six core values of the Social Work Code of Ethics are; service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence (NASW, 1999). These core values overlap in child welfare work as evidenced by the comments made by participants in this study. Child welfare workers, engaging with families who neglect, need to rely on their knowledge and competence of all six of the core values of the profession. Providing adequate services to neglecting families requires strong relationship building skills. Research has shown that a positive relationship between child welfare workers and families lead to more positive outcomes than those workers who do not have a positive professional relationship with the families they are involved with (Cooper, 2004; Platt, 2008; Shulman, 2009). In order to build a positive professional relationship with families, a child welfare worker must have the belief that all families have a right to appropriate and effective services (service, social justice, integrity), all families have the right to make decisions in the best interest of their family (dignity and worth of the person), and lastly, all families should be evaluated, taking into account, their values and beliefs, and perceptions (competence, importance of human relationships).

One way child welfare workers can ensure they are practicing according to the Code of Ethics is through the use of values check-ups. Although social work education focuses on teaching ethical social work practice, once in the field, workers may run into barriers that prevent regular processing of ethical dilemmas. Values inventories are one way to improve overall practice and improve assessment and interventions with families who neglect. A values inventory involves reviewing not only the child welfare worker's own values and beliefs, but ensuring that workers are keep in mind the values and beliefs of the families they serve. How often are the values and beliefs of parents, who have been neglectful, taken into account when

completing an assessment for intervention? Asking parents simple questions related to their perception or awareness of the current problem (neglect), their own history, their child's development, the child and the family's well-being, supports, and their community and environment, can lead to understanding the family's values, beliefs and perception of the neglect that has occurred. Thus, this additional step in the assessment process may help to ensure more effective intervention services in helping to alleviate the occurrence and reoccurrence of child neglect.

16. Conclusion

Child neglect remains the most predominant form of child maltreatment; however, children who are neglected remain an invisible and vulnerable population in our communities. A unified definition and operational standards for assessing and intervening with neglect would alleviate potential value conflicts between child welfare workers and parents who neglect, as well as, meet the legal requirements necessary to take action on behalf of the neglected child. In addition, child welfare workers who regularly engage in values check-ups, either through self-assessment or during regular supervision, will have a better ability to build a positive, working relationship with the family, leading to better assessments, interventions, and outcomes.

In conclusion, the findings of this research give voice to the ongoing struggles child welfare workers face when intervening with child neglecting families. However, the "voice" of child welfare workers, grappling with the complexities of child neglect, needs a forum. There needs to be allocation of time and space for workers to address the ethical dilemmas and other issues related to child welfare work. We propose two such avenues: education and future research. It is important that social work education and post-education (CEU's or training within agencies) provide training that addresses the values and ethics of child neglect. We believe that the allocations of educational resources will help to foster competent and ethical child welfare practice.

In addition, future research is needed that takes into account a more diverse sample of participants, including different geographical locations, gender, as well as ethnic and racial identities. Research is also needed which employs both qualitative and quantitative methodologies to capture more data and fully answer research questions.

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Appendix: Interview Protocol

Thank you for coming today. We are interested in learning about your experiences with child neglecting families. We are both licensed social workers with child welfare experience who have become very interested in the problem of child neglect and concerned that it continues to increase and become more pervasive. We want to learn from you about your experiences in the field, how you assess and intervene with these families. So let's begin...

1. We would like to know – what has been your experience with child neglecting families?
2. In your experience, how are child neglecting families similar or different from other families in the child welfare system?
3. How do you assess families that are suspected of neglect?
4. How does this assessment differ than an assessment you would complete for a family suspected of physical or sexual abuse?
5. What type of training or supervision have you received that you feel has helped you to work with these particular families?
6. What type of services do you refer child neglecting families to and do these differ than services for families that physically or sexually abuse children?
7. What interventions do you feel are most effective for child neglecting families?

The Ethics of Involuntary Hospitalization

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Abstract

This article utilizes a public health ethical framework proposed by Roberts and Reich (2002) to deconstruct and examine the practice of involuntary commitment of suicidal individuals. The author employs a case example to describe the decision-making process involved in involuntary commitment through libertarian, egalitarian liberal, and communitarian ethical frameworks. Finally, using a postmodern lens, this paper explores the potential power dynamics inherent in the practice of involuntary psychiatric hospitalization. The author demonstrates how the process of deconstruction can lead to both increased self-reflection and greater ambiguity.

Key words: involuntary commitment, psychiatric hospitalization, ethics, suicidal treatment

1. Introduction

In my previous position as a psychiatric social worker in emergency rooms (ERs), I frequently faced ethical dilemmas regarding the involuntary hospitalization of suicidal, homicidal, or reality-impaired individuals. My decisions regarding whether to hospitalize patients involuntarily or to send them home were made based upon factors such as documented suicidality, availability of a support system, and severity of perceived threat to self or others.

This paper will deconstruct the social and ethical positions that guided a clinical case of

involuntary hospitalization through a public health ethical framework (Roberts & Reich, 2002). It will explore the decision making process through both a libertarian and liberal egalitarian perspective. This paper will also demonstrate that the liberal egalitarian framework does not sufficiently explain my decision to hospitalize Mary because it does not take into account innate relative communitarian values which were less visible but equally present. Finally, this paper will utilize a postmodern perspective to demonstrate how involuntary commitment has become normalized and clinicians have become adept at transforming individuals into mental health patients. The paper demonstrates how the process of deconstruction can lead to both increased self-reflection and greater ambiguity.

1.1 Mary

Mary was a white, middle class, middle aged, single woman. She arrived at the local ER via ambulance after having told a friend that she was going to hang herself. Mary's physician had noted that she had poor eye contact, bizarre behavior, and was noticeably distraught. During my interview, she was disheveled and spoke rapidly with racing thoughts and a manic appearance. She rescinded her suicidal statements at the ER, claiming that she was upset and that she didn't really mean it. Her friend, however, stated that Mary had verbalized a detailed plan, including the acknowledgment that she had a rope prepared to hang herself. He further explained that Mary did not recant

this plan to him even after several prompts about the consequences of her actions and his statement to her that he was going to call 911.

Due to her last psychiatric hospitalization, Mary reported that she was in jeopardy of losing her job and health insurance. In addition, she revealed that she had voluntary outpatient mental health treatment appointments scheduled for the following day and would prefer to attend these rather than have a forced hospitalization: "I know what these places do for you. You sit there, they throw medication at you and then you leave no better off than when you started." As I sat there actively empathic, I knew that Mary's claims rang true. In my professional experience, I have seen adult psychiatric hospitalizations become significantly shorter and medications quite common. Many patients claim that they do not feel any better after leaving the hospital than when they were first admitted. Recidivism rates for adult psychiatric patients are high (Montgomery & Kirkpatrick, 2002; Schmutte, Dunn, & Sledge, 2010). It is not uncommon to see someone such as Mary several times a year, cycling in and out of inpatient facilities, without a noticeable change in depression or suicidal status.

Mary's case presented the classic ethical dilemma for a social worker: involuntary hospitalization might prevent her from killing herself; however, it could also create serious long-term social and health consequences because losing insurance could mean losing access to medication and talk therapy. It should also be noted that Mary had been at this same ER a month earlier with a similar set of thoughts and behaviors. While waiting for a psychiatric bed, she had escaped the attention of the security guard and had attempted to hang herself in an unoccupied room. The ER doctor stated that, had the handicap bar not broken, she likely would have succeeded. In other words, Mary's circumstances and history did not make it easy for others, like me, to advocate for her right to freedom.

1.2 Traditional clinical decision-making tools

Determining Mary's level of care required traditional clinical decision-making skills, such as assessing her level of immediate intent, determining the appropriateness of her aftercare, evaluating her ability to participate in a safety plan, examining her access to means (Heilbron, Compton, Daniel, & Goldston, 2010), and reviewing her history of attempts, hospitalizations, and suicidal planning (Miret et al., 2011). However, as Smith (2010) relates, these difficult clinical decisions must often be made in the face of suicidal patients' projection of anger, sadness, panic, and hopelessness, as well as multiple competing legal and professional pressures. Social workers are charged with the lofty task of weighing innumerable risk and protective factors while maintaining objectivity in the face of extreme emotions. The ability to anchor clinical decisions in an ethical framework can assist social workers as they formulate their patient plans in the midst of this complex environment.

2. Employing an Ethical Framework

Social work has often been criticized for not employing empirically supported interventions (Manuel, Mullen, Fang, Bellamy, & Bledsoe, 2009) or operating too often on instinct rather than evidence. Recent studies indicate that social workers frequently use embodied knowledge (Sodhi & Cohen, 2012), experience, professional values and beliefs, and an "empathic understanding of their client's uniqueness" (McLaughlin, Rothery, Babins-Wagner, & Schleifer, 2010) in formulating interventions and making decisions. Employing an ethical model may aid the decision-making process by allowing the clinician to situate herself while filtering in important clinical material.

This section will explore the decision to hospitalize Mary through the Roberts and Reich (2002) public health ethical framework, which suggests that there are three philosophical views employed in public health decision making: utilitarianism (views derived from consequences and outcomes), liberalism (positions concerned with

rights and opportunities), and communitarianism (perspectives based on character and virtue). Utilizing this ethical framework may help organize the clinician's position as well as enhance transparency and encourage the decision maker to acknowledge the philosophical position underlying the decision-making process.

2.1 Mary goes home: A libertarian perspective

A libertarian's position is rooted in the concept of liberalism, a philosophical position asserting the importance of individual rights (Larmore, 1999). This philosophy grew to a political understanding that individual rights were to be protected by government (Schmidt, 1999). Over time, these rights divided into two different categories: 1) negative rights, or those which guarantee *only* individual freedom, property, and personal liberty, and 2) positive rights, "the minimum level of services and resources needed to assure fair equality of opportunity" (Roberts & Reich, 2002, pg. 1056), commonly thought of today as education, some form of health care, and a safety net for children. Liberalism became divided into two factions: 1) libertarians who believe that a political system's primary responsibility is to protect individuals' negative rights of personal freedom, property, and political representation, and 2) egalitarian liberals who believe in the protection of both negative and positive rights, asserting that without basic means, such as health and education, individuals will not have the opportunity to exercise choice regarding freedom and negative rights protection (Cappelen & Tungodden, 2006; Freeman, 2001; Friedman, 2004).

A libertarian might disagree with hospitalizing Mary because it: 1) takes away her freedom for 72 hours, 2) puts restrictions on what she is allowed to do with her body, and 3) prevents her from protecting her property, because a job loss will almost certainly prevent her from maintaining her home and belongings. Justification for hospitalization might be possible if Mary had the intent to infringe upon another person's rights or was expressing suicidality and asked for treatment.

However, the willingness to hospitalize Mary when she is stating that she is safe raises serious questions for libertarians. From a strict libertarian perspective, hospitalizing Mary directly contradicts the only role that government should have: protecting the negative rights of individuals.

A libertarian could also argue that taking away the right of freedom on the basis of danger to self is a complex and potentially dangerous position that oversteps the role of government policy. Involuntary commitments have been criticized as a means using hospitalization to manage people who do not adhere to social norms (Morse, 1982). Historically, "annoying family members" (Szasz, 2003), women who refused to do house work (Zuckoff, 1997), gay children (Goishi, 1996), and disproportionate numbers of people from minority races and ethnic backgrounds (Hicks, 2004) have all been hospitalized under the auspices of protection from mental illness. As recently as 1993 Jack Shelley had his wife, Judene Shelley, involuntarily committed for being "a woman who turned into a feminist overnight." (Zuckoff, 1997). The libertarian perspective asserts that social policy should not inform decisions regarding danger to self because determining the line between protecting from self and controlling those who do not conform raises significant questions about who will be protected.

Libertarians do not believe in coerced treatment. Providing treatment to Mary might be appropriate if she said that she was suicidal and that she wanted help; however, given that she negated her suicidal comments, compulsory treatment may be unlikely to be effective. Mary herself stated, "I've been here before, and it doesn't work." Moreover, if we are to believe Mary when she says that she will lose her insurance if hospitalized, mandated treatment could result in preventing her from receiving her own current voluntary treatment.

The monetary expenses that are associated with hospitalization are also points of contention for the libertarian stance against involuntary hospitalization. Recent statistics reveal that the cost of one day of inpatient psychiatric care is \$1,000

(Personal Communication, Local Hospital Administrator, October, 2010). If Mary does not have private insurance, public insurance and the psychiatric hospital will absorb the costs of her admission. This will eventually be paid for by taxes in the form of public health care programs and government agreed-upon tax breaks to hospitals that are willing to admit “free care” individuals. Moreover, if Mary loses her job as a result of hospitalization, she may become reliant upon Medicaid and unemployment benefits, which are also paid for by taxpayer dollars. Hospitalizing Mary not only infringes upon Mary’s rights but also the eventual property rights of other citizens. Suddenly what appears to be an individual decision becomes a social responsibility with substantial repercussions.

A libertarian can assert that suicide is sometimes a rational choice based upon competent thought processes and clear decision making skills. Certainly, in reviewing Perlman’s article on self-determination (1965), social workers could question if some responsibly well-thought out suicides are perhaps the ultimate expression of self-determination. For example, US national organizations such as Final Exit Network and the Hemlock Society emphasize “choice, dignity, and control at the end of life” (Hemlock Society, 2011) and support the human right to “a death with dignity” (Final Exit, 2009).

Suicide has also been glamorized as the ultimate expression of libertarian freedom in the idealization of movie characters such as Thelma and Louise who make heroic suicidal exits. Other times, suicide is perceived as a well-planned escape from a poor quality of life, such as those who live in excruciating pain and have tried every medical means available to them to alleviate it (Wilson, et al., 2000). Libertarians can argue that society has limited rights to tell individuals how to manage their bodies, their freedom, or their pain, and suicide may represent a final expression of personal autonomy. For example, Hunter Thompson got old, felt pain, and aimed a shotgun at his head. His last note, titled “Football Season Is Over,” read:

*No More Games. No More Bombs.
No More Walking. No More Fun. No
More Swimming. 67. That is 17 years
past 50. 17 more than I needed or
wanted. Boring. I am always bitchy.
No Fun — for anybody. 67. You are
getting Greedy. Act your old age. Re-
lax — This won’t hurt (Thompson cited
in Brinkey, 2005).*

The libertarian argument is compelling in its simplicity. In protecting only the rights of freedom, property, and politics, I am not required to make complex and ambiguous decisions which seem benevolent at first but which may become complicated, multifaceted, and potentially dangerous to the individual over time. Internally I wrestle with this balance. While keeping it simple means that Mary goes home and her minimal rights will be protected, it also might mean that Mary dies.

2.2 Mary is hospitalized: Egalitarian liberal perspective

Egalitarian liberals, whose philosophical beliefs are also rooted in classic liberal tenets, are similar to libertarians in their conceptualization of the government’s role to provide and protect the rights of individuals. However, unlike libertarians, they believe that if additional rights, such as a basic level of resources, are not protected, then the minimal rights of liberty and personal choice may not be possible (Cappelen & Tungodden, 2005). Many egalitarian liberals maintain that a protection of rights should include equal access to healthcare and/or at least some version of health.

Emergency rooms in America embody an egalitarian liberal position. Each individual who enters is supposed to receive equal access to health treatment, regardless of insurance, illness, or status in American society. Mary’s suicidal ideation, like a heart attack, stroke, or broken leg, has a quick triage protocol with clear parameters of disease, treatment, and cure. An egalitarian liberal perspective would assert that Mary should be involuntarily

committed in order to protect her from her diseased “disorder of thought, mood, perception, orientation, or memory which grossly impairs judgment” and places her at risk of self-harm or death (MA Section 12, Involuntary Commitment Law).

Egalitarian liberals justify this position by claiming that treating Mary’s disease of depression and suicidal ideation grants her equal domain to rights of health, without which other liberal rights, such as property and freedom, may not be possible. Unhealthy people may not be able to work, provide for their families, or maintain homes and property. In cases like Mary’s, unhealthy people might lose their lives. While this distinction has value, it may be unlikely that ER personnel have philosophically evaluated the rationale for their protocols. However, ER’s often provide rights of health even when they infringe upon the rights of the individual and others.

Another egalitarian liberal rationale for hospitalizing Mary is to ensure that mental health problems receive equal and adequate treatment. For years, mental health advocates have discussed the severity of mental health disorders, particularly those which relate to suicide. Neglecting to view Mary’s suicidal ideation as a condition that is worthy of treatment and/or hospitalization is argued by many mental health advocates as unequal and unfair discrimination against those who have mental health problems. Mary, a woman with a known history of suicide attempts and admission of recent suicidal ideation should be treated with the same type of strict disease protocol offered to individual with cardiac, asthma, or stroke symptoms. Similarly, an egalitarian liberal ethics of care feminist perspective, which emphasizes that people make choices based on caring relationships and family outcomes (Parton, 2003), might assert that the only right decision is the one which asks, “What would you do if this were your family member?” We know from some cultures without involuntary hospitalization that family members will tie self-destructive individuals to beds, keep vigil, and protect them from suicide (Rousseau, Said, Gagne, & Bibeau, 1998). One can only imagine what would

happen to these same individuals if they did not have equal access to loved ones willing to assume this burden. A decision based on the egalitarian liberal ethics of care tenets would require that Mary receive the same treatment that you would want your loved one to have, most sensibly an involuntary admission over family imposed shackles.

Similarly, hospitalizing Mary reflects a just action according to Rawls in his book, *A Theory of Justice* (1971). Just decisions can be made if “no one knows his place in society, his class position or social status, nor does anyone know his fortune in the distribution of natural assets and abilities... their conceptions of the good or their special psychological propensities” (Rawls, 1971, p. 118). For example, if I were depressed and suicidal in an ER, I would hope that the person making my involuntary commitment decision was more concerned with my rights of health and treatment than my rights of freedom. I would certainly prefer a mistake that warranted 72 hours of lockup to a mistake that ended in death. Similarly, from an ethics of care perspective, if Mary were my mother or sister, I would most certainly advocate for mandated hospitalization.

Further supporting this egalitarian liberal position is current knowledge of formerly suicidal people who are grateful for their hospitalizations, substantiating that their frame of mind was irrational and they are later happy that they did not have the choice to kill themselves or that they were unsuccessful in their efforts. Occasionally, many months after I have involuntarily hospitalized an individual I will receive a phone call, note or personal visit with a comment like, “Thank you for saving my life.” Research suggests that over 90% of individuals who were prevented from jumping off the Golden Gate Bridge never attempted suicide again (Seiden, 1987). Similarly, first hand testimony from survivors demonstrates that in the process of suicide many individuals wish to reverse their actions. A survivor relates, “I’ll tell you what I can’t get out of my head. It’s watching my hands come off that railing and thinking to myself, My God, what have I just done” (Anderson, 2008).

2.3 Suicide is bad: A communitarian perspective

Upon closer inspection, a careful reader might note that the egalitarian ethics of care principles do not adequately explain the decision to hospitalize Mary. Involuntary commitment involves an additional ethical decision-making tool that relies upon the decision maker's internal principles. "Will I feel morally ok if I let Mary go and she kills herself?" Unlike the libertarian and egalitarian liberal models which focus on protecting or providing positive and negative rights, or even the ethics of care model which focuses on making tough ethical choices from a family or community perspective, communitarianism disregards the client's self-determination in its exclusive concern for the decision-maker's community values. This ethical model is further divided into two different camps: relativist communitarians who believe that each community can define its own beliefs and morals (such as communities of indigenous peoples and communes) and universal communitarians who believe that there is only one single right society (some fundamentalist religious groups and expanding dictatorships) (Roberts & Reich, 2002).

Postmodern transparency requires the acknowledgment that I am planted in a relative (and questionably universal) communitarian society that opposes suicide. Americans loathe suicide. Public opinion endorses the legal policy of hospitalizing people when they are a danger to themselves or others. While Americans love *Thelma and Louise*, enjoy watching movies in which characters are placed in exciting and potentially dangerous situations, and want freedom of choice in seat belts, helmets, and guns, we hate suicide. Our society is one of the few which is reluctant to allow old people to die and our citizens vehemently oppose self-harm. In short, suicide is not bad because it is a disease or an unhealthy lapse of judgment which socially must be righted; instead, suicide is bad because it is morally wrong in the community. It goes against the common good and it is offensive to those in the dominant group. It is often

particularly offensive to social workers who, like I, are trying to save lives.

3. A Postmodern Perspective of Involuntary Commitment

Postmodernism emphasizes that "cognitive representations of the world are historically and linguistically mediated" (Best & Kellner, 1991, p.4), and that meaning is constructed through language, common knowledge, and rational unified subjective thought, which is often established by the majority powerful elite. A Foucaultian postmodern critique of involuntary hospitalization (Mohr, 1999) raises important questions about how one is involuntarily committed and why. Moreover, a postmodern libertarian perspective, which challenges established belief systems by deconstructing who benefits from certain structures in terms of power, financial benefits, and maintenance of social status (Hassan, 1985) has real merit: psychiatric hospitalization has historically been used as a means to discipline the deviant. One could argue that hospitals, pharmaceutical companies, and health care companies have become formidable industries by profiting from the construction of deviance of individuals like Mary. While the previous section described the decision maker's ethical position behind involuntary commitment this next section will describe how a postmodern inspection of involuntary psychiatric admission offers different insight into the social scripts to which medical doctors, social workers, and patients adhere.

Taking away an individual's liberty, particularly when no crime has been committed, is a profound moral undertaking. In order to justify this process, the postmodern perspective explains how a clear distinction is made between people who are not considered to be a danger to themselves and other people who are. This separation often involves considerable conscious and subconscious tools involving language, normalization of the process, and complicity of mental health professionals and patients. Mary has to be made non-normal.

3.1 Using language to construct “other”

In looking more closely at the example of Mary, she becomes “crazy” through the medical team’s use of language. Her physician labels her behavior as bizarre and notes that she has poor eye contact. I write that Mary is disheveled and that she speaks rapidly, with racing thoughts and a manic appearance. Mary has now assumed the identity of a mentally ill person.

The importance of language in the psychiatric commitment process is similarly exemplified in the case of Susan Rockwell who was involuntarily hospitalized in 1992. After appearing at a grief support group, upset about the death of a close friend, Susan was described as “anxious and a bit disheveled, wearing a soiled down coat that belied her achievements as a law school graduate and former librarian” (Zuckoff, 1997). Although she denied having thoughts of self harm and her personal psychiatrist opposed the admission (Zuckoff, 1997), the narrative created about her mental illness was stronger than the reality. “Language is no longer thought merely to convey information but is believed to thoroughly mediate everything that is known. What is recognized as social reality, therefore, is a matter of definition and conceptualization” (Pardeck, Murphy, & Choi, 1994). Language redefined Susan from a grieving person into a person requiring hospitalization. The mental health community has become accustomed to terms such as crazy, manic, rapid speech, poor eye contact, and disheveled. The words have begun to take over the person as a means of attributing an “ill” mental health status that the normative discourse can comprehend.

3.2 The social worker’s role to normalize

Laura Epstein suggests that the media and society have assigned to social workers the task of “normalizing” troublesome people.

The meaning of normalize is clear: to make to conform or reduce to a norm or standard, to make normal, by transforming elements in a person or

situation. This is certainly what social workers try to do, with the caveat—more observed in the breach—that the persons being transformed should want this, should consent to it, and should do it of their own free will (Epstein, 1999 p. 9).

A social worker transforms a non-conforming individual into a “mentally ill” person with the altruistic assumption that this is what the client wants and needs. My role with Mary was clear. She was not normal; and therefore, she needed to be placed in a social context that would make sense. Rossiter (1996) explains that knowledge outside of the dominant discourse and power relations—truth, as we social workers have always known it—is non-existent. It is an end to the belief in “innocent knowledge.” The truth created about Mary was based on dominant view points, an anything but innocent knowledge. I defined Mary as crazy through a social work medical model discourse by using a power that was assigned to me. “When social workers create clients through social work language, the definition of normal is socially produced through relations of power” (Rossiter, 1996).

Once it was determined that Mary was not normal, she needed to be fixed. She needed to be made healthy. Social workers often become complicit partners in this process. While I may believe that my intentions to help Mary were good, my perspective was narrow. I think that this is perhaps what Laura Epstein warns us about in her chapter “The Culture of Social Work.” “To accomplish its purposes, social work must dominate its clients, although in theory and in its manner of interpersonal relations with clients it puts forward a democratic egalitarian manner” (Epstein, 1999, p. 8). First, the social worker is convinced that the client’s choices are placing her at risk and that she needs to be protected from herself. Second, a legal document is created that substantiates this need—an involuntary commitment document. Third, and perhaps most debilitating, the client becomes convinced that she is a danger to herself and needs to be

locked up. The social work profession adheres to a social script.

3.3 Client buy-in

Perhaps the most serious consequences of “making crazy” is that, over time, clients often assume the label. A longitudinal study of inpatient recidivism and “mental illness careers” (Pavalko, Harding, & Pescosolido, 2007) suggests that frequent hospitalizations are more often related to a person’s belief in their label as a “person with mental illness” than with actual symptoms.

4. Mary

Based on multiple clinical, community, and structural factors, I ultimately decided to hospitalize Mary. First, her immediate risk was high. Several reports indicated that she had a very clear intent and plan to kill herself with access to means. Moreover, she had made several other serious attempts in the past. Second, she was a notoriously poor reporter. She had misled doctors and clinicians in the past about her suicidality and had made a serious attempt in the hospital after clearly stating to professionals that she was not suicidal. Third, she did not have a significant clinical or personal support system to enable a comprehensive safety discharge plan. Although she had a therapy appointment scheduled, she had previously cancelled many sessions and had not yet made contact with an outpatient provider. Similarly, she did not have any close relatives or friends to help engage her in behavioral activation strategies or ongoing supportive community interventions. Fourth, and finally, the ED doctor was reluctant to remove the involuntary commitment paperwork in light of his memory of Mary’s near lethal attempt on her previous ED admission. While this decision was well-grounded in traditional suicidal assessment protocols, I will never know the full consequences of hospitalizing Mary or even if it was the correct assessment.

5. Ignorance Is Bliss

Exploring these decisions through an ethical framework lends insight into my previous decisions. Prior to deconstructing my position behind involuntary hospitalization, I reflexively followed social norms. People who commit suicide have a disease and hospitalization is the solution to protect them from their “dis-health.” Upon reflection, it becomes clear that no single ethical model can capture the complexities of Mary’s case. The egalitarian liberal/communitarian perspective, which forms the basis of my decision, fails to address the sum total concern about complex and ambiguous cases: the Hunter Thompsons or those suffering from a chronic pain related to a terminal illness who legitimately may be making an educated and non-disordered choice. Moreover, in an effort to protect everyone equally, the egalitarian liberal perspective disregards individual differences, which may, in fact, harm people; hospitalization for Mary meant loss of job, economic security, insurance, and access to future mental health resources.

Examining ethics also reveals the underlying assumptions and beliefs that subconsciously factored into my decision. That which was guised under egalitarian liberal principals was also a maternalistic means by which to exercise my own relative communitarian beliefs. Given the litigious climate of our society and the ER doctor’s need to protect her license, I doubt my position would have changed: I am an egalitarian liberal and I possess the communitarian (and ethics of care) moral values that suicide should be prevented; however, I now question if this position is good, just, and right. Herein lies the ultimate irony: in the moment where decisions meet ethical deconstruction, when the layers are peeled back and the decision-maker’s position is revealed, there is also an acknowledgment (if you have any postmodern realism in you) that you may be wrong. As a social worker who cares, this is particularly hard. I have to suspend disbelief, throw consequences out the

window and act in the hope that what I think of as “true” or “good,” derived from the free discussion afforded to me in my egalitarian liberal society, will be “right” for Mary. In that moment, I have to believe, as Rorty (1989) writes about when discussing private irony and liberal hope, “that if we take care of political freedom, truth and goodness will take care of themselves” (p. 84). The process of reflection does not change my position, but it does make me acutely aware that my decisions are merely my ethical positions—no more, no less.

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When Does Confidentiality Become an Impediment Rather Than a Pathway To Meeting the Educational Needs of Students in the Foster Care System?

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Abstract

The benefits of public, child welfare and education collaborations are numerous. However, different privacy laws that dictate professional practice within each respective system may cause tensions to surface across service agencies in the interpretation and implementation of these policies. A new perspective on the interpretation of these confidentiality policies is offered to guide the child welfare and education workforce in cross-disciplinary decision-making that maximizes the educational well-being of children in care.

Key words: ethical decision-making; confidentiality policies; child welfare; educational well-being

1. Introduction

The foster care system involves people from various disciplines who play varying official and interpersonal roles. Included are governors, state legislators, and tribal leaders; state and county administrators of health, social, education, and workforce development; judicial leaders and state court personnel; case workers and other direct service providers; foster and adoptive families and relatives of children in care; and children's advocacy organizations. This list is among others who provide input into program and policy development. All play an essential role in the comprehensive care of youth in foster care. Currently, there is a lack of clear and consistent rules regarding hierarchy and problems with interagency communication, compounded by the sheer number of partners.

Specific questions exist that are still being debated by these various stakeholders, including which entity will make the best interest determination for a child to remain in the same school. For the child welfare agencies, safety is of the utmost priority for youth in care. For educators, the highest priority is their duty to provide foster care students with access to a free public education. These priorities do not necessarily align.

Sharing school and child welfare case information across systems is critical in the provision of adequate education. However, professionals in these systems often find the confidentiality and privacy policies that control the release of education and child welfare records to be unclear. When interpreted differently, these policies can hinder the appropriate transfer and disclosure of information. Youth in foster care suffer when the multitude of agency personnel responsible for making life-altering decisions fail to coordinate with one another, either from a lack of understanding of privacy and confidentiality laws or a failure to understand the impact of the decisions. As noted by Zetlin, Weinberg, and Shea (2006), “effectively addressing the educational needs of foster youth requires collaboration among the child welfare system, the schools, and other community resources Regrettably, however, these systems typically operate separately even though the actions of each affect the same children’s lives” (p. 166).

1.1 Purpose

This paper specifically examines the roles of schools and child welfare agencies and the laws that govern their efforts to meet the education needs of the population. This paper then describes two factual case studies to illustrate the relationship (or lack thereof) between child welfare and education professionals in service provision. Next, an analysis of child welfare and education system interaction is presented. In conclusion, authors discuss implications for policymakers, educators, child welfare professionals, and related practitioners on how to ethically address the educational needs of children in foster care.

2. Confidentiality Policies That Impact Decision Making

Two policies have been instituted to protect the privacy of young people who are in the child welfare and education systems: the Child Abuse Prevention and Treatment Act of 1974 (CAPTA, 42 USC 5101 et seq; 42 USC 5116 et seq) and the Family Educational Rights and Privacy Act (FERPA, 20 U.S.C. § 1232g). Let us consider each briefly.

2.1 Child Abuse Prevention and Treatment Act of 1974

The Child Abuse Prevention and Treatment Act (CAPTA) was the first major federal regulation of the child welfare system. Last reauthorized in 2010, CAPTA has influenced law, policy, and practice changes in state and county child protective services (CPS) for more than 35 years. Prior to its passage, the nation’s government allowed states and local government authorities to decide how they were going to address child maltreatment, providing only weak federal policy guidance (“About CAPTA: A Legislative History,” n.d.; Pecora et al., 2009; Trattner, 1998). CAPTA draws authority for its confidentiality mandates from the Social Security Act (CAPTA, 1974, sec. 205.5). This is the case because funds from the Social Security tax finance the child welfare system.

Specific provisions of CAPTA require that the secretary of the U.S. Department of Health and Human Services “shall ensure that methods are established and implemented to preserve the confidentiality of records relating to case specific data” [CAPTA, 1974, pt. sec. 103(C)(2)]. While CAPTA restricts access to identifying information, it allows for the involvement of a broad array of stakeholders. These stakeholders include government officials outside of the child welfare system (CAPTA, 1974). Therefore, schools can be included in the information exchange, according to this description in CAPTA: “other entities or classes of individuals statutorily authorized by the State to receive such information pursuant to a legitimate State purpose” (CAPTA, 1974, sec. Eligibility

Requirements (2)(A)(v)(VI)). In cases where states do not make special exceptions for schools, child welfare agencies are only allowed to share information about service recipients in very narrow circumstances: (a) in conjunction with a state plan for financial assistance, (b) in the case of an audit, and (c) in cases of suspected abuse or neglect. CAPTA also instructs child welfare agencies to share information only with entities that have the same rigorous level for ensuring confidentiality as they do. Another safeguard component is the provision that child welfare service recipients must give their consent before their confidential information may be shared (CAPTA, 1974). This protection may become problematic when a combative relationship exists between a child's family of origin and the child welfare agency because it may prevent the information sharing required to fully develop a child's education plan.

2.2 Family Educational Rights and Privacy Act of 1974¹

The Family Educational Rights and Privacy Act (FERPA) was instituted to create federal controls and national consistency for primary and secondary education. It arose during an era of civil rights reform that saw a great deal of attention paid to the concepts of privacy, government oversight, and federal tightening of funding mechanisms for higher educational institutions (Buchanan, 2009). As enacted, FERPA creates very strict controls on information sharing. In fact, only in very rare cases can someone who is not a student, a parent, or a school affiliate access identifying student data. These circumstances include possession of a court-ordered subpoena, health and safety emergencies, and when there is the consent of the student or parent. For instance, schools may share information "in connection with an emergency if knowledge of the information is necessary to protect the health or safety of the student or other individuals" [FERPA, 1974.-a, sec. (b)(1)(I)]. In such an emergency, schools may release information to "any person whose knowledge of the information is necessary to protect the health or safety of the student" [FERPA, 1974-b, sec. 99.36(c)].

FERPA allows some flexibility with its broad definition of parent. According to the law, a parent can be "a natural parent, a guardian, or an individual acting as a parent in the absence of a parent or a guardian" [FERPA, 1974-b, sec. 99.3 (parent)]. This is particularly important to children who do not reside with their biological parents because it allows a range of caregivers to access their confidential information. Such information can aid caregivers in engaging in activities such as rewarding academic performance, securing tutoring services, creating a consistent behavior modification plan at school and home, etc.

The privacy provisions of CAPTA and FERPA are designed to protect children and families, preserve their dignity, and guard them from needless embarrassment; they create extensive hurdles to accessing and sharing records between the child welfare and education systems. Many of these hurdles are related to misunderstandings on how the laws should be interpreted. Regardless of the reason, it is problematic when decisions to withhold information subsequently cause harm, as the following case studies illustrate.

3. Case Examples

3.1 Case Study A: Allegra

The first case study involves Allegra (a pseudonym), a child who suffered a closed-head injury in a car accident when she was four years old. As a result of the accident, she experienced frequent seizures, an inability to walk without a leg brace, developmental delays in language and social skills, and behavioral problems, including severe tantrums. Due to the extent of her injuries, Allegra's parents were unable to care for her, and she was placed in a foster care home that was overseen by Agency X.

When Allegra was seven years old, Agency X transferred her case to Agency Y. At this time, a case worker at Agency Y noted that the state of neglect from Allegra's Agency X foster care placement was profound. Allegra's leg brace did not fit and she weighed only 45 pounds. In addition, the child's case file did not contain any recent school

records. As the new Agency Y case worker prepared to transfer Allegra to a school closer to her new foster home, she discovered that the absence of records was likely due to the fact that Allegra had not attended school in more than a year. Despite her absences, the child's school of origin did not file a truancy complaint with school administrators or make an official report of educational neglect to the public child maltreatment investigators. The physical and educational neglect depicted in this case study may have been prevented or ameliorated through the use of cross-system communication. Had the school reported Allegra's truancy to the child welfare system, her physical condition would probably have been discovered during the subsequent investigation.

3.2 Case Study B: University Q

In order to ensure the educational success of former court wards (i.e. youth who have aged out of care), one of the first foster care and higher education programs was founded in 2008 at a state university, "University Q", in the Midwest region of the United States. To maximize financial aid packages for foster youth on campus, University Q explored funding opportunities outside the university system. The federal Education Training Voucher (ETV) program, established under the Promoting Safe and Stable Families Amendments of 2001 (P.L. 107-133), increases college access opportunities to former foster youth by providing up to \$5000 a year for college-related expenses. To be eligible for ETVs, youth have to have been in foster care on or after their 14th birthdays, and when they were younger than 23 years old. The state administers the ETV program through a coordinator at a local, privately run, child welfare organization. The ETV coordinator was eager to assist the university in ensuring that eligible students were enrolled in ETV. All the university had to do was provide the ETV coordinator with the names and birth dates of the students who indicated that they were "wards of the court" on their Free Application for Federal Student Aid (FAFSA) forms. When the program requested the necessary FAFSA information from the university's financial

aid office, the office stated that the information could not be shared with the program or the ETV coordinator without individual students' signed consent, due to FERPA restrictions. The university refused to collect the necessary consent in its annual enrollment or financial aid processes. It was argued that adding additional questions to these application materials would make them more cumbersome. Furthermore, the costs associated with modifying these materials were thought to be too high given the small number of students likely to benefit. The university's resistance to gathering consent for cross system collaboration created a barrier for financial aid disbursement to hundreds of financially vulnerable students who could have otherwise benefited from the ETV program.

4. Analysis of the Application of Confidentiality Policies in the Case Studies

4.1 What makes something an ethical problem as opposed to a technical one?

The most important point to grasp is that the cases introduced in this manuscript do not simply reflect practical problems related to sharing information at the juncture of child welfare and education, but ethical failures as well. Yet, before we examine these ethical problems, we must first concern ourselves with a logical question: what makes something an ethical problem, as opposed to a technical or practical problem? In professional settings such as medicine, education, social work, or child welfare, all problems are, in a certain sense, ethical problems. Professions (as opposed to businesses) are values-driven institutions in that their ultimate purpose is not to generate profit, but to promote the good of others (Bayles, 1989). Professions are also characterized by *fiduciary* relationships (Bayles, 1989). Professional relationships are fiduciary because there is an imbalance of power requiring that one party to the relationship must trust the other party to act in his or her best interest. In this special kind of relationship, as opposed to commercial relationships, the professional possesses a great deal of subject matter knowledge

and skill and the clients are dependent upon the judgments of the professional. This asymmetry is especially evident when dealing with particularly vulnerable populations, such as children in foster care. Indeed, one widely accepted ethical principle is that when one party to a relationship is highly dependent upon the other, the second party has a correspondingly heightened obligation (Baier, 1992; McConnell, 1997). So, to the extent that foster children are especially vulnerable, the professionals and the organizations that care for them have a commensurately higher obligation to look after the well-being of these children. Therefore, the lapses in coordination between agency Y and Allegra's school and between University Q and the ETV program were not simple technical failures. These organizations shared an obligation to protect and promote the well-being of the vulnerable children and young adults receiving their services.

4.2 What kind of ethical problems do these cases represent?

These cases clearly reflect failures to properly discharge obligations to act in the best interests of the children in question. Ethical issues arise at different levels. Professional ethics may distinguish between two levels of ethical problems. Much of the history of professional ethics has dealt with ethical issues directly related to service delivery. These include ethical dilemmas related to serving clients, students, patients, and so on. Issues such as respecting client self-determination, promoting client well-being, establishing appropriate, professional boundaries, and maintaining confidentiality are common direct service ethical issues.

However, over the years, as professionals and organizations have tried to understand ethical issues that arise in the context of providing services, it has become clear that a thorough analysis and resolution of any ethical problem must be considered from a broader perspective. So, in the past twenty years or so, considerable attention has been given to so-called organizational ethics. Organizational ethics is concerned with the ethical decisions of organizations as moral agents in themselves, along with the internal and external forces at play

in those decisions (Boyle et al., 2001). These forces may be both formal – related to laws, policies and procedures – or informal, related to the internal and external relationships, the atmosphere of the workplace, and the way in which things tend to get done. Organizations, whether governmental, educational or social service, have obligations, which are spelled out in professional codes of ethics and organizational mission statements. Our cases contain ethical issues at both organizational and direct service levels. Let us consider them separately and then consider how they jointly give rise to the problems in our cases.

4.3 Direct Service Issues—Confidentiality and Client/Student Well-Being

In both of our cases, there was a reluctance to share information between organizations. Most professional codes of ethics contain language regarding appropriate and inappropriate sharing of information. The National Association of Social Workers (NASW) Code of Ethics states that, “Social workers should respect clients’ right to privacy” (National Association of Social Workers, 2008, sec. 1.07). It goes on to say, “[o]nce private information is shared, standards of confidentiality apply” (National Association of Social Workers, 2008, sec. 1.07) (While child welfare case workers come from many professions and academic disciplines, we focus on social work in this manuscript because it is the profession most closely related to providing child-welfare service). Similarly, the National Education Association Code of Ethics states that educators, “shall not disclose information about students obtained in the course of professional service unless disclosure serves a compelling professional purpose or is required by law” (National Education Association, 2002-2012, Principle 1.8).

Confidentiality and privacy are traditional professional values, but other values and principles of professional ethics reinforce their importance. One such value is that of self-determination. People value the control they are able to exercise over their own lives. One area of life that people seek to control is the amount and type of information

available about themselves. That is, people value privacy and therefore want to regulate what others may know about them. Hence, the moral importance of confidentiality is a consequence of our more general commitment to self-determination. The connection between confidentiality and self-determination is made evident by reflecting on the fact that client consent is often required before disclosing private records. However, when the clients in question are children and youth, as they are in the cases described here, the ethical significance of self-determination is less than it would be for adults. Recall that in Case Study B, University Q would not identify which of its students were former wards of the court without their consent. That is, it would be up to the students to decide whether they want this information disclosed on their FAFSA forms.

Given that children's self-determination is limited, the obligation to promote and protect client well-being, another standard value in professional ethics, must take precedence. Clients are justified in expecting professionals to make judgments in their best interests. Maintaining confidentiality in the professional-client relationship allows the professional to help clients in that they would otherwise be reluctant to speak openly and honestly without the promise of confidentiality. Consequently, professionals would be limited in their efforts to act in the client's best interest. Breaches of confidentiality can also have harmful consequences. For example, some current and former foster children are embarrassed about having experienced abuse or neglect. As a result, they may be reluctant to share information about those experiences.

Along with traditional reasons for maintaining confidentiality or restricting the disclosure of information, there are some widely accepted justifications for allowing the sharing of information that would ordinarily be kept confidential. One of the strongest justifications for breaching confidentiality is to prevent harm to innocent outside parties – so-called duty-to-warn cases (McConnell, 1997; Congress, 1996). However, the protection of outside parties is not an issue in

either of these cases. Another common rationale for disclosing confidential information is to protect the persons involved or to promote their welfare. This is precisely the circumstance in these cases. Disclosing confidential information of competent, self-determining clients may be ethically problematic without their consent. Indeed, in the case of the foster children who are eligible for additional college financial aid, this is one kind of barrier. The eligible students are competent adults.

4.4 The Information-Sharing Organizational Ethics Issues

We have just discussed the ethical considerations related to confidentiality and the sharing of information in direct service as they relate to our two cases. But as noted above, any comprehensive examination and resolution of the problems in our cases require us to consider them from an organizational perspective. Social service agencies, such as those mentioned in our cases, are entrusted to protect and promote the well-being of their clients. To fail in this regard is not simply a failure of any individual, but of an organization. Whether it relates to education or social service, for almost every ethical failure, there is an organizational backdrop that contributed to it (Boyle, DuBose, Ellingson, Guinn & McCurdy, 2001). When this occurs, ethically responsible organizations conduct a so-called root-cause analysis. A root-cause analysis is an investigation of the causal sources of the problem (Rooney & Vanden-Heuvel, 2004). The rationale for this is that if the ultimate causal sources of the problem can be identified, then those sources can be addressed, so the ethical failure is less likely to reoccur in the future. Often, attempting to diagnose the causal source of ethical failure can be a complex process. Ethical problems can be systemic, meaning that the problem is a consequence of the system, as opposed to an individual's poor choice. In such cases, it may be that compliance with a law or policy leads to unforeseen ethical problems. For instance, a policy might make it difficult to do the right thing. In addition, the absence of laws requiring the proper conduct (e.g. interagency collaboration) can lead

to inaction when action is ethically justified. When that is the case, a root-cause analysis might reveal that the policy could be revised so its intended purpose is still achieved, but negative effects can be avoided.

As illustrated by the two case examples, lack of clarity on how to apply and interpret confidentiality policies across systems impedes the educational success of foster care youth. There is a culture of confidentiality such that, when in doubt, the tendency is to err on the side of not disclosing information. When the punishment for violating confidentiality is perceived to be more severe than that for failing to disclose information, the natural tendency will be not to disclose. Furthermore, improper attention to confidentiality and privacy concerns disallows professionals from properly discharging obligations to act in the best interests of foster youth. In many cases, education and child welfare professionals and systems can address the ethical concerns arising at their intersection, while adhering to the laws that govern them. In other cases, new policies are needed.

5. Recommendations for Ethical Policy and Practice

5.1 Practice Implications

For child welfare agencies, safety of youth is the utmost priority in care. For K-12 educators employed in publically funded institutions, the highest priority is to provide foster care students with access to a free public education. For publicly funded higher education institutions, the goal is to provide high quality and affordable education services. These priorities across child welfare and education agencies do not necessarily align.

The case of Allegra is a tragic example of how independent systems, designed to provide quality treatment, failed to understand how to work together to best serve a child in the foster care system. Individuals ignored the guidance from existing laws and the ethical codes of their professions. The school failed to report Allegra's chronic school absenteeism to the child welfare authorities

despite its legal mandate to do so. Furthermore, the original child welfare agency did not communicate with the school to coordinate services despite its ethical obligation to do so. Allegra was vulnerable, and, while each system could cite ethical reasons for not collaborating or disclosing information, the failure to collaborate constitutes unethical behavior: failing to report the neglect and failing to see they were collaborators, in addition to being service providers.

Personnel from each system interacted with Allegra independently. They viewed their ethical responsibility to her through the lens of their own professional duties, rather than through a lens of collaboration with other systems. This lack of interaction resulted in gross neglect.

According to the U.S. Department of Education's website (2004), when CAPTA and FERPA conflict, CAPTA supersedes FERPA. This suggests that it may be the responsibility of the education institutions to take the lead in providing information to the child welfare agency to ensure that young people do not miss out on critical resources necessary for educational success.

Schools can do more to develop and institutionalize policies and procedures for protecting this vulnerable population. Schools can educate their teachers and support staff about foster care, its impact on the child and learning, and strategies to improve outcomes. They can commit themselves to enrolling foster children, even if all the necessary documentation is not available. School administrators can make sure that school data are routinely entered into school records and that school records follow these students as they are placed and re-placed in foster-care homes.

The child welfare system can also do more to support the education of foster children by providing training to develop case worker awareness about the kinds of educational barriers that foster youth encounter. Child welfare professionals can make sure that appropriate consents are in place for school testing, services, and college financial aid package maximization. They can make tutors and mentors available for those foster youth who

experience high mobility, and can work intensively with older youth around good planning and decision-making with respect to their futures.

The high rate of school mobility of children in foster care must be reduced. Children should be placed in foster homes near where they have been living so they can remain in their original schools. When this is not possible, Title IV-E funds should be set aside to cover transportation as well as education costs, so that children living in foster placements outside their home neighborhoods are able to remain in their original schools.

Poor integration and coordination of the efforts of the child welfare system with the efforts of other public institutions continue to impact the educational success of foster care youth. In addition to implementation problems, the lack of coordination of initiatives impedes the ability to create and enforce accountability measures when outcomes are not achieved (e.g. attendance, retention, graduation rates, etc.). To maximize educational success, public child welfare agencies need to interact regularly with local education authorities, including intermediate school districts or regional education authorities and institutions of higher education to ensure that transitions between systems are as seamless as possible.

5.2 Policy Implications

The two policies discussed in this manuscript do a good job of protecting the privacy and confidentiality of the children involved in their respective systems. Both systems have strengths related to cross system collaboration. For instance, CAPTA allows states to legislate permission for schools to access child welfare data. In addition, CAPTA allows for exchange of information in cases of suspected abuse or neglect. Similarly, FERPA condones dissemination of protected information in the face of health or safety emergencies. Furthermore, both CAPTA and FERPA empower service recipients to restrict access to their files by requiring their consent for data release in routine situations. With its flexible definition of parent, FERPA creates opportunities to consider the

unique needs of foster youth. As a result, child welfare professionals with temporary legal custody of youth can access student data more easily.

While these laws can work well together, they also may conflict at times. When CAPTA and FERPA conflict, CAPTA supersedes FERPA (U.S.D.O.E., 2004). This hierarchy may limit the amount of information that education institutions can receive from child welfare agencies about a particular student. Despite this potential for one-way transmittals, educators must continue to share data with child welfare professionals in order to best serve vulnerable youth. Our two case studies illustrate the potential for young people to miss out on critical resources necessary for educational success if education systems fail to communicate with child welfare agencies.

Despite inherent advantages in the inter-agency communication framework created by CAPTA and FERPA, several gaps exist in the provision of cross system service. These shortcomings are most apparent when professionals fail to take advantage of the possibilities for collaboration allowed under the laws. Our case studies represent such examples. To fulfill ethical obligations and to ensure that the best interests of children are met in out-of-home care, some additional policies should be considered: McKinney-Vento Homeless Assistance Act (McKinney-Vento, 101 Stat. 482, 42 U.S.C. § 11301 *et seq.*) the Fostering Connections to Success and Increasing Adoptions Act of 2008 (Fostering Connections, P.L.110-351) and the Uninterrupted Scholars Act of 2013.

5.2.1 McKinney-Vento Homeless Assistance Act of 1987

The McKinney Vento Act is a federal law designed to increase the school enrollment, attendance, and success of children and youth experiencing homelessness (Julianelle, 2008). It was first enacted in 1987, reauthorized as part of the No Child Left Behind Act in 2001, and amended by the Homeless Emergency Assistance and Rapid Transition to Housing Act (HEARTH) of 2009. Although originally designed to address

the educational stability of homeless youth, the act has been providing education stability for some children in out-of-home-care (Legal Center for Foster Care & Education, 2011), including children and youth awaiting foster care placements, lacking a home, or living in a transitional setting. The law requires assessment of the best educational setting for children, and it provides supports, such as transportation, to keep students in stable educational placements (McKinney-Vento, 1987). For this policy to fully support the pressing educational needs of foster youth, child welfare and educational systems must share information with one another. Local education agency representatives and child welfare case managers have identified communication about the best interests of foster youth as a best practice (McKinney-Vento, 1987).

5.2.2 Fostering Connections to Success and Increasing Adoptions Act of 2008

Fostering Connections responds to a range of issues and concerns raised (some for more than a decade) by child welfare administrators, child welfare advocates, as well as children and youth who have been or are currently in foster care (Stoltzfus, 2008). This manuscript highlights portions of the law related to collaboration between education and child welfare agencies. Title II of the Act helps youth in foster care achieve their educational goals by requiring that state child welfare agencies coordinate with local education agencies to make sure that youth attend school. Agencies are mandated to ensure that foster youth remain in their same school, even if their placement changes, unless it is not in the child's best interest to do so (*Fostering Connections*, 2008). When a move to another school is necessary, enrollment and the transfer of educational records should be seamless (McNaught, 2009; Julianelle, 2008). The Act also clarifies that federal Title IV-E funds, or "foster care maintenance payments," can be used to fund transportation costs connected to maintaining students in their schools (McNaught, 2009). The Fostering Connections legislation also increases supports for youth who are going to college by

expanding eligibility of the ETV program to children 16 and older who have moved from foster care and are adopted or in guardianship (Center for the Study of Social Policy, 2009).

While there is evidence that Fostering Connections seeks to improve the educational outcomes of foster care youth, key issues have yet to be addressed. Education advocates have also rallied around the *Fostering Success in Education Act* in the 111th Congress (S. 2801 and H.R. 5868, respectively) and reintroduced it as an amendment to the Elementary and Secondary Education Act in the 112th Congress (H.R. 5868) as a way to close the gaps in the Fostering Connections Act. In order to fully implement the education provisions of the Fostering Connections Act, child welfare agencies need the full cooperation of state and local education agencies.

If passed, the Fostering Success in Education amendment would ensure that education agencies fully cooperate with child welfare agencies by placing requirements on state and local education agencies that both mirror and extend beyond those requirements placed on child welfare agencies by the Fostering Connections Act (*Fostering Success in Education*, 2009). The Fostering Success in Education amendment clarifies a child welfare agency's education obligations under the Fostering Connections Act. Specifically, the amendment forbids states from segregating foster children by forcing them to attend separate and often inferior schools, such as schools at group foster homes, unless it is documented that particular foster children have disabilities that must be addressed in alternative education settings under the Individuals with Disabilities Education Improvement Act of 2004 (IDEA, 20 USC §1400 et seq.). IDEA requires that state education authorities designate a foster care coordinator to work with state child welfare agencies on the implementation of the Act, creates a process for resolving disputes about whether it is in a child's best interest to remain in a particular school or transfer to a new school district, ensures that foster youth can transfer and recover credits when they change schools, and allows foster youth

who have attended high schools with different graduation requirements to graduate (Van Wingerden, Emerson, & Ichikawa, 2002).

6. Conclusion

Privacy involves the basic entitlement of people to decide how much of their property, thoughts, feelings, or personal data they will share with others (Koocher & Keith-Spiegel, 2009). In this sense, privacy seems essential to ensure human dignity and freedom of self-determination. This paper focused on the aspect of privacy related to the appropriate use and protection of information by assessing the legal and ethical implications of federally mandated privacy policies. Using this framework, we demonstrate that poor interpretation of laws and disregard of ethical mandates prevent students in foster care from receiving an adequate education or having opportunities to maximize academic achievement. As a result of changing schools and subsequent enrollment delays, foster care youth fall behind their peers, lose hope, and ultimately drop out of school at higher rates than their peers (McNaught, 2009). Only between 54 (Benedetto, 2005) and 58 percent of former foster youth graduate from high school by age 19, compared to 87 percent of students in the general population (Courtney, 2009). Those who do graduate from high school are often not encouraged to pursue advanced education. Foster care youth are less likely to attend college (Courtney, 2009) and those that do enroll are less likely to graduate (Day et al., 2011).

For these reasons, a large percent of foster youth will not attain the skills they need to support themselves financially as adults. More highly educated foster care youth are much more likely to be employed in stable, meaningful jobs and much less likely to experience negative outcomes like homelessness and incarceration (Leone & Weinberg, 2010). But school and child welfare systems neither nurture nor help foster children realize their educational aspirations. When children are removed from the family home and their care becomes the responsibility of the state, public

systems must ensure both their safety and their education. In the U.S., resources and technical capacity exist to deliver high quality education that accommodates the needs of this most vulnerable population of students. However, to date the public systems have chosen not to focus attention or energy on doing so. In addition to increasing high school graduation rates, the need for college or vocational education programs for court involved youth has never been greater. Either can serve as a route out of poverty and as a way of being able to provide an adequate standard of living for these youths. A bachelor's degree is an investment that yields returns over the course of an individual's work life: bachelor degree holders earn 61 percent more than those with only a high school diploma (Peters et al., 2009). Even though work life earnings primarily benefit individuals, the government benefits when these persons pay their taxes.

¹Note

A recent response to clarify the provisions of FERPA has come in the form of a bill that moved aggressively through the legislative process—the *Uninterrupted Scholars Act of 2013*. Introduced in August 2012 and signed into law in January 2013, this Act amends provisions of the Family Educational Rights and Privacy Act of 1974 that prohibit the Department of Education from funding educational authorities that release student educational records (or personally identifiable information other than certain directory information) to any individual, agency, or organization without written parental consent. It also expands the list of organizations exempt from such prohibitions (thereby permitting the public schools to release records or identifiable information without parental consent) to include a child welfare agency caseworker or other representative of a state or local child welfare authority to access a student's case plan when such agencies are legally responsible for the care and protection of the student.

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Supervisors Behaving Badly: Witnessing Ethical Dilemmas and What To Do About It

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Abstract

The *NASW Code of Ethics* (1996) guides social workers' professional conduct, but provides little instruction when one's own supervisor behaves unethically. Using student-collected interviews, we found six typologies of supervisors behaving badly, and used descriptive qualitative analysis to outline steps taken to navigate the situation. Results hold pedagogical relevance to social work practice.

Key words: unethical, supervisor, qualitative, education, case study

1. Introduction

From alcohol use on the job to slapping employees, some social work supervisors behave badly. While the *National Association of Social Workers (NASW) Code of Ethics* (1996) guides the everyday professional conduct of social workers, little instruction is provided when it is one's own social work supervisor who is behaving unethically (Corey, Corey, & Callahan, 2003).

This phenomenon does occur, albeit in a minority of cases of ethical dilemmas encountered in social work practice. Navigating ethical dilemmas can be difficult, but it is made much more complex when one's own boss is behaving badly. This study presents six types of supervisor-instigated ethical dilemmas, and utilizes descriptive qualitative analysis to outline how each was navigated. Practitioners and students can benefit from learning how dilemmas involving a supervisor were handled, and thus acquire skills better to manage such complex experiences.

2. Literature Review

In social work settings, a supervisor's role is to act as an educator, mentor, and evaluator (DeTrude, 2001). Supervisors are expected to maintain ethical interactions between themselves and their subordinates (Tyler & Tyler, 1997). To employees, supervisors are often held up as a beacon of responsibility and professionalism, and are expected to support employee development (Drake, Meckler, & Stephens, 2002). However,

it is also within a supervisor's capacity to behave unethically. Broadly, ethical dilemmas arise from situations whereby professional codes, standards of care, or state and local statutes have been violated (Westrick & Dempksi, 2009). These can include breaking confidentiality, having dual roles or sexual relationships with clients, lacking competency to practice, or engaging in financial conflicts of interest.

A broad range of helping disciplines including counseling, psychology, and social work have formal codes of ethics that guide professional conduct (e.g., American Counseling Association, 2005; American Psychological Association, 2010; National Association of Social Workers, 1996). It is only fairly recently that professional organizations in the helping fields have established and published ethical guidelines specifically for supervisors (i.e., Association for Counselor Education and Supervision, 1993; Ladany, Lehrman-Waterman, Molinary, & Wolgast, 1999). Research suggests that persons belonging to professional organizations are more likely to report wrongdoing (Miceli & Near, 1992). However, a number of studies also report that professionals are uncertain how to interpret ethical dilemmas, or that a small percentage are unaware of ethical concerns (for a comprehensive review see Welfel & Lipsitz, 1984). This ethical uncertainty can make for a tenuous situation when one's own supervisor behaves badly.

2.1 Ethics of Supervision vs. Unethical Supervisors

Despite the apparent importance of supervisors' adherence to ethical practices, there have been limited empirical investigations assessing these practices (Ladany et al., 1999). Most social work literature on the topic deals with the ethics of supervision itself, and not the unethical behavior of a supervisor. Within the context of supervision, the purpose of ethical standards is to provide behavioral guidelines for supervisors, to protect supervisees from undue harm or neglect, and ultimately to ensure quality

client care (Bernard & Goodyear, 1992). In one of the few studies examining supervision, Ladany and colleagues found that 51% ($N = 151$) of supervisees reported that their supervisor had violated professional ethical standards of supervision. Ethical guidelines that were least adhered to included performance evaluation and monitoring of supervisee activities, confidentiality issues in supervision, and the ability to work with alternative theoretical perspectives.

Examining the ethics of supervision is important, because ethical violations can directly affect the professional relationship between supervisor and supervisee (Ladany et al., 1999). However, the unethical behavior of a supervisor witnessed by a subordinate is a different issue, and can pose a particularly troubling situation for employees. Much of the literature on the subject deals with "whistleblowing," or reporting the unethical behavior, and the characteristics of persons who do so (Miceli & Near, 1992). As several researchers have discovered, whistleblowing presents a potentially uncomfortable situation with serious consequences (Cohen, 1987; Dewane, 2007; Rodie, 2008; Upchurch, 1985). Whistleblowing on badly behaving bosses comes with personal and professional costs such as loss of one's job, threat of a lawsuit, or other forms of retaliation (McAuliffe, 2005; Westrick & Dempksi, 2009).

Understanding supervisor-instigated ethical dilemmas is paramount to acquiring the necessary skills to manage them in the field (Dolgoft, Loewenberg, & Harrington, 2005). Little formal instruction is given for situations when a subordinate witnesses his or her supervisor's unethical behavior. Introductory social work ethics textbooks (e.g., Corey et al., 2003) mention that if an employee is having trouble with their supervisor, they should speak to him or her first before going above them to seek out help. While some attention has been paid to whistleblowing, less research has been devoted to specific situations of supervisor-instigated ethical dilemmas, courses of action taken by the supervisee, and the outcomes of such actions.

3. Study purpose

We sought to describe real-life situations of social work supervisors behaving unethically, and to delineate how their subordinates handled the dilemmas. The first aim of the study was to discuss the type and nature of supervisor-instigated ethical dilemmas, and the second aim was to uncover the steps the social workers took to navigate the unethical situations, as well as to gather student reactions to the situations. This study is especially relevant to social work students, so that they may be able to recognize potential supervisor-instigated ethical dilemmas and to learn from the experiences of other practitioners who have encountered these situations.

4. Methods

4.1 Procedure

As part of an online elective in social work ethics, graduate students ($N = 43$) from a large urban university conducted interviews with practicing social workers regarding an ethical dilemma they had experienced. The purpose of the assignment was to apply course concepts to real-life ethical dilemmas to prepare students for social work practice. Specifically, students asked interviewees to describe an ethical dilemma that they encountered; how they handled the situation; how their values and training influenced their decision-making; how issues of culture, gender, or religion played a role in the situation; and what they found particularly difficult about the situation. Interviewees had a Master of Social Work (MSW) degree and at least two years post-masters experience. Interviews took place either in person or over the phone. Students wrote a final paper summarizing the interview and their personal reflection (e.g., what they would have done differently and why). The final paper was de-identified and shared with the class via an online discussion board. Approval to use the student papers was granted from the university's Institutional Review Board.

4.2 Sample

The current study included student papers concerning ethical issues between a supervisor (or an agency policy) and supervisee. Ten of the original 43 student papers (23%) focused on such dilemmas. Most of the social workers interviewed were in direct practice (e.g., case managers, counselors). Four cases involved a mental health and/or substance abuse treatment provider, two of which occurred on tribal grounds. The remaining direct-practice cases involved a school, a child welfare agency, a skilled nursing facility, and a service provider for persons with disabilities. Two of the 10 cases occurred in macro practice settings; one with a social advocacy group and the other with an administrative entity of a children's nutritional program. All names and agencies have been changed to protect the participants' anonymity.

4.3 Analysis

The analytic strategy employed in this study was descriptive qualitative analysis. This analytic approach matches the study's purpose, which is to describe actual practice situations and the steps taken by practitioners to navigate them, without the imposition of a theoretical or interpretive lens (Sandelowski, 2000). This method stems from a history of naturalistic inquiry common in social and behavioral research (Lincoln & Guba, 1985). It has been argued that this method is underutilized given the increasing array of qualitative methods from which to choose, and because some researchers view this method as less sophisticated. On the contrary, descriptive qualitative analysis offers the benefit of staying close to how the events were described by interviewees themselves – including *their* interpretation of how these events unfolded. It is also the choice method when a study seeks to answer questions of particular relevance to practice, including responses to an event, reasons for responses, and/or factors facilitating or hindering a particular outcome (Sandelowski).

In order to assure qualitative rigor, the confirmability of the study was strengthened via analytic triangulation among three authors that specialize in different areas of social work practice and research (Padgett, 2008). Each author read all 43 student papers and identified 10 cases that they agreed were supervisor-instigated or agency-policy ethical dilemmas. There were no disagreements concerning which papers dealt with this theme. Per Padgett's (2008) recommendation regarding multiple case analyses, similar cases were kept together in order to maximize the integrity of participants' experiences without over-aggregating. Furthermore, and in line with a qualitative descriptive-analysis paradigm, the authors stayed close to students' descriptions pertaining to the setting occurrence (the "where?"), the type and nature of ethical dilemma, and the action steps taken to navigate the conflict (the "what?": Sandelowski, 2000, p. 339). Given that open-ended questions were used to solicit interviewees' experiences, reactivity and researcher biases – two threats to the trustworthiness of qualitative research – were minimized (Padgett, 2008). The trustworthiness of the ethical dilemmas encountered was further strengthened by the deliberate sampling of experienced practitioners in the field (i.e., holding a minimum of a two years' experience and a Master's of Social Work degree), which added strength to the results in that maximally-informed sources were solicited for information. An audit trail also detailed each step of the data collection and analysis processes (Padgett, 2008).

5. Results

The 10 student papers represented six typologies of badly behaving bosses. Most of the typologies centered on supervisor-instigated unethical behaviors, but two were related to an agency policy (i.e., the whole organization behaved badly). We recognize that the six typologies presented here may not be comprehensive to all supervisor-related dilemmas, and represent just a few examples of this particular phenomenon.

In the following section, we summarize the type and nature of these six dilemmas, the steps the interviewee took to address the dilemma, and reactions on the part of the student interviewer.

5.1 One: The Alcoholic

A social worker, Marty, recalled an incident 10 years ago when she was an intern at a mental health facility. She discovered that her supervisor was drinking on the job. Marty confronted her supervisor, who became angry, and subsequently threatened to end her internship. In spite of her internship and graduation being on the line, Marty chose to report her supervisor to the head of the facility. She stated, "No amount of training can prepare you for making this kind of tough ethical decision." The decision to report her supervisor was complicated; barring the termination of her internship, the intern initially felt well-supported by her supervisor, whom she liked and worked well with. Ultimately, Marty's commitment to client well-being and safety drove her to report her supervisor's alcohol abuse to the director of the agency. To Marty's surprise, the director was aware of the supervisor's drinking problem, and was reluctant to take action. The supervisor's drinking lasted another six months after the intern reported it. Eventually, Marty's supervisor was put on leave to get treatment, but only after the intern pointed out irrational decisions on the part of the supervisor to the director of the agency.

In reflecting on the incident, Marty and the student interviewer agreed that sticking to the *NASW Code of Ethics* helped guide Marty's appropriate actions as an intern. Marty stated, "On one side were the values of service, dignity and worth, integrity, and competence, and on the other side was further angering my supervisor, losing my internship, and maybe my graduation." The student interviewer felt confident that she would make the same decision, however recognized just how easy it would have been not to report the situation. In this case, the student agreed that commitment to clients and to the profession as a whole were more important than an individual's risks: "There

is a responsibility to the profession to make sure that it is held in the highest esteem and that social workers are held to the highest integrity.”

5.2 Two: The Bully

Another interviewee, Janet, described a situation that happened within the first three months of her first case management position with a large mental health services provider. The interviewee witnessed her supervisor scolding a client for coming in late to a group, telling her she was not committed to the program, and forcing her to sign a form waiving services. Janet felt her supervisor was out of line, but was afraid to confront her because she was being bullied as well. Janet recalled several instances of bullying behaviors, the most egregious being when her supervisor slapped the back of her head for making a mistake.

Janet, new to the agency, asked her colleagues for advice, and discovered that the supervisor was bullying her co-workers as well. She decided to report the supervisor’s bullying of the client and of herself to her director and to human resources, who both advised her to document the incidents. The director held a mediation meeting between the supervisor and her employees, but according to Janet, the supervisor’s behavior did not change. Instead, the bullying escalated as the supervisor “made things difficult” and attempted to have Janet fired for making minor mistakes. The stress of “being under a microscope” and feeling like the agency did not support its employees ultimately led Janet to decide that her best option would be to resign. Eventually, she found out that her supervisor was fired after letting a male employee, whom she fancied, falsify hours on his timesheet.

Janet had regrets about how she handled the situation. First, she wished she had left her job sooner: “No one should have ulcers because of their boss.” Janet also discussed a number of boundary issues between her and her supervisor. For example, they were classmates who would carpool together, and edit each other’s term

papers. “I now look back and see how easily boundaries can be crossed,” Janet said. The student interviewer pointed out to Janet that ethics textbooks advise employees to follow the chain of command (i.e., speak to one’s supervisor before going above them), but both believed it would not have helped Janet’s situation. The student said, “I think that since [the supervisor] was such a bully and was so unprofessional, it would have only made things worse by confronting her.” Both Janet and the student interviewer were surprised that a boss could get away with such harassment despite having been reported, and were disturbed that the boss was only fired after it came down to money. Janet said this “reflected the true values of the organization.”

5.3 Three: The Romeo

In another incident, Matt, a child welfare worker at Child Protective Services (CPS), recalled a time when his supervisor was romantically involved with the father of a family being investigated for child abuse. The father had been a client of Matt’s supervisor when she was a caseworker. Being romantically involved with a client is unethical, but because Matt’s supervisor was only supervising the case, there was some distance between her and the client/father. The unethical nature of the situation intensified, however, as over the course of the investigation it was revealed that child abuse had occurred in the presence of Matt’s supervisor. In addition, the supervisor did not report the abuse, as she was legally obligated to do under the state’s mandatory reporting laws.

Once Matt discovered his supervisor’s intimate connection to the case, as well as the fact that the supervisor had witnessed the abuse, he followed CPS protocol and reported his concerns up the chain of command. The management told Matt to continue his investigation while they conducted their own investigation into the supervisor’s behavior. Aside from the investigation, Matt said that there was no other response from the management. In the end,

the supervisor kept her position and received no disciplinary action, even though the abuse allegations were true and the father lost custody of his children.

Upon reflecting on the case, Matt said that the organizational culture “had a huge impact on how this incident took place... and then how management continued to cover up and protect their [employee].” For him, the most difficult part was the management’s inaction, as this was clearly inappropriate and overtly a violation of CPS’s values. The student interviewer wondered if she would be able to stand up to the hierarchy of supervisors and questioned whether she would leave the agency, ultimately deciding not to: “I do not believe [resigning] is ethical either as we are obligated to address these dilemmas.”

5.4 Four: The Three Profiteers

Three cases centered on unethical financial practices. In one instance, Sam, a case manager in a nursing facility, was reprimanded for not discharging a client to a home health care agency that the supervising doctor owned. Instead of being swayed by the doctor’s threats and unethical behavior, the caseworker upheld the patient’s discharge wishes, citing a commitment to protecting the patient’s right to choose, especially when there is a known conflict of interest.

The second unethical financial dilemma occurred with a non-profit agency that “turned for-profit” and began filtering all cash and in-kind donations from their non-profit entity to a newly created for-profit sector. Carole, the subordinate employee, recognized this as an embezzlement scheme, and before resigning from her position, left an audit trail and communicated the transfer of funds to all the original donors. Carole felt doing so cleared her conscience, and stated, “I value my integrity most of all. At the end of the day, I have to be able to look at myself in the mirror and reflect on the consistency of my character.”

The third financial dilemma involved a counselor, Hilda, who worked in an outpatient program for Native American teens. The Chief

Economic Officer (CEO) of this small, for-profit agency was pressuring employees to cut corners and increase profits by providing suboptimal care. On several occasions, the CEO told Hilda to stop referring clients out to facilities that provided more intensive care, or the company would be forced to downsize. Hilda sought guidance from her peers within the organization, who urged her to consider the personal and professional consequences of providing inadequate treatment to a client for whom she is ultimately responsible. After two employees resigned, Hilda contemplated the same action. However, she worried about the effect leaving her job might have on her clients’ continuation of care. Ultimately, she decided to file a 30-day notice of resignation so that she could properly transition her clients. She also filed a complaint with the Board of Behavioral Health to notify them of the agency’s practices. Both the student and interviewee felt that commitment to clients was more important than maximizing profits, and leaving the organization was in everyone’s best interests.

5.5 Five: The Misguided

There were three instances of supervisors who undermined a caseworker’s assessment of a client’s treatment. In each instance, the caseworker sought counsel from his or her supervisor about a client and the supervisor disagreed with a course of action that was in the best interest of the client. In one example, Brian, a school social worker, was told by his task instructor to not report an allegation of child abuse to CPS, because it would be “too much paperwork.” Brian strongly disagreed with his task instructor, and spoke to his direct supervisor, who told him to report the incident. Although CPS did not formally investigate the case, Brian felt obligated to uphold mandatory reporting laws, regardless of the amount of paperwork.

In another case, Sarah’s supervisor at a behavioral health clinic told her to discharge a potentially suicidal client because he thought the client “was faking it.” Sarah said she was new

to the profession at the time and complied with his request because of his experience. However, looking back, she said she would prefer to have filed a grievance with the company, so that her objections would be in writing in case something did happen to the client.

Finally, Beryl, a case manager for persons with developmental disabilities, was told by her supervisor to not allow a client to live with her boyfriend, because it violated the supervisor's personal values against co-habitation. Beryl had done her due diligence by meeting with the client, her boyfriend, the family, and the clinical team, who all agreed the client was able to live independently. Ultimately, Beryl supported the client's decision, despite her supervisor's opinion.

5.6 Six: The Unjust

Maria, the lead program coordinator for a social advocacy organization, discussed a time when her agency implemented a controversial policy that was contradictory to their cause. The organization participated in legislative advocacy around human rights violations, and Maria facilitated conflict resolution with immigration cases. Some time ago, the agency's national headquarters mandated a policy that required the immediate reporting of undocumented staff, volunteers, and interns working in the organization. Maria was outraged by the irony, stating, "I built my career defending immigrants and undocumented workers on behalf of the very organization that was now asking me to 'out' potential immigrants or undocumented workers within my own staff." Although one staff member did not have legal documentation to work, Maria felt she could not morally or ethically report him. She questioned the values of the organization and whether she possessed the desire to continue working for an organization with such an unjust policy. Maria filed a grievance with the national headquarters, and was prepared for the lengthy legal battle ahead for being a conspirator who was violating company policy.

"I lucked out," Maria said, because "the national headquarters cut funding to the program, and the policy became irrelevant." While she and the entire staff were let go, Maria felt that her integrity and values were intact. "I remain dedicated to the ethics of social service, and to extend equal access to resources to all peoples, whom I [hold] in higher regard than agency policy." Her religious upbringing and extensive training and experience in social advocacy directly influenced her actions. She consulted the *NASW Code of Ethics*, particularly the sections pertaining to service and social justice. The student interviewer identified with Maria's strong commitment to service, "even if it is in the worst interest of my own job."

6. Main Findings

This study sought to delineate the nature of supervisor-instigated ethical dilemmas among experienced social work practitioners. We utilized descriptive qualitative analysis of student interviews with practicing MSW social workers to identify six typologies of supervisors behaving badly. We summarized the ways that each situation was navigated, and provided student reactions to interviews in line with our focus on social work education. Each supervisee who was interviewed showed a commitment to personal and professional values and to client wellbeing. This commitment helped them recognize the unethical nature of their situations, and influenced how they navigated these dilemmas. A sense of personal integrity was key for most interviewees, even among those who had less experience in the field.

The supervisees engaged in a number of ethical decision-making steps, which depended on the nature and severity of the ethical dilemma. In some instances, confronting one's supervisor was the most appropriate course of action, especially in relatively isolated events, such as when Sam was reprimanded for not discharging a client to the doctor-owned care facility. Similarly, Marty only sought assistance from the director when

her boss's drinking continued despite being confronted. Although it took many months before her boss received treatment, going above her supervisor was successful. Janet's bullying, however, was prolonged and pervasive, so she did not feel comfortable confronting her boss, and instead went to the director. Unfortunately, the bullying worsened after speaking to the director, because of the agency's negligible response to the allegations.

Another common step among many of the supervisees was seeking counsel from colleagues, friends, and family. Support from others helped supervisees be more confident in the decisions they made. In our study, seeking outside support was especially warranted for employees whose supervisors did not have a social work background, or when the ethical dilemma stemmed from supervisors pursuing profits over a client's rights or self-determination. Other employees, like Matt and Maria, filed official paperwork documenting their concerns, whether it was to internal or external entities (e.g., the Board of Behavioral Health). There appeared to be intrinsic value and meaning in officially reporting the dilemma. In addition, this course of action helped to address any liability issues (Corey et al., 2003).

Many of the employees believed resigning was the right thing to do for themselves and for their clients. An employee's decision to resign was more often because the agency was perceived as corrupt more than as a result of the actions of a single person. It is interesting to note that a portion of supervisees felt that the organizational cultures supported their supervisors' unethical behaviors. Clark (2007) argues that at the core of organizations that have failed to perform properly is a lack of personal responsibility and accountability among all members of the organization. Whatever the chosen course of action, most supervisees faced personal and professional costs, which is a finding consistent with other literature (McAuliffe, 2005). Marty was threatened with the loss of her internship; Hilda lamented leaving her clients; Carole felt like

she was losing her family; Janet faced a financial burden by leaving her job, and only did so because she could deal with the loss of income, unlike her co-workers who had families to support.

7. Limitations

A limitation of this study was that the student interviewers have re-described the interviewee's accounts of the unethical situation (i.e., students did the interviewing), and may have over- or under-exaggerated portions of the narrative, especially because the supervisors themselves could not be interviewed (most events happened over five or more years ago). The threat of respondent bias, or the subjectivity of the interviewee in his or her interpretation or recall of the events that occurred (Padgett, 2008), is a potential concern for the trustworthiness of the data. However, maintaining confidentiality of the participants minimized this threat (Padgett, 2008). Furthermore, gaining the students' perspectives offered the benefit of additional depth to the analyses. The students' role also highlighted the utility of this assignment as a worthy pedagogical tool for learning about complex ethical dilemmas encountered in social work practice.

8. Recommendations

All professionals, supervisors or not, have the capacity to succumb to ethical weaknesses and misjudgments (Clark, 2007), and the importance of establishing and maintaining strong professional ethics throughout one's career should not be discounted. Practice experience and opportunities for professional development are some ways to foster the personal character and reasoning skills necessary to deal with unethical behavior (Clark, 2007). Furthermore, positive relationships between supervisors and their trainees (e.g., employees, students in the field) are pivotal to the development of competent and responsible professionals (Corey et al., 2003). Having honest and open discussions about ethics during supervision can assist in the

ongoing development of standards of practice, and professional support (Christie, 2009).

As demonstrated by the interview narratives, witnessing a supervisor behaving unethically presents a complex and uncomfortable situation; student interns were particularly vulnerable given their dependency at a placement for their degree. Some students may hesitate to speak up because of their grades, while others fear it might interfere with future job opportunities. We believe that supervision should incorporate an “open door policy,” whereby supervisees can discuss their concerns with anyone in their agency without recourse or fear of retribution. In Britain, legal protections are in place for whistleblowers (Rodie, 2008). Like other scholars, we agree that ideally, supervision should be a safe, confidential, and transparent process (Christie, 2009; McMahon, 2002; Scaife, 2001). Establishing a “bill of rights” can help ensure a measure of quality supervision (Corey et al., 2003; Tyler & Tyler, 1997; Weinrach & Morgan, 1975), and monitoring and legal protections can make the supervision process more ethically sound.

In conclusion, this study offers a model for educators to openly discuss supervisor-instigated ethical dilemmas in the classroom, and provides guidance on how practicing social workers navigated these complex situations. The dilemmas described in this study offer real-life perspectives that give readers the ability critically to analyze ethics in the context of micro and macro practice. The authors were motivated to convey supervisor-instigated ethical dilemmas because many of the students in the course stated that they benefitted greatly from learning about these dilemmas prior to entering the field themselves. It is interesting to note that student interviewers in this study were “surprised” and “shocked” at the behavior of the supervisor and/or agency. Their language suggests that students (and other professionals) need to be exposed to supervisor-instigated ethical dilemmas. While there are not always easy or clear-cut answers to such dilemmas, learning from the experiences of others in the field affords

students the opportunity to collaborate with one another, and with their field instructors. In doing so, students may feel better equipped to navigate difficult practice situations in accordance with high ethical standards.

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Social Work Education: Systemic Ethical Implications

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Abstract

The ethical significance of power differences between students, social work educators, and the higher educational system needs to be more fully explored. All social workers, including educators, must follow the National Association of Social Workers (NASW) Code of Ethics. A systemic ethic of relational responsibility enhances student/faculty ethical conduct.

Key words: NASW Code of Ethics, Social Work Educators, System of Higher Education, Harassment and Bullying, Ethic of Relationships

“Kindness as a public virtue, built upon a commitment to social justice, embraces critique.” (Clegg & Rowland, 2010, p. 723)

1. Introduction

All social workers, whether working under supervision or in an independent practice, are to adhere to the National Association of Social Workers (NASW) Code of Ethics. This includes social workers who supervise and educate. Yet most case studies and ethical training are geared toward those in the field rather than the social work educators responsible for developing new social workers. Social work educators in higher education have extensive responsibilities to socialize, teach, and gatekeep for the profession, but it is not clear how these responsibilities interact with systemic higher education responsibilities as well as personal career goals. Of special concern is the lack of focus on the possible ethical dilemmas that

may result from working in a larger higher educational system. Systemic goals may diverge from those of both the social work profession and the individual social work educator. Social work ethics for the educator in higher education must recognize the systemic issues the educator faces in this environment.

2. The NASW Code of Ethics as Guide for Social Work Education

The NASW *Code of Ethics* states that “a historic and defining feature of social work is the profession’s focuses on individual wellbeing in a social context and the wellbeing of society” (NASW, 2008, Preamble). Found here are the six core values of social work: service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence. Together they form the foundation for the social work mission, reflecting “what is unique to the social work profession.” All social workers are responsible for enacting the *Code of Ethics*. Most considerations of social work ethics reflect the practice responsibilities of social work professionals: “The Code socializes practitioners new to the field to social work’s mission, values, ethical principles, and ethical standards....Ethical responsibilities flow from all human relationships, from the personal and familial to the social and professional” (NASW, 2008, Purpose).

The *Code of Ethics* includes the responsibilities of the social work faculty: “Social workers promote social justice and social change...

[through] direct practice, community organizing, *supervision* (emphasis added), consultation, administration, advocacy, social and political action, policy development and implementation, *education* (emphasis added), and research and evaluation” (NASW, 2008, Preamble). The *Code of Ethics* emphasizes that supervisors, professors, and field instructors must have the appropriate knowledge and skills, be mindful of boundaries, avoid inappropriate relationships, and evaluate the performance of student supervisees in a “fair and respectful” way (NASW, 2008, 3.01-3.03).

Protection against student grade inflation and other competency concerns are recognized ethical goals to protect the public (Homonoff, 2008; Sowbel, 2011). Case studies of ethical dilemmas have offered a needed emphasis on decision-making for social workers (Dolgoff, Loewenberg, & Harrington, 2007; Strom-Gottfried, 2007), but often do not fully explore systemic power differences found in hierarchical relationships beyond the case itself. It is rare to find an examination of ethics for academics, though Strom-Gottfried and D’Aprix (2006) have examined common ethical dilemmas for social workers in higher education. Another study of ethical cases filed with NASW from 1986 through 1998 found a small percentage (under 4 %) involved students filing a complaint against faculty or field supervisors (Strom-Gottfried, 2000). Though this is a very small percentage, the differences in power between faculty or field instructors and students were not explored.

Few studies examine the implications for students of quality field director training, though many learn “on the job” and through “trial and error” (Deal & Clements, 2006; Raskin & Ellison, 2011). The Council on Social Work Education (CSWE, 2010) now designates field as the *signature pedagogy* of social work, which should give an added impetus to focusing on the social work educator in class and field. Barretti (2004) comments that “though social work has always stressed the importance of relationships in the change process, it is curious that so little empirical inquiry has been directed to the critical influence of faculty

and field instructors on students’ professional socialization” (p. 277). A better understanding of faculty ethical relationships and responsibilities is needed, because they are central to modeling professional social work for students (Clifford & Royce, 2006), and because faculty themselves are part of the larger system of the academic workplace.

Overall, it continues to appear that “the historical investment of social workers in challenging issues of power and oppression has not facilitated the examination of abuses of power within the social work profession. “Sensitivity to these issues actually may have increased resistance to such painful self-examination” (Jacobs, 1991, p. 130). Most of the emphasis on social work ethics is in the social world beyond that of higher education rather than of the systemic ethical relationship outcomes between faculty or field instructors and students (Kircher, Stilwell, Talbot, & Chesborough, 2011).

2.1 Some Indicators of Bullying in Professional Social Work

Bullying is defined by the Norwegian social scientist Stale Einarsen as “the systematic persecution of a colleague, a subordinate, or a superior, which, if continued, may cause severe social, psychological, and psychosomatic problems for the victim” (1999, p. 17). These hostile and aggressive behaviors may or may not be physical but do lead to a victimization and stigmatization of the recipient. Bullying, Einarsen observes, may alternately be called *mobbing*, *emotional abuse*, *harassment*, *mistreatment*, and *victimization*. In the United States, the term harassment may be used instead of bullying, though often in the narrower context of sexual harassment. Bullying, however, is much broader than sexual harassment and there may not be any gender or sexual aspect to it. Bullying can be done by either the superior or inferior in the social hierarchy, though it is usually an issue of superior power and control. The person who is bullied may feel humiliation and distress, which can interfere with both personal and occupational

performance. The systemic aspect of bullying isolates the victim from the rest of the group, who then tend to further the bullying process either directly by harassment or indirectly by ignoring or disparaging the contributions of the victim. Einarsen finds that, to one observing this process, it may appear that the bullied person is at fault for the situation, acting in a less than professional manner and even deserving to be treated in this way.

Bullies target those whom they find threatening because the victim refuses to be subservient, may have better skills, is liked more than the bully, or has exposed some weakness of the bully, perhaps even an unethical or illegal activity. Such victimized workers may be less confrontational, finding it difficult to protect themselves once they are attacked (Namie, 2007). In the United States, state and federal laws protect certain classes of employees (e.g., gender, race, age, disability, ethnicity, religion) from harassment under risk of a lawsuit; however, most bullying involves an unprotected group member or is instigated by a protected group member. For example, women may target other women, although a high percentage (80%) of women who are targeted are targeted by superiors of either gender (Namie, 2007).

Few studies of social worker harassment or bullying exist either in field or in higher education (Kircher, Stilwell, Talbot, & Chesborough, 2011). A small study in the United States found that sexual harassment of social workers at work was a common occurrence. Out of half of a NASW chapter membership, 27% reported experiencing sexual harassment at work by co-workers (Maypole, 1986). Harassment must be defined as more than sexual, rather as a power play for social control. This study is unusual because of its focus in an American setting on harassment or bullying in a social work workplace. The potential for bullying in social work is often related to status inequity and organizational context in supervisory bullying. Much of social work is dependent on such hierarchical relationships.

Three studies or reports outside the United States have focused on social workers who have

themselves been the objects of bullying in the workplace. Van Heugten (2010) explored, 17 New Zealand social workers who had been bullied at their workplace. Bullying in this study resulted from stressful changes in the workplace as a result of status uncertainty and competition for positions and power. Christie (2009), another New Zealand researcher, found little previous literature on social work supervisor/supervisee roles in remediating abusive experiences for the supervisee. This study found a lack of support for the bullied social workers by their supervisors. Kenny (2007) reported that social service staff in Britain were “the third largest group of callers to a national advice line for workplace bullying, accounting for more than 800 cases over the eight years it ran” (p. 16).

Roscigno, Lopez and Hodson (2009) found that one is vulnerable to bullying not only when one belongs to a less protected out-group (a minority in a low hierarchical position) but also when the workplace itself is disorganized with unclear role and responsibility mandates. In such organizations, the division of labor is ambiguous and even contradictory. There are unclear power relationships, making the environment ripe for bullying behavior to emerge. They state that bullying more commonly targets female staff members where women continue to have less status than men and are culturally perceived as less competent and more compliant in the face of aggression. Much of social work is organizationally in flux due to the nature of social work itself, as well as challenging economic times. Women form the large majority of social workers (81%) but, as with women in general, earn less than male social workers for the same position (Whitaker, Weismiller & Clark, 2006).

American researchers have been more successful reviewing school or workplace bullying where the social worker or other professional is in the role of helper (Meyer-Adams & Conner, 2008; Namie, 2007); however, in European societies, workplace bullying has become an important area for research in a variety of professional fields, including nursing (Randle, 2003), business (LaVan

& Martin, 2007), and social work (Kenny, 2007). The British Commonwealth, as well as some Western European countries, appear to be especially attuned to the term bullying, perhaps because it was adopted in Britain in the late 1980s (Namie, 2007).

3. The Academic System and Power Differentials

In higher education, more men hold advanced positions than women. Women are more likely than men to be non-tenured instructors or assistant professors than in higher academic positions. Two Canadian articles have examined bullying in academia. McKay, Arnold, Fratzi, and Thomas (2008) have researched workplace bullying with a survey sent to faculty, instructors, and librarians at a Canadian university. The results document that workplace bullying is a systemic concern for those who are newly hired or untenured. The costs of this behavioral phenomenon include academic employee turnover, less respect and loyalty for the university by employees and students, as well as modeling negative behaviors for students who may then carry these role behaviors into a future workplace setting.

A second Canadian research study is an ethnography delineating the techniques of normalization that university professors use when accused of bullying practices (Nelson & Lambert, 2001). Bullying may be self-interpreted as a normal way of behaving, or even as necessary. That study observed how organizational structure and university values protect this behavior by discouraging the bullying label itself. Instead, the bully is seen as having a right to own opinion as part of the university academic freedom mandate. In this scenario, the bully becomes the victim, needing protection, while the person bullied becomes the bully. Untenured professors and students, being lower in the university hierarchy, are especially prone to being the real victims in this process: "The ethos of the university and the existence of tenure may be seen to provide structural scaffolding for both ivory tower bullying and its toleration within the university" (p. 99). Ninety percent of female social

workers in colleges and universities earn less than their male counterparts (National Association of Social Workers Center for Workforce Studies and Social Work Practice, 2011).

4. Responsibilities to Students

According to the *NASW Code of Ethics*, the social work educator has the responsibility to consider both the wellbeing of the student as well as the wellbeing of society (NASW, 2008, Preamble). More specifically, educators must consider the six core values of social work: service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence. First, teaching itself is a *service*. The objects of this service are students, the specific higher educational entity, as well as the discipline of social work and clients. Systemically, the educator will also be serving the larger community. Second, *social justice* is the goal of the educator, sought at each systemic level from micro through macro systemic social levels. Social work seeks to help students develop their abilities in a world that is often unjust. Social work educators also seek to change unjust social structures through research and advocacy. Third, all students have their own *dignity and worth*, whether they are diligent and quick learners or less focused and have difficulty grasping new concepts. This core value is very much also a systemic value where the educator seeks to act as a role model throughout the higher educational system and larger community. Fourth, the *importance of human relationships* is also a core educator emphasis which encompasses all the other core values. More important than successful students or a successful social work career for an educator is the importance of working with others toward their goals as well as being with them on their life journey. Fifth, the *integrity* of the educator is the model for student socialization and development. If educators are not trustworthy, seeking their own career advancement before the needs of others, all social levels, from student to the wider community, will be stymied in their development. Sixth and finally, the social work

educator must be *competent*, seeking to develop an expertise and focus in certain social work areas. The educator does not over-promise as an expert. As with the other core values, competency is a value that has systemic implications for the higher educational facility and the larger community.

According to some social psychologists, human beings are aggressive and territorial as well as loving and caring (DeLamater & Myers, 2011). Therefore, it seems probable that abusive relationships exist between social work educators and students, between social work educators themselves, and between social work educators and others in their academic organizations. Yet the higher education literature, especially for American higher education, does not offer much insight into this powerful and potentially devastating ethical abuse of the social work relationship. Students, as the lowest group in the social hierarchy, would presumably be most affected by a bullying atmosphere within a higher education structure. Student socialization can be a road to a negative re-socialization and loss of self (Egan, 1989), as well as to a professionally desirable socialization process which develops the ability to use oneself as a tool in relationship building.

The paradox here is that coming to higher education as an undergraduate or graduate student may to some extent mean risking or perhaps even losing independence and self-identity. By deferring to teaching or supervising professionals, the student hopes to emerge with a refurbished and re-socialized professional self at some future time. This paradoxical process can be especially significant for those students perceived as out-of-step because they are different from the majority, whether these differences are in appearance, knowledge, skills, or abilities. Such differences may not be applauded by the majority or by those in charge.

A particular issue for social work is the ability of the profession to both encourage and discourage any student who struggles with the demands of integrating knowledge, skills, and values into a coherent professional self. Students, for instance, may be first generation college students

with different loyalties and understandings of college, work, and family life. They may have major concurrent responsibilities in all three of these areas of life. Social work faculty, more used to middle class expectations of time and effort, may miss cues from these working class students who are making major changes in their world views and life practices at the same time as undertaking, often with little outside support, to meet extensive academic requirements. Some have poor writing and mathematical skills or other difficulties that students from a more privileged academic and social background can find mystifying (Lareau, 2007; Palmore, 2011).

More than most other professional disciplines, social work demands that the intern or supervisee be able to both defer to a superior and also take initiative. This process can be confusing and unclear for both the social work educator and the student.

Cousins (2010) explores the games of avoidance and dominance that can be played between the social work supervisor and supervisee, as well as how this can affect client services. Interpersonal dynamics, which relate to the relative power between the social work educator and student, must be considered of primary importance in social work education. Also at issue is the concern that social work educators themselves may not be getting the support and training needed to best work with students.

5. Gatekeeping Responsibilities

Gatekeeping procedures are necessary to maintain quality in professional social work education. Social work educators – program administrators, classroom professors, field liaisons and instructors, advisers, and adjunct faculty--must work together to create and carry out some quality control of the professionalization process. Gatekeeping is vital in order to protect the public, especially those who are more likely to be vulnerable because of their need. In addition, the gatekeeping process is important for students, as it gives them

competency markers which can help them better understand both their assets and liabilities as they pursue a social work career.

For those students who cannot make the grade as future social workers, it is vital to spend time to counsel them out of the program. Solution-focused advising emphasizes student strengths and moves toward their hopes for the future (De Jong & Berg, 2008). When there is a mismatch between student abilities or effort and student hopes, helping students find new directions is both ethical and a good administrative tactic. Students are not only the raw material that is necessary for the higher education system to develop, but they also form part of the larger community in which the social work department and the higher education institution itself must relate. Students are much less likely to feel that they have been mishandled when there has been an effort to help them move on.

How much effort should be made by social work educators to work with students who are having difficulty keeping up with the three prongs of social work education – knowledge, skills, and values? Here, a developmental understanding of students can be helpful. While some social work educators may try too hard to remediate students, others may demand too much, too soon, as a kind of tough-love approach which can rapidly veer into an abusive, bullying situation. Neither approach is, in the end, ethical. It is not ethical for any of the stakeholders (the public, higher education, faculty, or student) to ignore student failings, nor is it ethical to push students along, never giving them enough time to absorb the complex new cognitive, behavioral, and affective learning they are undertaking. Because so much of social work professionalization comes through developing relationships with specific persons who have particular personalities, it may be important sometimes to give a student a second chance with another field site and/or a second field instructor or faculty liaison.

Formalizing standards of competency through the new CSWE competency requirements may be a helpful first step. However, competency-based education has important limitations as well

as strengths. Although an experienced field instructor may get at certain performance behaviors social workers must master, competency-based education involves more difficulty in discerning how to develop social worker judgment and reflexivity within the content of the specific case (Bogo et al., 2006). Standardized policies on sensitive student information and confidentiality are also needed (Duncan-Datson & Culver, 2005; Wayne, 2004).

Social work educators have an advising role to aid students as well as a gatekeeping role for the profession and higher education (Moore, Dietz, & Wallace, 2003). Formalizing relational rather than adversarial processes for performance reviews and grade appeals is necessary. Such processes should take up the concerns of both the student and the school as represented by social work educators who are knowledgeable about the performance of the student. Students should be encouraged to articulate a well-developed delivery of their concerns, regardless of what decision may ultimately have to be made. They should expect to get due procedural support from faculty at the evaluation meeting as well as an objective appeal process as needed.

The formalizing process for gatekeeping does not stop after it is first created by students and educators. Gatekeeping is a process as well as a product and “needs to be presented as a support for faculty and students, not a punishment” (Urwin, Van Soest, & Kretzschmar, 2006, p. 177). Faculty members need to hear of positive outcomes of student gatekeeping in order to encourage their active participation. Social work educators as well as students can improve in their performance through student classroom and field evaluative measures.

6. Educator Ethical Considerations

Student affective development should also be a major area for support and growth. Entering students experience a high level of anxiety (Gelman, 2004), especially at the graduate level, when they may be expected to perform both in class and in the field, often with little preparation for the

rigors of the graduate program. Though students learn values cognitively, behaviorally, and affectively, the affective realm is the most complex, since its foundation lies in an emotional understanding of oneself and others (Allen & Friedman, 2010). For both the social work educator and the student, affective learning requires a process for handling conflicts between professional values and doing tasks that are expected. This conflict has been labeled *professional dissonance* (Taylor, 2007), a performance gap between what one values or believes and what one is expected to do. Without a process for both the social work educator and student to discuss and get support when grappling with such conflicting responsibilities, either burnout or distancing is often the result. When distancing is the result, the danger increases that important responsibilities will be neglected (Abramovitz, 2005; Gallina, 2010).

The social work educator should lead, teach, and advise developmentally, both in class and field (Allen & Friedman, 2010; Deal & Clements, 2006). In the classroom, the educator must learn the best teaching style(s) for a given class and, at times, for individual students. In the field, instructors and university liaisons must learn the most up-to-date practices and theories as well as the best approaches for working developmentally with individual students. This means working to foster successful outcomes for all students. The social work educator must begin where students are, as well as discern if and when students need to consider moving on to another career in which they can better apply their talents.

Although student satisfaction with an MSW program has been shown to be related to supervision quality (Kanno & Koeske, 2010), the quality of training for social work educators in the field has been uneven. At times, those supervising field practice have been perceived as not needing continuing education in the most recent social work theories, models, and practices, a supposition criticized by both Brashears (1993) and Homonoff (2008). Although the Educational Policy and Accreditation Standards of the Council on Social

Work Education (2010) specify field as the signature pedagogy of social work, a number of discrepancies separate the implied primacy of this designation and the reality of field placement:

- The social work field instructor as educator is usually a voluntary position, and as pointed out above, risks a lack of adequate time, energy, or training – especially advanced training in developmental student models, as well as the latest practice theories and research modalities.
- Due to the economic times and the nature of much of social work practice, a lot of stress often occurs at service agencies. Social workers are being asked to do more with less because of downsizing and other fiscal constraints. While field instructors in the past might have been given time release for working with students, this has become less frequent.
- Turnover in agency positions burdens the field program coordinator at the higher education site with more work and delivers the students less consistency.
- Students may need more help academically than in the past, with many of them coming to social work programs with less time and more outside responsibilities or unprepared academically for graduate school.
- The paperwork at agencies has increased because of the need to document and show evidence for all work.
- Critical thinking is essential to good social work practice and may be hard for the field social work instructor to teach.
- Cases, as a sign of the times, have increasingly fast turnovers, which may make it difficult for the social work intern to develop relationships with clients. This can give the field

instructor more work in finding suitable clients for the beginning intern and can make it harder for the intern to settle into a learning mode with clients.

- Financial downsizing is an issue for higher education staff and faculty, who must adjust to do more with less. This increases the work for the field program coordinator and perhaps for the faculty member acting as a liaison between the agency and university.
- The scaling used to measure competencies and practice behaviors has not been developed for reliability and validity (Wayne, Bogo, & Raskin, 2010). Different graders may grade competencies differently, especially as they get to know their student interns. The new competency grading, therefore, may not be more accurate than previous grading systems. In addition, it may be reductionistic in that it limits measures to individual behaviors rather than more complex judgments about the overall case (Bogo et al., 2006).
- Faculty practice experience is another possible issue, since fewer faculty have extensive, or even at times any, practice experience. In some higher education programs, most faculty never see a field site, making it more difficult to relate practice to either theory or research agendas which dominate the social work program (Johnson & Munch, 2010).

Appropriate supervision is essential for students and beginning social workers to develop a *professional concept of self* (Giddings, Cleveland, & Smith, 2006, p. 105), in order to develop social work knowledge, skills, and values. Through the use of critical thinking skills, the student learns to integrate theories with practice. Poor supervision may veer toward either a hands-off relationship with the social work student or, at the other extreme, an authoritarian and perhaps bullying posture. By studying the literature on professional socialization of social work students, Barretti

(2004) found that social work researchers themselves are not able to offer a broad framework for studying student socialization in the context of environmental forces. She also concludes, “Many of the findings inadvertently suggest that what social work students learn in their programs is not necessarily what is intentionally taught but what faculty and field instructors model” (p. 277). Thus, social work educators have an ethical responsibility to develop their skills as educators who can work with students in the field, in the classroom, in the higher education facility and in the larger community.

7. Academic Workplace Responsibilities

Social work educators have responsibilities to both their social work departments and the higher education organizations where they are nested. Within the academic setting, social work educators must find ways to accommodate the demands of research, teaching, and service in order to reach tenure as well, as maintain and elevate their academic status. Though a main purpose for higher education is to educate students, many other responsibilities compete for faculty time, with greater and lesser rewards. As Robert Scott, president of Adelphi University reminds us: “Just as a checkbook can reveal the priorities of the holder, so can campus rewards reveal what is valued. In what ways are the rewards of appointment, tenure, promotion release time, and sabbaticals – board decisions all – related to the goals of student learning?” (Scott as cited in Reis, 2011).

Academic collegiality, often called academic citizenship, is now routinely emphasized, connecting the academic community to one another and the world beyond through networking relationships and common projects. Bruhn, Zajac, Al-Kazemi, and Prescott (2002) posit an intersection between ethics and academic professionalism, and it is at this intersection that good academic citizenship lies. More than many other disciplines, social work education as a practice discipline and profession looks to both the academic community

and the outside practice communities. It has been these practice communities that have traditionally given direction and impetus to the work done in the academic workplace.

The academic workplace and the practice community are two worlds which, while they cannot be blended, should not supersede one another. Each is necessary for a viable social work discipline. To be truly collegial, the academic community must look beyond itself to the larger world. In this way, it looks to its role in world citizenship, which is also how social work seeks to position itself (NASW, 2008, 6.01 Social Welfare). In the tension between social work as encouraging self-determination versus social work as encouraging social norms and control, the ethical dimension must always be the first concern. For instance, if we were practicing social work in Nazi Germany, social work would have a very different face than that in a democratic society (Johnson & Moorhead, 2011).

8. Toward a Systemic Ethic of Relationship in Social Work Education

Another way to look at the mandate to develop social work ethics is to look at the value of relationships as the foundation for the other five core values. Social work is relational, seeking to connect each to the other at a human level (Hepworth, 2010). A social work ethic of relationships must include an ethic of care as Gilligan (1982) set forth in her pioneering feminist ethic, "In a Different Voice." There she concluded that moral reasoning can be based on women's traditional reasoning as the norm just as easily as that of the traditional male norm. While male reasoning seeks equality and fairness, ethical analysis can instead begin with the relationship, seeking balance between opposing positions. Gilligan concludes that an ethic of care emphasizes equity, differences, and need as a missing half of the moral equation—balancing rights with responsibility, individualism with community, and autonomy with care. An ethic of care is relational and contextual, looking at all levels of

social structure, whether micro, mezzo, or macro, and their interrelationships.

An ethic of social work relationships comes out of such an ethic of care and results in a social ethic. In lifting up kindness as an academic ethic for higher education, Clegg and Rowland (2010) argue for the practice of academic caring as a public virtue. They remind us that the word *kind* comes from the word *kin*, to be related: "The good teacher, one who is perceived as having particular personal qualities beyond simply exercising due care, appears to be the effective teacher by virtue of the personal not despite it" (p. 729). If I care about you, I will be able to critique your work honestly and help you improve or find another goal. If I care about you, I will respect you. This is my public, social responsibility. The ethic of relationships binds us together, as kindred (caring, relational) spirits and whole people, enhancing our contributions and abilities rather than pulling us down.

The goal of higher education, among other ends, is to help students become citizens (Bruhn et al., 2002). The definition of citizenship varies, because the structure of political systems and organizations vary, but citizenship at its broadest goes beyond nationality and toward that of being part of the human community. Citizens create and add to the common good. Social work seeks a world citizenship when it works for the common good. Jane Addams, a founder of social work and a world citizen, is a helpful guide here. Her social experiments of first, settlement house living, and later, world peace advocacy, led her to believe in the solidarity of the human race. We are all related, kin to one another; without the advancement of the weakest we cannot advance as a whole. Ethics, Addams held, is social. Writing in "Democracy and Social Ethics," she admonishes us: "To attain individual morality in an age demanding social morality, to pride oneself on the results of personal effort when the time demands social adjustment, is utterly to fail to apprehend the situation" (Addams, 2002, p. 6). Her life work was to help others to realize their citizenship as part of humanity. This is also the life work of the ethical social work educator.

9. Conclusion

In the face of so many potential structural limitations and concerns it is important to note that most social work educators, whether in higher education or the field seek to be faithful to their call, going far beyond what is asked, even at a personal cost. Yet, social work faculty must be aware of the ethical implications of power differentials, just as other social workers in agencies and other avenues of social work employment are called to manage these complex differences. It is imperative to proactively defend vulnerable students and other faculty as well as clients from poor social work. Social work educators have a special need for clear and ethical structures in light of the *Code of Ethics*. Making a difference as change agents requires more ethical transparency in the social worker educator model, where practice skills, classroom theory, and research meet.

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Value Identification as a Basis for Program Evaluation

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Abstract

Although value identification plays a strong role in micro-level social work, it has had less of a role in program evaluation at the mezzo or macro levels. This article reports the results of a process program evaluation for a United Way initiative called “Healthy Three Year Olds” (HTY).** Two contract agencies were evaluated – one employed and served a historically African American population and the other served a Latina population. All of the clients served were mothers to children three and under. The results suggest the importance of identifying cultural values and using this information in the process of designing and delivering family services. This process is promising for family service delivery that meets the needs of ethnically diverse agencies and populations and is explained in further detail.

** All agency information is disguised throughout

Key Words: values, culturally competent, family services, evaluation, ethnicity

1. Background

As social workers, we continuously work with values. Indeed, social work has been called a value-laden profession and much has been written about value dilemmas, ethical decision-making,

and clarifying value positions in clinical practice (Dolgoff, Harrington & Loewenberg, 2012). This manuscript explores values in a different way, in the context of designing and completing a program evaluation for two ethnically diverse agencies.

The Healthy Three Year-olds (HTY) initiative is a direct-service program that was begun by the United Way in a southern town (XXX) in 2005. Now in its third year, the HTY’s leadership contracted with the researcher for a program evaluation in early 2008. The study was completed 6 months later.

The mission of the HTY initiative is cited as follows: “*HTY is a United Way of XXX community collaboration with a simple premise: Children who are healthy, physically and emotionally, by age three are more likely to be successful in school and in life.*” To accomplish this mission, three strategies are employed:

- 1) To engage and empower parents and caregivers by providing clear, useful information on child health and development and available services to promote active participation in their children’s well-being.
- 2) To promote a strong, high-quality system of care that includes community-family partnerships supported by well-coordinated

services from public and private agencies working with children.

- 3) To conduct outreach to homes with vulnerable children as close to birth as possible and provide services that link families to community resources. (United Way of XXX, 2008)

The HTY officially began in 2005 as a direct-service endeavor and is currently in its third year. After the idea was articulated, two agencies were contacted regarding becoming direct-service partners of the initiative, identified in this paper as Agency A and Agency B. Additionally, an HTY Community Collaborative was formulated as an advisory arm of the project. The Collaborative consisted of agencies that were providing related services to the 0 to 3 population. It was hoped that the Collaborative would inform service provision and reduce the possibility of duplicating services. Today, both partner agencies carry a case-load of approximately 60 families each or about 120 families in the HTY initiative. While families are continually added, there is no formal mechanism for terminating services.

2. Methodology and Data Collection

The evaluator employed multiple methods in order to more effectively evaluate the HTY Initiative (Lackey, 2006).

2.1 Review of supporting materials

HTY personnel provided written program materials including descriptions of HTY, contact, intake and assessment forms, as well as public information on what parents and caregivers should look for in a “thriving” birth-three year old. All materials appeared readable and attractive. Furthermore there is an extensive website for HTY with PowerPoint slides, PDF files, and information for multiple stakeholders including parents and caregivers, treatment providers, and community members.

2.2 Staff Interviews

During the data collection phase of the program evaluation, the researcher met with United Way administrative personnel 7 times. She met with the Agency A HTY program coordinator (TW) twice and Agency B HTY program coordinator (JF) three times. Site visits were made to each program office. Additionally, numerous telephone and e-mail were a part of the data collection process.

2.3 Interviews with Administrative Staff of United Way

The majority of United Way administrative contact was with two people, a Vice President for community investment (VP) and a community investment specialist (CIS). They served the important functions of historian (VP) and inside view (CIS). It was evident that the VP especially, felt a strong connection to the program. The VP’s sense of ownership of the program appeared to be a strong positive, while the leverage of his administrative position allowed him to “run interference” when problematic issues arose. Additionally, the HTY Initiative received strong administrative support through the community investment staff. The fact that the VP was also a social worker (LCSW) also may have helped to ensure some degree of clinical back-up for the program coordinators.

The Community Investment Specialist was new to the agency about the time the evaluation began. She was, therefore, extremely helpful in navigating the sometimes ambiguous roles between the Community Collaborative and the actual program staff – something that was confusing for the researcher at first – because she was learning it as well. In many ways, the CIS represented an inside view with “fresh eyes” so that her information about the ways that United Way interfaced with stakeholders of the HTY Initiative was critical to understanding the structure of this program.

2.4 Meetings with Partner Agencies and Direct Service Staff

Agency B: JF, HTY Coordinator

Agency B was a university-based center and had strong ties to the social work department. Because the researcher is a member of this social work faculty, she was familiar with the HTY and with the Program Coordinator, JF. Agency B worked with Latinas and their children. JF is fluent in Spanish and described her responsibilities as predominantly medical interpretation and transporting, although she did a variety of other things as well. The majority of the Agency B clients were referred by informal networks, such as friends and relatives. JF reported a strong element of institutional mistrust among her clients as well as a lot of misinformation. For example, she said that she heard that women believed that if they got any aid from the government, they would be ineligible for citizenship and their children would then have compulsory military service at age 18. As a result, JF spent much of her early contact with the clients building rapport and trust:

What I've learned in working with members of the Hispanic community here is that I can't just go into a client's house with a stack of papers to be signed and expect them to trust me right from the beginning. Cultivating the relationship is the most important thing on the agenda; getting the client to trust me. So most of my first visits start with conversation: how are you, how is your husband, your daughter is precious, oh, what a pretty doily; did you make it? But these kinds of interactions form the relationship, the trust, the "confianza", and once it is formed, it is hard to break (JF, 2008).

As a relatively innovative type of service provider, Agency B was less governed by tradition and policy and was more able to offer free-form

services that could be tailored to clients' needs.

Agency A: TW, HTY Service Coordinator

Agency A had been serving the area for approximately 40 years. They provided services ranging "from preventative education to counseling and case management for those affected by Sickle Cell Disease, HIV/AIDS and diabetes" (Agency A, 2008). TW was the HTY Coordinator. She was a Licensed Professional Counselor and had training in treating clinical mental health issues.

The majority of HTY clients for Agency A were referred through formal mechanisms, such as other agencies or from within Agency A; although some were contacted through outreach efforts – a service that Agency A had long-practiced. TW was one of several program coordinators at Agency A. There was a mid-level supervisor between her and the executive director. She used agency policies to guide her activities as well as charging mechanisms. Agency A clearly had the advantage as a long-standing, direct-service agency in its ability to provide an insulating clinical environment for staff. She stated that her own philosophy on service provision had undergone a change in that her role had necessitated her being "more concrete" and less "system-driven." She underlined the importance of Agency A as a historical, trusted agency in the community in helping to build confidence and solidarity with the clients:

...Our agency's long-lasting reputation in the African American community ... has definitely played a role in making clients feel comfortable about receiving services, although HTY is a fairly new program as compared with other local programs. It helps clients to feel as though their services will have continuity without the worry of being cut off due to the unavailability of funds or unsustainability of an agency without the 'roots' of a tenured agency such as AGENCY A (TW, 2008).

TW was extremely helpful in teasing out what makes Agency A so unique from other programs and pointed to the lack of paperwork hurdles as very beneficial in facilitating the bonding process and the immediacy with which she could meet the needs of the clients:

As far as uniqueness of the HTY direct services paradigm, again I stress that due to our semi-paperless model, we are afforded much more time to address clients' pressing issues rather than being concerned about having clients sign a piece of paper or answer a checklist upon every meeting. I also believe that this helps to build trust within the relationship, since I can focus my undivided attention on the client and making our visits as productive as possible. As a result, this makes it easier to customize a family development plan tailored to each family's specific needs (TW, 2008).

Future directions of the HTY program were less of a concern for Agency A, namely that United Way would divest of the direct-service component and require the HTY partner agencies to apply for funding. In fact, Agency A staff members said that they were ready for this to occur.

2.5 Focus Groups with Clients

In order to thoroughly evaluate the impact of services, it was essential to speak with clients of the HTY Initiative. It was decided with the program coordinators and United Way administrative personnel that a focus group format would be best. The number of 5 women was chosen so as to provide a diversity of experiences, as well as leave enough time for everyone to speak. The focus group format also has the advantage of giving peer support and fostering networks between clients. Child care and lunch were provided, as well as

“goodie bags” for participants. The necessary Human Subjects approval was received from the Institutional Review Board (IRB). The program coordinators arranged for the women to participate and were given copies of the questions in advance through email. In general the participants were eager to participate; however, the Agency B group only included one woman, although 8 women were invited. Six women attended the focus group for Agency A. Present during the focus group for Agency A were the participants, the researcher and a United Way student intern who participated by taking notes. During the Agency B group, in addition to the participant and the researcher was an interpreter who was a professor of social work at UNC Greensboro.

2.5.1 What do you like best about the HTY initiative?

This question was by far the easiest for the participants to answer and contained the most information. The women talked about how their concrete daily needs had been met when they related how HTY had helped them evaluate and obtain daycare, had helped them find and furnish apartments, had helped them find jobs or go back to school, had helped them get their power or gas turned back on. Other concrete aid took the form of formula, diapers, food, and clothing. The less tangible help had to do with the emotional support they received from the HTY workers: “I confide in her when I feel depression... Since I have first met her, she has been able to help me and gives me great comfort.” Many of these women have known traumatic events and difficult lives: “When we come [sic] to this country, we feel very alone very often,” and “My family wasn’t there for me; this program was all I had.”

The women appeared to value their relationships with the workers and they learned to network with their fellow clients. Several talked about being along on an errand when someone else needed help and how good it made them feel to be able to help. One even talked about wanting to

be the HTY worker's assistant. All of the women voiced alarm at the thought that they would someday be "finished" with HTY.

2.5.2 *What do you like least?*

This negative question proved to be difficult for the participants to answer. In the end, the only answer that they provided was an indirect positive. For example, "The program is going to end and it has been so beneficial that we wish it could last." Another indirect negative was the activity level of the program coordinators: "She needs more people to help her. She had an intern one time, but she doesn't have anyone now." This question appeared to illicit distrust from the participants which might have contributed to the paucity of responses.

2.5.3 *Tell me a story about a time that the HTY initiative helped you.*

The participants readily shared times when they had been helped by the program. One described how she first met the worker. She was 8 months pregnant and trying to get a ride: "She actually picked me up and took me where I needed to go." The client was assisted with an emergency housing placement; later, she got an apartment. Now her daughter is nearly three years old and the client is waiting to hear about a career job opportunity and "I'm getting back emotionally from the bottom to the top." Another participant reported that she was graduating from high school right before she had her second child and did not have money for the cap and gown. She described how the HTY worker asked her what she needed and then got it for her. This was a contrast with how she had been treated by agencies in the past. She went on to talk about how that was what made HTY different: "HTY helps without there having to be something *wrong*, without getting so into your personal business." This was echoed by others in the group, *that HTY said they would help and actually did* without all the invasive questions and yards of paperwork that characterize the

traditional social service model. Another group member also discussed the difference of HTY with other programs in that "she comes to the house" and "I don't have trust" in other agencies.

3. Discussion and Implications for Practice

Through immersion in the HTY programs by extensive staff contact and the consumer focus groups, it became clear that HTY was an innovative approach to working with families. The things that made it distinct included the emphasis on relationship, the level of cultural connectedness, the level of outreach in meeting new clients, the family as unit of service, and the flexibility of paperwork requirements. All of these defining characteristics seemed to work because they were assembled around the originally identified cardinal cultural value of each group.

3.1 Importance of Relationship-Building Trust

The focus group members said again and again that they felt valued as people by HTY. They were accustomed to being seen as *problems* and being dealt with by *agencies*. Now they were seen as *people* and were in relationship with other *people* who were able to help them. The relationship was important to them. They recounted the HTY workers coming to baby showers, birthday parties, and being with them at the hospital when they were in labor: "She was there with me the entire time, translating. I would get more relaxed so that I could forget about the fear..." This emphasis on relationship should be elemental to social service.

Distrust is a barrier to service utilization. It creates impediments to optimal service engagement of minority consumers. Generalized trust can be seen as a value that leads to many positive outcomes in family service delivery. Putnam (2007) argues that trust is lower when we are surrounded by people who are different from ourselves. The United States' national identity, like that of other nations, is challenged by forces of globalization,

diversity, cultural competency, and inevitable cultural transformation. Family service agencies have populations and service delivery challenges that mirror our country's transformational evolution.

3.2 Cultural Connectedness

When the United Way formed partnerships with agencies who were the "experts" in meeting their clients' particular needs in the context of their culture, it guaranteed a level of cultural competence that is unusual in social services. What was interesting was the difference in the ways the agencies operationalized cultural competency across the two populations. It is important at this point to say that cultures are not homogeneous and that the following should not be considered a blanket statement about the values of Latinas and African Americans. Most important is the process of identifying the underlying values and providing services from within that cultural grounding. What follows is beginning exploration of the cardinal cultural values of the two agencies as the researcher sees them. An adequate excavation of why these values are important to these groups is beyond the scope of this article. It should also be disclaimed now, that the authors in no way assert that these particular values would be similar among all groups of Latinas or African American women.

Agency B: Trust

Again and again, what stood out when looking at Agency B's service provision was the idea of gaining trust and maintaining it through real problem-solving. The HTY program coordinator described how she proceeded slowly; once the relationship was developed, then she began to help in other ways. The focus group respondent clearly trusted her and described that other women she knew did as well. This is especially important for members of this culture who may face discrimination and daily fear around issues of documentation.

Agency A: Respect and Faith

Although the women from Agency A

clearly trusted their HTY worker, they also communicated something else: "TW's got *connections!*" They had faith in her ability to help them and in her respect for them as people. This was clearly different than their experiences with other agencies. Faith (*Imani*) is one of the Seven Principles of Afrocentric Philosophy and has been studied as an essential component in African American culture (Stewart, 2004). It is logical that it would be important to these women who have been perennially disappointed by traditional services.

For education, service provision, and outreach efforts to be beneficial, they must target the community's beliefs, particularly as they relate to cultural competence and whether providers will render appropriate care. A lack of trust in the Black community extends back to the era of slavery, when slaves served as subjects in medical experimentation and research without consent or personal benefit (Dula, 1994). It is well-documented that White physicians allowed their Black patients to die so that they could dissect their bodies. The Tuskegee Syphilis Study further fostered fear and mistrust of public service workers (Thomas, 1991). These beliefs that support a lack of trust for providers have been reinforced through dissemination by providers, policymakers, and the media of literature promoting such theories. Inequities in access to health care and adequacy of treatment have been well documented. Studies show that Black Americans are less likely than White Americans to ask questions freely while receiving help (Corbie-Smith, 2002). They are more likely to report believing that their physician will expose them to unnecessary risk, prescribe them experimental medications, not provide them with the best care available, and be motivated by profit (Miller, 2001).

3.3 Outreach

Several women discussed being approached by their workers instead of seeking them out for help. This seemed to work well in gaining their trust and was another distinctive feature

of the program. This is not a unique technique in social services, but it is clear that the combination of outreach and cultural connection and the other HTY defining features makes for a powerful combination.

3.4 Family as base of service

Again, although this feature is not unique to HTY, clearly seeing the family as the identified client makes for a stronger worker/family bond. It is also more of a natural support, because this is the way that families relate to one another. TW's words synthesize this phenomenon:

I feel that a strong part of our HTY program is that when working with our families many of whom which are African American, I have the opportunity to "bond" with the entire family as a unit. Although my assignment is working with the children who are birth-three and their parents, I often times will get requests from my families to work with their school-aged children as well... I have found that bonding with the entire family as a unit helps to increase rapport-building with the families including the fathers, many of which are not living in the same home as their children but are often there "visiting" while I am working with the families. It tends to give them a sense of pride to be included in the sessions and increases positive relations between the two parents TW, (2008).

3.5 Paperwork as a tool versus hurdle

One of the most distinctive aspects of HTY is the lack of onerous paperwork requirements. In recent years, paperwork in social service agencies has taken on a life of its own in that it has almost become an end in itself rather than a means to enable agencies to help people. This dynamic has led to the creation of "paper programs"

(Lackey, 2006), in which agencies can continue to exist based upon how good they look on paper without doing anything with clients that makes a difference. This was decidedly not the case with HTY and it enabled the partner agencies to focus on what the families needed versus what they were "allowed" or "required" to do based on paperwork formulas. For this reason, if funding streams change it will be important to assess how changes in accountability to grantors could affect services.

Emerging Practice Process: Value Identification

All of these distinctive features, together with the words of staff and clients alike, have come together to inform the shaping of a process of value identification as the guiding principle behind the HTY Initiative.

4. Study Limitations and Future Directions

One study specific limitation that emerged and serves as a lesson in cultural competence was a concern by the women in one focus group that the researcher was trying to find out "negative things" about the agency. The researcher, in retrospect, should have foreseen this perception due to the fact that the group was made up of long-time social service recipients who had a host of negative feelings about "the system." Utilizing a member of the group to serve as facilitator might have been one way to increase trust with participants, as would including the program coordinator in the meeting.

Cardinal value identification is an emerging practice for family service delivery as a way of understanding what can help meet the needs of diverse families. Future research that utilizes this process for intervention research could provide greater information about concept utility, validity, particularly across populations.

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Book Review

Rogers, O.W. (2013). *Beginnings, middles and end: Sideways stories on the art & soul of social work*. Harrisburg, PA: White Hat.

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Beginnings, Middles and End: Sideways Stories on the Art & Soul of Social Work is Rogers' reflection on his life as a social work practitioner and educator. It is a profound piece of creative literature that will reinstall idealism within senior social workers who are on the threshold of being cynical about their work. The mood that the author sets is the best aspect of this book. It reminds me of the mood set by the writers of the TV show *MASH*. There is a mixture of drama and comedy that is perfectly blended to capture the attention of a casual reader. I found the entire book a joy to read. Personally, I found it therapeutic.

I see two different readers who would find the book immediately helpful. First, students in their final phases of field work (MSW and BSW) will find help in identifying professional direction and understand that all the theories and single-systems designs are an exercise in futility without an appreciation of the "person within" and the person on the other side of the desk. There are some things that cannot be learned in the classroom and cannot be found in textbooks. *Beginnings Middles and Ends* comes the closest to introducing the practitioner to critical issues that are the basis for good social work practice. Second, I recommend it to graduates who are losing their idealism. Recently, I just spoke to an extremely bright BSW graduate. She was well-read about child protective services and entered the social work major to follow that path. After being a child protective service

worker for three years, she is rapidly losing her idealism and has asked for periodic pep-talks from me. I think the book would be quite fruitful for professionals who have highly stressful positions.

I loved reading this book. After reading, I posted the following on my Facebook page:

I am directing this post to social work students, practitioners and faculty. If your name is listed below, I think you'll be interested in this. I just got finished reading Ogden W. Rogers' book entitled *BEGINNINGS, MIDDLES, AND ENDS*. It is VERY inspiring and moving. In fact, I do not recall enjoying a nonfiction book (written by a social worker). I think that you'd love reading this.

Book Review

Baldwin, C. (2013). *Narrative social work: Theory and application*. Bristol, UK: The Policy Press.

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Judging from his dust jacket biography, Clive Baldwin is clearly no stranger to narrative theory. In *Narrative Social Work: Theory and Application*, he not only lays out a sophisticated yet simple description of narrative theory, but also broadens its generally accepted value as a psychotherapeutic approach to include useful commentary on human rights, social justice, ethics and social welfare policy.

What seems to puzzle Baldwin is that the social work profession, while embracing narrative theory as an empowering, non-pathological explanatory scheme for therapeutic work with individuals and families, has appeared to have neglected its utility in facilitating understanding and change on a larger systems level. To wit, if narrative theory and practice can provide a rich avenue of exploration for healing on the micro level of social work practice, might it also serve a similar purpose in fostering changes in organizations and communities? Judging from the present state of social work scholarly inquiry, we simply don't know. That alone makes *Narrative Social Work: Theory and Application*, a worthwhile read.

Baldwin begins his own examination with a primer on narrative theory, in which he deconstructs effective storytelling. Engaging stories, particularly those with appeal to social workers, are about people or, more specifically, a person. Yet a person does not exist in isolation, but in a context of other people, a setting and a society. To one degree or another, stories describe the interaction of a person in and with a social milieu.

What moves a story is plot, or a sequence of actions that link one set of events with ensuing events, culminating in a conclusion. However, a good story requires intriguing characters, characters who come alive in the course of telling the story: characters about whom we care.

The social milieu, or setting of the story, Baldwin refers to as the genre. By this, he means adherence to the devices and actions that particular types of stories require. For instance, a mystery needs clues, a romance needs compelling human interaction, and a horror story needs fear and awful surprises.

As any English composition student knows, a story also needs authorship and point of view. Authorship is the creator of the story, and point of view is concerned with the teller of the story. These two elements may initially seem quite similar, but are in fact not. In *The Great Gatsby*, Jay Gatsby is the author of the story, but it is left to Nick to provide the telling. Few readers of *The Great Gatsby* would suggest that the two angles of view are the same.

The next component of storytelling, according to Baldwin, is rhetoric, not the bombast of cable TV commentators or the blathering of politicians, but the art of persuasion. It is the language and set of concepts that are used in the narrative to move the reader from one position to another, and that leads us to the last of Baldwin's ingredients for engaging and effective storytelling: readership. For does a story not require the attention of an engaged reader to have meaning?

Thus, Baldwin holds that narrative has these seven facets:

- Plot
- Characterization
- Genre
- Authorship
- Point of view
- Rhetoric
- Readership

Baldwin's deconstruction, if he will permit me, boils down to three vital elements: the story, the storyteller, and how the story is told. Thus, a narrative is not only what is said, but who says it and how it is said. The application of retelling stories in such personal therapeutic interactions as individual and family therapies, casework and other forms of micropractice is fairly obvious and usually achieves at least two objectives: altering the foundational premises of the story, and in so doing, bringing unseen alternatives for action to the forefront of the narrative.

Baldwin's original contribution to the literature on the uses of narrative in social work practice, in my view, is his expansion of the technique to understanding and facilitating change in larger entities and for larger causes. For instance, it is not a great leap for social workers to identify the dominant discourse (narrative) defining problems in living that people frequently bring to social workers practicing in mental health: the medical model of illness and healing. Sweetening the pot for honoring the definitions of mental illness promulgated in DSM is insurance payment for service, an allurements hard to ignore.

But could not a narrative approach be taken to issues of human rights and social justice? In the American dominant discourses of social justice, some people, like some pigs in Orwell's *Animal Farm*, are more deserving of social justice than others. Likewise, some people are seen as more deserving of so-called "entitlements" than others, such that a broad narrative exists in American society differentiating the deserving from the

undeserving poor. As the story often goes, if you are poor through "no fault of your own," there are goods and services available to help you reestablish your life. If, on the other hand, a particularly entrenched episode of poverty captures you, such goods and services are less available, and become even less so with the passage of one's time in the cage of poverty. Predictably, a narrative of ethical fairness accompanies and legitimizes such classifications of people in poverty, and over time, in mind numbing repetition spoken by authoritative voices, such a narrative begins to carry the ring of truth.

It is Baldwin's contention that retelling this story is a considerable step toward remedying such social problems as human rights violations and social injustice, and that the essential "realities" that are the foundation posts of the worldview, values and ethics which legitimize the widespread acceptance of these social problems are not immutably real at all.

Baldwin's point of view is starkly constructivist. It is not, however, ungrounded in facts. Because of that, his application of narrative theory to macropractice issues is neither pie-in-the-sky nor unattainable. What is required is a retelling of the story of social injustice, but most especially a re-engineering of the principles that underpin the tolerance of its existence. Baldwin does not deeply venture, in this relatively thin book, into the detailed pragmatics of social change using narrative methods, but he sure does offer us a workable start. Read it.

Book Review

Klikauer, T. (2012). *Seven management moralities*. New York, NY: Palgrave MacMillan.

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Seven Management Moralities begins with the premise that managers engage in actions that affect others, thus managers have a moral responsibility to all those they encounter that extends to the whole of creation. Klikauer builds on Kohlberg's theory of moral development to explain how managers may engage in moral behavior, particularly in for-profit organizations. This model consists of three categories, which are further defined by seven stages. The model assumes that managers engage in an authoritarian leadership style within a hierarchical structure. Although social workers tend to work in non-profit organizations, Klikauer's model provides a useful framework for understanding moral dilemmas that confront managers. Hence, the model may be used to help determine the moral framework from which a manager is operating and how a manager's behavior might change in order to manifest a higher level of morality.

The seven stages are broadly conceptualized under the three categories of pre-conventional morality, conventional morality, and post-conventional morality. As part of pre-conventional morality, management behavior is intended to incite workers' fear of punishment and later on, the potential for personal gain. Conventional morality means management behavior is congruent with managerial peers, which subsequently leads to behavior that reflects identification with the organization's culture. The highest level of moral development, post-conventional morality, involves management's desire to comply with external norms such as those established by regulatory

agencies and the government. Internal and external resources are solicited to help management ensure global wellbeing, including the wellbeing of animals and the environment.

Again, these three categories consist of seven stages that reflect management's gradual shift in morality, as indicated by, for example, management's value of human life. Theoretically, management behavior is based on moral values that are relative to a particular stage of moral development. The seven stages of management morality include 1. Obedience and punishment, 2. Selfishness and personal benefits, 3. Social conforming, 4. Law and order, 5. Justice and economic and social welfare, 6. Universal principles, and 7. Beyond humanity. Therefore, at the lowest end of the continuum, management views workers as objects that require force (stage 1) or rewards (stage 2) for them to comply with managerial dictates. At the highest end of the continuum, managers partner with workers (stage 5) and others outside of the organization (stage 6) to manage operations that ultimately reflect one's responsibility for the preservation of all things (stage 7).

The remainder of this book details each stage of moral development. Klikauer references numerous theories across disciplines to demonstrate the moral challenges managers face and what is needed to uphold moral behavior in the for-profit environment. Being a stage model, each stage of moral development enables a manager's progression to subsequent stages. Moral processing and behavior reflect some remnants of previous stages, but less so, as more stages of moral

development are integrated and used to inform advancement across the morality continuum. This means upward movement in management morality requires a reorientation of behavior and actions to be consistent with the new level of moral functioning. Klikauer suggests that by the time management reaches level 3, lower level behaviors are extinguished. Subsequent advancement to higher levels of moral behavior requires less profound internal change to enable a fuller expression of management morality.

Klikauer concludes that in an environment where profits are valued over people, managers are not likely to operate at higher levels of morality. Workers become a means to an end so organizations can access the maximum profits for stakeholders. As workers carry out disembodied decisions on behalf of management, there is little direct accountability for the consequences of these decisions, which increases the risk for immoral behavior. Management takes advantage of opportunities to exploit resources, especially when there are rewards for such behavior that defy organizational and/or civil sanction. Management further projects entitlement to organizational rewards, even at the expense of others. However, as asserted by Klikauer earlier in the book, management is a social construction that cannot exist beyond people who recognize the legitimacy of it. Therefore, people have the potential to transform management operations so they better fulfill moral obligations to society and beyond.

Even though this book focuses on the experience of managers in for-profit organizations, it is important to consider how this model may apply to managers in non-profit organizations specific to the social work profession. It is possible that managers in non-profit organizations operate under similar conditions that, for example, involve an authoritarian leadership style within a hierarchical structure. Profits may not be the primary motive for stakeholders, but insurance reimbursement and private pay for services must cover organizational costs to the satisfaction of board members who advise them. Managed care companies nearly dictate the

type and duration of treatment that can be provided in some organizations. The public may serve as stakeholders who leverage power through public pressure for the passage of legislation that shapes organizational funding and operation in other organizations. This high-pressure environment surely leads to moral challenges faced by non-profit managers that range across the continuum.

Non-profit managers are also likely to draw upon traditional management principles and practices that have implications for the stages of management morality. For example, non-profit managers may believe workers require specific directives with close supervision of service provision (stage 1). Some workers may be singled out for promotion or merit raises that legitimize the hierarchy of preferential treatment (stage 2). These modes of behavior are more likely to be employed by managers than the sharing of power with workers to create organizational policies (stage 5). Beyond the type of organization and style of management, it also seems important to consider variation in a manager's moral predisposition. Are there differences in the morality of managers based on gender, professional experience, or role in the organization? One of the key points made by the author is that individual variation, for instance, expressed through self-interest (stage 2), will fade away as moral decisions are made to be in line with immediate peer support (stage 3) and broader organizational norms (stage 4).

Finally, it seems that the purpose of non-profit organizations is to promote social welfare (level 5), and in the case of advocacy organizations, create social change (level 6) to enhance the collective wellbeing of human, animal, and plant life (level 7). This would suggest that non-profit organizations are more inclined to have internalized the charge by society to operate at a higher moral level, although it is unclear whether individual managerial practices would be consistent with this higher calling. It seems feasible that some managers in non-profit organizations would engage in behaviors associated with lower stages of moral development based on personal preference

for managing by fear (stage 1) or desire for self-service (stage 2), despite working in a way that is congruent with the organization's charge to facilitate social transformation (stage 6). Therefore, potential differences between individual versus collective behavior, as well as behavior within a for-profit versus non-profit organization, remain unclear.

What is clear is that *Seven Management Moralities* is well-researched and integrates numerous theories of considerable depth to inform a new model of management morality. This book indirectly draws attention to the need for more research on management morality in the field of social work. Even though it is particularly important

for social work administrators and educators to read about this topic, *Seven Management Moralities* is not applicable without additional work to process it. In fact, at the beginning of this book, Klikauer admitted that the content was presented for a highly specialized audience. This results in a book that is challenging for the average person to read. This difficulty could have been alleviated if Klikauer had used more examples to link theory and model application for practice. Nevertheless, Klikauer highlights the importance of management morality and the power of social construction to reconstruct the role of management and promote the well-being of all.

Book Review

Barnes, M. (2012). *Care in everyday life: An ethic of care in practice*. Bristol, UK: The Policy Press

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The author continues her exploration of the concept of care in her second book on the subject. In her latest work, she examines care in three specific domains. First among these is thinking of care as “a way of conceptualizing personal and social relations.” In doing so, Barnes develops an expansive view of care that she summarizes as “being attentive to needs and making sure needs are met in order to enable people to flourish.” Second, Barnes looks at care through the lens of evaluation, noting that care is intrinsically linked with values and that people are often judged by their ability to provide care across a variety of social relationships and settings. Third, Barnes looks at care from the perspective of practice. While recognizing the work of feminist scholars on such issues as caregiving and unpaid and undervalued labor, she seeks to expand on previous research by including an examination of what care means in the workplace and in public policy deliberations. She argues that the development of an “ethic of care” is essential if we are to apply caring principles in personal, social, and workplace settings.

The strengths of Barnes’ work are the uniqueness of her conceptualization of care and the orderly and thorough manner in which she explicates and develops her thesis. This is a topic that is clearly important to social work practice, and Barnes makes a significant contribution by looking at care across systems – from personal, family and social relations, to the formulation of social policy. Thus, her work would be useful in classes spanning the entire spectrum of social work education, including practice and policy classes.

Finally, her linking of care with values and ethics makes this book especially relevant to social work educators and practitioners. As she states at the conclusion of her work, care “needs to be named as a distinct value and practice, rather than being ignored and undermined.”

The potential weakness in her work is inherent in taking an expansive look at a specific issue; that is, loss of focus and/or inability to thoroughly address each topic. Barnes avoids this possible pitfall through her concise and cogent writing and by organizing the book in a manner that makes it clear to the reader the ways in which she is developing her basic points. By beginning with a definition of “care” and then placing her own work within the context of existing research, she makes clear the specific ways in which her work both builds upon and adds to the body of knowledge on the subject.

Certainly the fact that Barnes has previously published a book and several articles on the issue of care, combined with her experience as a Professor of Social Policy at the University of Brighton, demonstrate that she has both the background and experience to present a well written and coherently presented work on a topic that is very timely for social work and for society in general.

Book Review

Hall, R. E. (2012). *This land of strangers: The relationship crisis that imperils home, work, politics, and faith*. Austin, TX: Greenleaf Book Group Press.

Reviewed by Peter A. Kindle, PhD, CPA, LMSW
University of South Dakota, Vermillion, South Dakota

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I suspect that I would like Robert Hall if we were to meet. He has had an interesting 20-year history as an entrepreneur, but he has also spent a decade working with the homeless as a volunteer. He is trying, almost desperately, to communicate his personal convictions about the essential importance of relationships, and he does so, at times, with the grace of a master storyteller. In brief snippets, he easily captures the essence of an event and weaves the moral of each story almost seamlessly into the flow of his arguments and assertions. At other times, his voice takes on the timbre and tone of an evangelist throwing out citations as if they were Scriptural texts bereft of context and continuity. Readers most likely to appreciate Hall's arguments will be those who already agree with his assertions.

With almost 300 pages of text and more than 500 endnotes, this book remains difficult to categorize. Most of the time Hall seems to be addressing a caricature of the hard-nosed, bottom-line-focused business executive who cares for productivity above people, but his arguments develop too slowly and repetitiously for this readership. The abundant citations suggest that Hall is attempting some form of rigorous analysis of contemporary societal trends, but his handling of this research is not balanced. He makes few assertions of fact without providing some documentation to support it; however, his conclusions and interpretations often miss more carefully nuanced and accurate interpretations of the evidence. In support of his thesis that "we

are experiencing a wholesale free fall in the most elemental building block of society – personal relationships" (p. 32), Hall summarizes that "in a nutshell, divorce is up, marriage is down; unwed mothers are up, very happy marriages are down; cohabitation is up, and the percentage of children living with both biological parents is down" (p. 16). One cannot understand contemporary households without mentioning the erosion of earning capacity for blue-collar males, the advent of women into the labor market, the adverse influence mass incarceration has had on the marriageability of minority males, or the female gender imbalance in higher education. His largely uncritical assumptions of conservative social values (e.g., personal responsibility) may strengthen the acceptance of his thesis among businesspersons, but may tend to make the book unpalatable to progressive readers.

The first four chapters are grouped under the banner "Relationship Lost: Societal Costs of Unrelenting Relationship Decline." Hall looked explicitly at the supposed decline of relationships in homes, businesses, politics, and religions, but readers might be surprised to discover that Hall interpreted social trends as diverse as divorce, mass incarceration, wage disparities, short job tenures, rapid rates of capital flows, partisan politics, and religious rivalries as the products of the declining value of relationships. It takes a peculiar form of astigmatism for any social observer to overlook completely the structural contributions to these social trends.

I began to wonder exactly what Hall meant by relationship in chapters five and six. If relationships are “Our Most Valuable Resource” as this section proclaims, it is interesting that Hall chose to illustrate this value with a story about a Neiman Marcus jewelry sales clerk who built a file on him, pre-selected gift options for his wife, and visited his office to solicit sales. It is difficult to reconcile this illustration of a *priceless* relationship with Hall’s description of relational attachment, the ongoing obligation, give and take, mutual service, and gracious accountability by which people connect to one another. He defined *relationship capital* as “the wealth or value that flows from productive relationships” (p. 116), and any reader concerned with productivity in any venue will be challenged by Hall to commit more time and attention to building relationships. Without denigrating Hall’s emphasis on the importance of relationships, I do find it interesting that he did not appear to be aware that tying the value of relationships to their functionality (or productivity) may actually erode the quality of connection between two people. The hidden inconsistency in Hall’s thinking is that he valued relational intimacy when speaking of family, but relational functionality when speaking of consumers and employees, without realizing that these forms of relationship may be largely incompatible.

In the next section, chapters seven through ten, Hall provided his explanations of four macro trends that he believes have resulted in disposable relationships. Extreme forms of consumerism (chapter 7) are equated with radical individualism, narcissism, the conflation of self-identity with ownership, and the ascension of autonomy over loyalty. In Hall’s interpretation, consumerism became extreme commercialism when relationships became monetized (chapter 8), the second of Hall’s macro trends. High tech gadgets are targeted next (chapter 9), eroding attentional focus, segregating Americans into homogeneous clusters, and increasing distances rather than improving connections. Finally, large bureaucratic institutions are blamed for being careless and

increasing interpersonal distrust in the pursuit of efficiency. At best, this selection of explanations is highly subjective and idiosyncratic. Even if one agrees with Hall’s premise that relationships are in free fall, one is likely to wonder about the roles played in relational decline by alcoholism, drug use, financial strain, unemployment, job market restructures, reentry from war or incarceration, and globalization. This list could go on.

Hall warned in the introduction that he had “not provided a snappy, simple solution at the end of the book to make our society more relational, because such a solution does not exist” (p. 6). Even more sadly, Hall seems to have forgotten his passion for personal relationships by the end of the book where he wrote almost exclusively about organizational relationships and societal needs. The three-tiered solution required revalued relationships (chapter 11), support for small and local organizations (chapter 12), and practiced relational leadership (chapter 13). Revaluing relationships, in Hall’s view, is a function of expanding *relational capacity* that is “the potential for relationships, working in concert, to be highly productive” (p. 246), but there are few hints of what produces relational capacity beyond a need for *relational leadership*. I wonder who Hall hopes readers might turn to for help in this area? Readers should be forgiven if they feel that these three chapters are a lengthy marketing brochure for Hall’s relational management consulting business.

Readers of the *Journal of Social Work Values & Ethics*, I am happy to assume, are quite likely to place a high value on relationships in their personal lives and professional practice already. Accordingly, I believe that Hall has little to offer these readers. On the other hand, Hall’s book might make an interesting gift selection for a hardnosed conservative who quickly dismisses social problems such as poverty, poor educations, and unemployment with a dismissive homage to personal responsibility and hard work. At the very least Hall forces his readers to ask themselves, what am I doing personally to improve my relationships? Maybe caring for one another is one place from which shared common good can grow.

Book Review

Griffith, M. (2013). *Free will: The basics*. Routledge: London

Reviewed by Wayne C. Evens, PhD
Bradley University

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Meghan Griffith, Ph.D. is an associate professor of philosophy at Davidson College who specializes in metaphysics, free will, moral responsibility and action theory. She has published in these areas. This is her first book.

The book, as the title suggests, is very basic. It briefly summarizes the many arguments philosophers have made for and against free will. It reaches no conclusions, nor, does it present the arguments in great detail.

In the "Introduction," the author defines free will as the ability to make choices. She identifies determinism as the challenge to free will. She further links free will to moral responsibility. Chapter 2, "The Compatibility Issue," discusses determinism. She focuses on the kind of determination that involves laws of nature. The book discusses compatibilism, the idea that free will requires determinism, and incompatibilism, the idea that determinism and free will are not compatible. Chapter 3, "Moral Responsibility and Alternative Possibilities," discusses the impact of various positions on moral responsibility. It introduces the concept of "could have done otherwise" and discusses how the various positions deal with this. Chapter 4, "Some Current Compatibilist Proposals," introduces mesh theories. Mesh theories claim that freedom is an appropriate mesh between actions and interstates. It also discusses the reason actors choose to act, which asserts that agents must be able to understand and value their reasons for acting. Various responses and objections to this view are discussed. Chapter 5, "Some Current

Incompatibilist Proposals," discusses the possibility that thoughts and decisions are caused, various philosophical views of how this is possible, and objections to this view. Chapter 6, "Other Positions," discusses other possibilities for understanding the problem of free will. Chapter 7, "Free Will and Science," discusses quantum physics and the issues of unpredictability, and, again, discusses the various formulations and objections to this position. Chapter 8, "Where Does This Leave Us?" sums up the arguments and explores why it is important to study free will.

The book closes with the statement, "Even if, from a practical standpoint, we must choose, reflecting on whether our choices are genuine and what needs to be true in order for them to be so, tells us a great deal about ourselves, our values, and our relations to one another."

The summaries presented in the book are very brief and serve to introduce the basics of the many arguments for and against free will. Each chapter has a fairly extensive list of further readings or suggested readings that would allow the reader to further explore the arguments. The author acknowledges that the nuances of the arguments are not included in this book. The book might be useful as a supplementary text in a human behavior course if one were going to address the free will issue.

Book Review

Almgren, G. (2012). *Health care, politics, policy, & services: A social justice analysis, 2nd edition*. NY: Springer.

*Reviewed by Renee Lamphere, PhD
University of North Carolina at Pembroke.*

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In the second edition of *Health Care, Politics, Policy, & Services: A Social Justice Analysis*, author Gunnar Almgren provides a comprehensive analysis of the organization and historical background of the United States health care system. Analyzing this system under a social justice framework, this text reviews the multi-faceted debate over health care in the U.S., focusing on the mutual responsibilities that flow between individuals and society. With this framework in mind, Almgren discusses the disparities that exist in the current American health care system in terms of race, ethnicity, class, gender, and geography. Featuring an up-to-date examination of President Barack Obama's Patient Protection & Affordable Care Act (PPACA), this book reflects on the implementation barriers and political perspectives that surround this legislation.

The text begins with a discussion of the social justice aspects of health care, including a review of relevant theories of human rights and political philosophy. In keeping with philosopher William Talbott's view that each theory of social justice is a "moral improvement" of the theory presented before it (Talbott, 2010), this text examines the US health care system under a chronology of theories. The sequential review of theories takes the reader from the basic Libertarian perspective of monarchical times to the recent, still-developing Capabilities Approach to social justice. While any of the theoretical frameworks presented could have been used to examine this topic, John Rawls' "Justice as Fairness" approach was selected as the

central social justice perspective of the text (Rawls 1971, 1985, 1996, 1999, 2001). Under Rawlsian Liberalism, medical care is equivalent to a primary good, and is one of many political, social, and material benefits that are essential in a just society. This theory also posits that individuals have a duty of justice that morally obligates them to be advocates for change, which is a vast departure from other "typical" analyses of health and health care policy.

After establishing the basic theoretical framework for this text, Almgren takes the reader through the historical development of the American health care system. This includes developments both in the medical and health care industry as well as the involvement of the federal government in the health care system. The text also offers an assessment of health care finances in the U.S. A 2010 review of health care spending revealed that the US is spending close to \$2.6 trillion dollars per year on health care, which represents 18% of the gross domestic product (OECD, 2012). While health care finance in the U.S. is a relatively even balance of public and private funds, the massive amount of money being spent leaves questions as to the sustainability of current health care initiatives. In discussing the Medicare/Medicaid program, the author asserts that an "impending" funding crisis surrounding these programs is no longer approaching, but rather has arrived. Almgren brings to light the seemingly futile debate over incremental versus fundamental health care reform

and concludes that fundamental health care reform is not only essential, it is imminent.

The text also provides a general overview of the organizational structure of the current U.S. health care system. It is discovered that the American federal government is spending less money per dollar on health care when compared to the average government spending ratio of other countries: 48 cents versus 72 cents per dollar respectively (OECD, 2011). Despite the massive amount of resources going into the health care system, the U.S. has failed to achieve the health outcomes of other nations that spend less overall. Almgren credits this disjuncture to conditions such as poverty, racism, social isolation, & income inequality. A closer examination of both between- and within-population disparities in health care is undertaken. This includes traditional measures of disparity such as overall health and disease/death distributions, as well as measures of outcomes, access, quality and equity of health care. The populations were compared in terms of variables such as age, race, ethnicity, gender, geographic location, and socio-economic status. While there was assorted direct and indirect evidence for the variables, Almgren concludes that "...disparities in the US health care system exist on the basis of a wide variety of social characteristics" (p. 277). The author further suggests these findings may be indicative of institutional racism at the wider level.

The concepts presented throughout the text are brought together in the concluding chapter of this book. The main focus of this section surrounds the Patient Protection and Affordable Care Act (PPACA), signed into law by President Barack Obama on March 23, 2010. The PPACA is a multi-faceted piece of legislation that aims to expand overall health insurance coverage, control rising health care costs, and improve the current health care delivery system in the U.S. Citing the PPACA as a "middle ground approach to health care reform" (p. 343), Almgren discusses both the potential strengths and limitations of this legislation. Despite the potential limitations, he argues that the provisions of universal minimum standards

availability, quality, and costs of health care presented in the PPACA would be entirely consistent with Rawls's theory of justice. It is important to note that while the PPACA is more compatible with the demands of justice, a Rawlsian approach would limit the scope of universal benefits to only those benefits most essential for basic medical and social functioning. Fundamental political and scientific challenges make it difficult to predict the precise outcome of the PPACA. While the exact future of this legislation is still unknown, overall it represents a vast departure from the previous politics surrounding health care reform. If Almgren's assertions regarding the sustainability of the current health care system are true, this departure may be the only viable future solution.

Gunnar Almgren's *Health Care, Politics, Policy, and Services* offers a comprehensive account of the American health care system including an in-depth discussion of the various social justice frameworks from which this system can be viewed. This up-to-date book gives a timely and detailed overview of the Patient Protection and Affordable Care Act by analyzing the provisions, implementation, and barriers to implementation of this legislation. This book is appropriate for academicians, students, and policy makers interested in learning more about social justice in the health care system. It may also be of particular interest to experts in these fields as it provides detailed information about a wide array of issues and theories. The theoretical framework chosen for this text does support many of the provisions of the PPACA, which is similar to the views held by liberal politicians. However, the book is well balanced in that it offers both critiques and support for the social justice theories and policies presented. It is only after a careful, multi-faceted examination of the U.S. health care system that Almgren draws his conclusions. Overall, this book is an excellent tool for those interested in U.S. health care and social justice. This book may be of particular interest to educators, as the critical analysis of health care policy is both comprehensive and reader-friendly.

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Book Review

Goelitz, A., & Stewart-Kahn, A. (2013). *From trauma to healing: A social worker's guide to working with survivors*. Routledge, New York, NY.

Reviewed by Wayne C. Evens, PhD
Bradley University

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Ann Goelitz, Ph.D., LCSW has taught at Columbia University and Hunter College. She has done extensive work with trauma survivors, including working with survivors of the September 11th attack. She has published many articles on therapy, with an emphasis on therapy with trauma survivors. She has also done many presentations and workshops on working with survivors. Abigail Stewart-Kahn is Director of New Programming at the San Francisco Child Abuse Prevention Center. She has extensive experience doing clinical work with trauma survivors.

From trauma to healing: A social worker's guide to working with survivors is addressed to multiple audiences, from social work students to social workers with experience. In the introduction, the authors assert that schools of social work do not offer courses in trauma, and that many social workers have to develop the skills to work with trauma survivors as they practice. In the Introduction, the authors state, "One of our goals was to make the book as accessible, clear, and easy to follow as possible. We also realize that there are many good books detailing specific clinical approaches and saw no need to recreate these in *From Trauma to Healing: A Social Worker's Guide to Working with Survivors*. Instead, we have worked to build a framework for social workers' work with trauma survivors, outlining approaches, providing case examples, and letting readers know where to find more information (XVII)."

Part I, First Things First: Safety after Trauma

The two chapters in this section address the need of survivors to be in a place where they feel safe to deal with the trauma and issues that may interfere with them feeling safe. The second chapter summarizes techniques for creating safe relationships with survivors.

Part II: Important Considerations

Chapter 3, "You Can Be Affected Too: Secondary Trauma" discusses how workers may be affected by client trauma and how to do self-care to reduce these effects. Chapter 4, "Vulnerable Populations" deals with sociological and environmental factors that increase the risk of trauma and negative responses to trauma. Chapter 5, "Cultural Factors" presents information on particular cultural groups who may be more likely to suffer trauma.

Part III, Tools for Surviving Trauma

Chapter 6, "Crisis Management, Assessment, and Referral for Aid" deals with various approaches to intervening with trauma survivors. It stresses the importance of individual reactions to trauma. Chapter 7, "Coping Skills and Self-care" discusses the multiplicity of coping responses, and stresses the importance of the intervener understanding his or her own coping responses.

Part IV, The Survivors Experience

In Chapters 8 & 9, "Witnessing Trauma" and "Experiencing Trauma," the authors assert that witnessing trauma can be as harmful as

experiencing trauma directly. These two chapters stress the importance of individual background and experience as one faces trauma.

Part V, Potentially Traumatic Events

Chapter 10, "Life Threatening Illness" discusses the various aspects of facing life-threatening illness and techniques for intervention are summarized. Chapter 11, "Intimate Partner Violence" presents intimate partner violence as a unique form of trauma, with discussion of power and control issues. The complexity of intimate partner violence relationships are discussed. In Chapter 12, "Child Abuse and Neglect," the complexity of responses to child abuse are summarized, with emphasis on child safety.

Part VI, Direct Interventions for Social Workers

In Chapter 13, "Individual, Couples, and Family Therapy" the authors summarize issues to be considered, point therapy at various levels with trauma survivors, and suggest some strategies. Chapter 14, "Group Therapy," again, gives considerations for doing group therapy, and some methodologies are discussed. Chapter 15, "Other Trauma Interventions" summarizes the various approaches that have been used with trauma survivors.

Part VII, Working in Community

Chapter 16, "Program Development" discusses strategies for program development along with those who should be involved in developing programs, and some of the issues that may create problems in developing programs for trauma survivors. Chapter 17, "Advocating for Survivors" encourages social workers to become involved in advocating for trauma survivors and to be aware of the powerlessness that trauma survivors may experience. Chapter 18, "Prevention and Community Organizing" briefly summarizes preventative approaches.

I believe this book would be useful as a reference for those working with trauma survivors. Each chapter provides brief summaries of what is known about trauma intervention. I do not feel that a framework emerged. The book does outline approaches, but very briefly. I would not use it with undergraduates, because the information is too brief. Although the case examples were illustrative, I found them too brief and lacking context. The references are reasonably complete and provide the reader with guidance as to where more information can be found. In short, this is an excellent reference book, but I do not think it would be useful in classroom teaching.

Book Review

Rogowski, S. (2013). *Critical social work with children and families: Theory, context and practice*. Bristol, UK: Policy Press.

Reviewed by Rasby Marlene Powell, PhD
University of North Carolina at Pembroke

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Dr. Rogowski has been a practicing social worker for nearly 40 years and has published widely in the area of social work policy. He practices mainly with families and children and is particularly focused on youthful offenders. This book presents Dr. Rogowski's political argument for the use of critical social work strategies to lessen the influence and control of the managerial climate that he claims currently pervades social work in the United Kingdom (UK).

The first three chapters of the book focus on defining critical social work and juxtaposing it to what he labels the New Right and the resulting neoliberal policies, which guide the practice of social work in the UK today. Rogowski argues that once conservative leaders gained power, there was a gradual shift from focusing on the individual needs of families and children to a focus on accountability as measured by evidence-based practice. He posits that rather than trying to meet citizen's basic needs, social workers must now focus more on market-based assessments and rationing of goods and services.

Chapters four through eight discuss the kinds of problems that the social workers face when practicing with specific categories of children under current policies. He discusses social work practice for children who need protection, foster care, mental health, and disability services. He also discusses the needs of children and families who are refugees seeking asylum. In the final chapter, Rogowski argues

that social workers should work toward achieving social equity and justice through social reform and structural transformation. He claims that these goals could be achieved through the practice of critical social work.

Rogowski asserts that Critical Theory not only seeks to explain social issues, but also strives to change society toward its definition of freedom. It is founded in a Marxist/socialist paradigm where freedom equals freedom from want through redistribution. Thus, a large part of his presentation is based on the political ideology that socialism is preferable to capitalism as a means to freedom. As a result, readers who do not share his political ideology may bristle at some of the claims Rogowski makes, since he does not provide evidence to substantiate many of the negative social ills he attributes to capitalism. For example, he glosses over the conservative argument that to sustain a growing population a country must create jobs and wealth. Because he sees redistribution as the answer, he ignores the question of how to balance the real needs of the people against the real need of the state to solve a financial crisis.

While this book has many strengths, I think it would be much stronger if it were presented less as a political argument and more as a scholarly work. While, on one hand, he gives clear and fairly detailed insights as to the political ideology of critical social workers and to many of the serious challenges they face, he skims over more conservative ideas or attributes negative motives

to policies related to any cuts in social services. His presentation of the serious challenges social workers face as their work becomes less about individual clients and more about meeting various quotas is excellent. He provides multiple examples of real cases that illustrate how difficult it is for social workers to meet the needs of their clients under a managerial based system that focuses on numbers rather than client satisfaction. However, his argument would be made much stronger if he treated opposing ideas as worthy of analysis. Although he does acknowledge that service cutbacks were implemented to deal with a financial crisis, he seems to argue that the motives were less about solving a financial crisis and more

about control and greed. While this is an ongoing political debate in which the opposing sides are not likely to agree anytime soon, I believe Rogowski's claims would be strengthened by addressing the issue in a less politically charged manner.

Overall, I would recommend that anyone who has an interest in understanding critical social work read this book. However, as someone who teaches social theory, I would also be cautious about using it in a class without labeling it as political ideology. That said, I believe this book provides great insight into the very important issues facing social workers under the ever increasing austerity measures that many societies face today.