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**Table of Contents**

### **Editorial**

THANK YOU!!! Stephen M. Marson, Ph.D.

FREE ETHICS CONSULTATION! (With a slight catch). Stephen M. Marson, Ph.D., Editor, & Dawn Hobdy, MSW, NASW

### **Articles**

Beneficence vs. Fidelity: Serving Social Work Clients in the Aftermath of Catastrophic Events.

Jay S. Sweifach, DSW, LCSW, Norman Linzer, Ph.D. & Heidi Heft LaPorte, DSW

A New Look at an Old Issue: A Constructive- Development Approach to Professional Boundaries. Gail Trimberger, Ph.D., LCSW

Ethical Considerations for Conducting Disaster Research with Vulnerable Populations. Regardt J. Ferreira, Ph.D., Fredrick Buttell, Ph.D. & Sandra B. Ferreira, Ph.D.

No Regrets: Suggested Improvements for Public Apologies. Jim Gough, AOCA, BA, MA, PhD, Tera Dahl-Lang, MSW, RSW [posthumous authorship] & Elaine Spencer, MSW, RSW

The Ethical Dilemma of Abstinence-Only Service Delivery in the United States. Heather Sophia Lee, Ph.D., L.C.S.W.

Social Media & Social Work Ethics: Determining Best Practices in an Ambiguous Reality.

Elizabeth Harbeck Voshel, ACSW, LMSW & Alia Wesala, LLMSW

Social Work Educators' Perceptions of Faith-Based BSW Programs: Ethical Inspiration and Conflicts. Allan Barsky, JD, Ph.D., Diane Sherman, Ph.D. & Erica Anderson, MSW Candidate

Ethical Decision-Making Models in Resolving Ethical Dilemmas in Rural Practice: Implications for Social Work Practice and Education. Beverly Edwards, Ph.D. & Rejoice Addae, Ph.D., LMSW

### **Book Reviews**

Delgado, M. (2015). *Baby boomers of color*. Reviewed by Peggy Proudfoot Harman, MSW, Ph.D.

Daley, M. R. (2015). *Rural social work in the 21st century*. Reviewed by Rasby Marlene Powell, Ph.D.

Kurzman, P. A., & R. Paul Maiden (Eds.). (2014). *Distance learning and online education in social work*. Reviewed by Laura Gibson, Ph.D., LCSW

- Reamer, F. G. (2015). *Risk management in social work: Preventing professional malpractice, liability, and disciplinary action*. Reviewed by Wayne C. Evens, Ph.D.
- Roth, W., & Peters, S. J. (2014). *The assault on social policy*. (2nd ed.) Reviewed by Peter A. Kindle, Ph.D., CPA, LMSW
- Aggleton, P., & Parker, R. (Eds.). (2015). *Men who sell sex: Global perspectives*. Reviewed by Herbert I. Burson, Ph.D.
- Lambert, L. (2014). *Research for indigenous survival: Indigenous research methodologies in the behavioral sciences*. Reviewed by J. Porter Lillis, Ph.D.
- Anderson, S. (2014). *New strategies for social innovation: Market-based approaches for assisting the poor*. Reviewed by Ottis Murray, Ed.D.
- Quaranta Morrissey, M. B. (2015). *Suffering narratives of older adults: A phenomenological approach to serious illness, chronic pain, recovery and maternal care*. Reviewed by Stephen M. Marson, Ph.D.
- Rubin, A., Weiss, E., & Coll, J. (Eds.). (2013). *Handbook of military social work*. Reviewed by Zachary S. Kern, MSW student
- Cook, J.F., Alford, K.A., Uhrich, J., & Conway, P. (2015). *Rural families and reshaping human services*. Reviewed by Ottis Murray, Ed.D.

# 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 copy editor volunteers that have made this volume a success:

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Everyone thanks you for your hard work.

THANK YOU!

*Stephen M. Marson, Ph.D.*

Editor

## Editorial: FREE ETHICS CONSULTATION! (With a slight catch)

Stephen M. Marson, Ph.D., Editor, and Dawn Hobdy, MSW, NASW

For the past 15 years, the editor and members of the editorial board have received desperate phone calls and emails addressing issues related to ethical dilemmas. There is a wide range of complexity in the issues presented. For example, some need help finding information regarding the topic of hiring a social worker with a criminal record. Others request information about standards in the *NASW Code of Ethics* regarding dual relationships. Many of the issues presented fall outside the realm of a particular article that we have published. Some of the issues require an ethics expert who is intimately familiar with the code and other resources useful in making the best ethical decisions. Unfortunately, such questions are beyond the scope of our editorial board. An ethics consultation with a competent ethicist can cost more than \$100 an hour. This cost does *not* include the additional cost of consulting *competent* counsel. The fact is, *not every* lawyer has the requisite training or experience. How would you feel if you paid good money for advice that did not resolve your problem or provide you the tools to reach closure?

CHEER UP! There is good news for social workers who are facing ethical dilemmas. The National Association of Social Workers (NASW) offers free ethical consultations for dilemmas that can even be complex and multi-layered. This service is available four days a week by calling 800.742.4089. The National Association of Social Workers has professional social workers and legal staff knowledgeable about the NASW code of ethics whose expertise also includes knowledge about social work practice situations. In addition, the staff is able to offer resources available online.

So, how does one access this special information? To obtain this free consultation service, one must be a member of NASW. If you want to join and take advantage of this and many other great benefits, contact NASW at: 800.742.4089. Or go to: <https://www.socialworkers.org/online-join/join.aspx>

# Beneficence vs. Fidelity: Serving Social Work Clients in the Aftermath of Catastrophic Events

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## Abstract

In this article, we highlight the results of an international qualitative study which used focus groups of social workers to explore post-disaster decision-making. The study focused on the impact of September 11<sup>th</sup> and other disasters, both natural and man-made, on the professional practice of social work practitioners. The main research question centered on the dissonance experienced by social workers when agency resource reductions (e.g., time, space, budgetary, technological, etc.), or agency policies/procedures/practices impacted their ability to deliver services deemed necessary.

**Keywords:** Disaster response, fidelity, ethical dissonance, beneficence, personal/professional values

## 1. Introduction

Man-made and natural disasters affect over 300 million people each year (United Nations, 2008). Significant challenges face those who are deployed to the disaster, including social workers,

who are among the experts and professionals who provide vital care during and after the emergency. In many ways, the helping process following a disaster response is complex, often infused with subjectivity and conflict. These conditions may tend to undermine the ability of professionals to render effective services, especially when decisions need to be made between two or more actions, both reasonable, but that cannot be concomitantly executed. Confusion is heightened when these decisions carry ethical overtones.

In this article, we highlight the results of an international qualitative study which used focus groups of social workers to explore post-disaster decision-making. The major research question concerned the impact of September 11<sup>th</sup> and other disasters, both natural and man-made, on the professional practice of social work practitioners. The focus of this study centered on the dissonance experienced by social workers when agency policies/procedures/practices impacted their ability to deliver services deemed necessary. For some respondents, this dissonance was ethical in nature, revolving around conflicts between competing

principles. This article focuses on the ways in which social workers contend with the obligation of acting for the benefit of others (beneficence), while concomitantly feeling an obligation to comply with commitments to uphold agency policies/protocols (fidelity). These are two primary ethical principles which may tend to pose conflicts for professionals during the aftermath of a disaster. The study was conducted with focus groups of social workers in health care and social service settings in the United States, Canada, and Israel.

For this study, the term social worker is defined as a graduate of a social work program at the bachelors or masters level who uses knowledge and skill to provide social services for clients (Barker, 2003). Ethical dissonance is defined as intellectual or emotional disharmony resulting from decisional paralysis over the need to choose between two or more value-based, incompatible actions; feelings of discomfort, frustration or helplessness are possible manifestations (Turkoski, 2000).

Disasters are defined as natural or man-made events of an extreme magnitude that pose a substantial threat to life, property, society, and/or the environment. Commentators suggest that two components interact to create a disaster: a triggering agent, and vulnerability (McEntire, 2006; Ural, 2007). A triggering agent can be naturally occurring, like an earthquake, hurricane or volcanic eruption, or may be in the form of a man-made event like a terrorist attack. Disaster-based vulnerability can be viewed as a self-assessed level of susceptibility prior to, during, and after a disaster event. In effect, an individual's response to a disaster, in part, parallels his/her assessed level of vulnerability (Myers & Wee, 2005). The literature also suggests that there are psychological, sociological and biological factors which drive perceptions and behavior during and after a disaster (Chopko & Schwartz, 2009; Walter, 2009).

## **2. Ethical Dilemmas**

An ethical dilemma refers to a situation in which a practitioner is faced with a choice between two actions based on conflicting values. It implies two competing good actions enveloped in conflicts

and tensions of 'right or wrong' and 'goodness of consequence,' where choosing one action upholds one moral principle, while concomitantly violating another. Social workers frequently rely on two theories of normative ethics – deontological and utilitarian, to resolve ethical dilemmas (Congress, 1999; Lowenberg & Dolgoff, 1996; Mattaini, Lowery, & Meyer, 2002). Several social work-based models (Lewis, 1986; Reamer, 2006) of ethical decision-making incorporate these theories.

Deontological thought, much of which has been shaped by Immanuel Kant, argues that moral theory is grounded in pure reason, based upon the extent to which an action is considered right (Beauchamp & Childress, 2012). Deontology calls attention to the way people relate to each other and the moral significance of these relationships. The obligations that each has to the other are independent of consequences. Deontologists characterize moral life as more than merely the means and ends. The moral action focus is on individual rights and liberties rather than the *greater good*.

Utilitarianism, associated with philosophers such as John Stuart Mills and Jeremy Bentham, supports actions according to the consequences they produce. This line of thought is rooted in the belief that there is only one basic principle in ethics, the principle of utility. In effect, certain actions should be taken not because they are 'intrinsically good', but because they are 'good' with respect to their consequences. Utilitarians seek the greatest good for the greatest number (Beauchamp & Childress, 2012); the focus is on prioritizing the collective over the individual. Some commentators suggest that although social work is deontological in nature, social workers typically make utilitarian-based choices (Congress, 1999; Mattaini, Lowery, & Meyer, 2002).

## **3. Beneficence and Fidelity**

Beneficence and fidelity are two highly valued ethical principles in social work (Pinto, 2002; Walker & Staton, 2000). Beneficence occupies

a significant place among the four major ethical principles; others are respect for autonomy, non-maleficence, and justice. The principle of beneficence refers to the moral obligation to act in ways that advance the interests of others (Beauchamp & Childress, 2012), and to further their interests. The principle supports an array of specific rules of obligation. Examples include: the obligation to protect and defend the rights of others, to prevent harm from occurring to others, to remove conditions that could cause harm to others, to help people with disabilities, and to rescue people in danger (Beauchamp & Childress, 2012).

Social workers are guided by the principle of beneficence. Their calling is to serve the needs of people, particularly those vulnerable to exploitation, poverty, and discrimination. To be beneficent is to put oneself out for one's clients, to be available to them, and to help clients obtain the services and benefits to which they are entitled. Under ideal conditions, when beneficence guides both agencies and social workers, clients benefit. However, the ideal is not always achievable, as agencies inevitably are confronted with competing priorities.

Equally important is the principle of fidelity, which directs us to act in ways that are loyal, faithful, truthful and precise. Within the workplace, central to the principle of fidelity is the obligation to honor, in good faith, promises made to an employer. This includes standard workplace practices and procedures such as respecting decision-making protocols, honoring lines of authority, upholding agency policies and rules, and acting to support the agency's mission (Pfeiffer & Forsberg, 2014). For some, fidelity is justified at any cost, and for others, it is set aside if the action could be detrimental to the client/patient. The Code of Ethics (NASW, 1996) expects social workers to place the needs of clients first. There is a concomitant expectation that loyalty to the agency will be maintained. The Code of Ethics states that "social workers generally should adhere to commitments made to employers and employing organizations" (Standard 3.09a). Similar commitments are expressed in the Israeli and Canadian Codes of Ethics. The Israeli code specifies that social workers

are to act with integrity and loyalty to their employing agency (IASW, 1994) and the Canadian Code (CASW, 1994) states that "social workers acknowledge and strive to carry out the stated aims of their employing organization" (CASW, 1994, Standard 4.1.1)

This research focuses on the dissonance experienced by social workers in trying to provide for the needs and welfare of clients, while contending with policy/legal restrictions, all within the chaotic environment of post-disaster conditions. The conflict between beneficence and fidelity can raise ethical dilemmas for social workers, because two principles can not be acted on simultaneously; if one chooses A, one must override B. Overriding B can leave negative emotional consequences or "moral traces" for the practitioner (Nozick, 1968). Ideally, if one could avoid choosing one action over the other, and instead seek a compromise, as many dilemmas involve shades of gray between black and white options, one could discover alternatives and avoid experiencing moral traces.

#### **4. Methodology: Research Design**

A qualitative inquiry was conducted to explore the impact of unanticipated catastrophic events, including man-made and natural disasters, on social work practice. A total of 14 focus group interviews were conducted with respondents from Israel, Canada and the United States, to stimulate discussion about the impact of catastrophic events experienced by the respondents, both personally and professionally. Respondents shared their own experiences and impressions while reacting to the experiences and impressions of others. This interaction was helpful in eliciting memories and personal stories. The dynamic interplay inherent in focus group methodology allowed respondents to offer rich and meaningful feedback (Krueger & Casey, 2008). The respondents' voices became the lens through which the data were analyzed. Rather than beginning with preconceived hypotheses, themes and categories emerged from the text (Krueger & Casey, 2008; Morgan, 1996).

The researchers developed a semi-structured

focus group protocol. The questions were intended to elicit personal stories from participants regarding the impact of the disaster on their practice. They were enabled to respond to one another as well as to share their own personal accounts.

Following Internal Review Board (IRB) approval for the study, recruitment letters were sent to executive directors of a convenience sample of 14 agencies of varying sizes, located in urban, suburban and rural areas. The settings varied and included four hospitals, four Jewish family service agencies, four community-based mental health agencies, one counseling center for women and one agency focusing on child welfare. Agencies provided comprehensive community-based health and mental health, preventive and supportive services.

Letters sent to executive directors included an explanation of the purpose of the study and requested that they identify six to eight social workers who might be interested in participating in the focus groups. Informed consent was obtained from all participants prior to conducting the interviews. Focus groups lasted between 60 and 90 minutes. Twelve were conducted in person and two over the telephone to allow those respondents from geographically dispersed areas to participate without incurring transportation costs (Krueger & Casey, 2008). Focus group tapes were transcribed verbatim; names of focus group participants did not appear in the transcripts. Interviews with the executive directors were not included in the analysis. In most cases at least two and usually all three interviewers were present.

Grounded theory guided the analysis (Glaser & Strauss, 1967). The transcripts were reviewed by each researcher separately and coded for themes (Glaser, 1992). The research team then met to discuss themes for the purpose of consolidating categories and achieving consensus. The transcripts were organized based on general themes. Members of the research team then recoded the transcripts, this time focusing on theoretical constructs and logical groupings of categories within preliminary themes. Codes were further delineated and consensus and consolidation was

achieved. Finally, after a third set of transcripts, coded categories were linked to larger theoretical constructs, thereby creating families of codes and inter-relationships among categories. The team then met to achieve final consensus on the theoretical underpinnings of themes to make links to broader theoretical constructs. Several passages were coded in several categories as they had multiple layers of meanings. The data were then entered into the computer software package Atlas TI.

Verbatim quotes were used to pull together theoretical constructs and to identify important issues discussed by participants. Demographic information was used to provide context about the sample. While the generalizability of the findings may be limited due to the sites not being broadly representative, the insights generated by qualitative studies such as this have meaning in their own right (Myers, 2000).

## **5. Findings**

### **5.1 Demographic description of sample**

The final sample included 102 of 109 social workers approached to participate in the study. Eighty-two percent of the participants were female; this ratio is consistent with other data on the human services labor force reflecting a growing trend of feminization (Bureau of Labor Statistics [BLS], 2011; Gibelman & Schervish, 1997). The age of respondents ranged from 26 to 67. With regard to professional characteristics, 8% of respondents received their MSW degree less than two years before the study, 18% had the degree for three to five years, 15% for 6 to 10 years, 11% had their MSW for 11 to 15 years and 16 to 20 years respectively, and just over a third had had an MSW for more than 20 years. Just over two-thirds of the respondents had prior experience in the field, either volunteer or paid. Fifty-seven percent were working in direct practice, while 43% were in administrative or supervisory positions. In the great majority of cases, there were no differences in respondent perceptions and beliefs based on country of origin (Canada, Israel, United States).



## **5.2 Beneficence and fidelity**

In the great majority of cases, when respondents of this study were confronted with a choice between beneficence and fidelity, beneficence tended to be chosen as the favored principle. In most cases, respondents indicated that prioritizing beneficence over fidelity appeared to be the best option, although the decision was seen as complicated. Acting on the decision carried even greater moral and pragmatic weight, as the available implementation options identified tended to be fraught with trepidation and uncertainty. Three major themes emerged from the transcripts related to actions respondents chose to take to resolve the conflict between the two principles: 1) misleading agency administrators (deception); 2) resisting perceived obstructive policies, or resisting limitations on resource/service delivery (defiance); and 3) drawing on loopholes to bypass protocols (creativity). These themes represent different typologies of social workers, who on most occasions do not vary (from situation to situation) in the ways that conflicts between beneficence and fidelity are resolved. Descriptions of each theme as well as verbatim quotations from respondents that relate to these themes are provided below. For each quotation, an identifying focus group (FG 1–12) and social worker (SW 1–10) code is offered in order that the balance and range of respondents is clear.

### **5.3 Deception**

Respondents in this category identified that deception was used or considered in order to evade agency administrators, circumvent policies, or limit access to agency resources. Respondents were willing to consider misleading agency administrators, thereby deprioritizing principles of fidelity in order to provide needed services for clients (beneficence). One respondent stated:

We went into a home where this child needed to be rescued because he was critically hurt. I told my supervisor and called it in to the police department but they didn't want to do a removal. So I had to go back and sneakily set up the

whole family to take out services and make this child stable and take him out and place him so he can be safe. My supervisor said no. I sneaked behind everyone's back. It turned out to be in the best interests of the child. (FG3, SW4)

Another respondent explained:

Ethically we go against agency policy and against what the administration is saying; if they find out, they take us out of our position because we are not adhering to new protocols. We have to sneak around to do our work if we think a particular action is best. It's a shame that we have to work under these conditions. (FG2, SW1)

One respondent stated that he told his supervisor that as a long-term agency employee and a social worker:

I had to do what was in the best interest of my clients on a case by case basis. I knew they needed more services. ... I did what I had to do. (FG6, SW3)

Another respondent explained:

We sneak behind everyone in administration here to get what we need to get. I have gone and lied and pretended that I didn't lie to get it done. (FG10, SW2)

In the four case examples above, respondents deceived agency administrators in order to provide services/resources to clients. They knew the risk of losing their jobs but were willing to take that risk to provide for their clients. In these examples, which all occurred after agencies developed new post-disaster policies and protocols, beneficence as an ethical principle triumphed over fiscal or policy constraints, which were deemed to be less important. The moral imperative of commitment to client welfare supersedes conforming to agency protocols to achieve a *greater good*. Respondents explained that when it was assessed that a *greater good* would not be achieved by following administrative policies, protocols were dispensed with.

## **5.4 Defiance**

When it was determined that a client was in need of a service/resource and the ability of the client to receive that service/resource was being blocked, some respondents indicated a willingness to defiantly resist administrators/policies that obstructed service/resource delivery; especially when it was perceived that needs were unnecessarily being neglected. For example, one respondent stated:

I get involved with kids on an individual level. It is frightening to keep fighting the administration especially when my direct supervisor tells me to stop; however, I am not afraid at all. If I am fired, that is fine. I get personal satisfaction from what I do, and I have some pride in myself. (FG1, SW4)

Another respondent explained:

I will go over peoples head and do whatever I need to do to help a family. I know that I can't help everyone but the few that I can help makes all the difference; ethically you have to do what you have to do. You can't allow the budget cuts and restraints being placed in front of you stop you from helping vulnerable families and children. (FG9, SW3)

Another respondent expressed:

This agency is just as chaotic as my family. Maybe I feel it is empowering to say I am right and they are wrong and I am not going to back down and I am not going to be quiet. (FG3, SW2)

One respondent who spoke about providing services to clients in need when her agency insisted that efforts be used elsewhere stated:

If I had to get a family in for treatment, I became overdramatic, emphasizing how serious it was for the family to come in. I overdramatized, in a way that I normally would not have acted,

in order to assure that services would be appropriately provided. (FG5, SW1)

A number of respondents highlighted their defiance against new post-disaster protocols. One stated:

My manager tells me she is tired of hearing me; that I don't know when to let go. She knows that I am on her case, a family needs this or that, and I am constantly hammering her down. I encourage my colleagues to go out of their way as well. It is all of our responsibility. (FG1, SW4)

Another stated:

I work harder than most anyone in this agency and I know the system very well and I am very skilled at what I do and I am essential; so I can do battle with the system, because they need me—although they don't like how I go about getting the things I need. (FG2, SW2)

These respondents are defiant. They will not be deterred from implementing a strategy deemed necessary to procure what is “right” for a client. These respondents believe that agency rules are meant to be broken when they imperil the lives of clients. These respondents harbor no regrets about their actions; on the contrary, they voice a sense of pride in themselves and their tactics.

## **5.5 Creativity**

In some situations, respondents suggested that creative strategies were used to circumvent post-disaster policies that were in conflict with the provision of ‘beneficent’ services. Respondents also explained that a certain level of ingenuity was needed at times in order to “creatively” work around post-disaster policy impediments. One respondent stated:

It is particularly difficult for some of our clients who have work restrictions; my dilemma comes with regard to how far I bend the rules; in other words I have to assess how to manipulate

regulations in the best interest of a client. (FG2, SW5)

Another respondent expressed:

I am one who generally feels that you should pretty much follow rules and regulations; but I also know that my clients have needs and are restricted for whatever reason. Am I putting myself at risk? I basically hedge as far as I think I can get away with trying to get them resources. You do what you have to do and sort of worry about the other part later. Perhaps not very smart, but I feel this is part of my social work mandate. (FG6, SW4)

Another stated:

I am usually someone who tries to follow rules, however if the rule conflicts with my social work values I have no difficulty finding creative ways around the rules to help people in need. (FG6, SW1)

A number of respondents who were on the staff of hospitals during the severe acute respiratory syndrome (SARS) epidemic noted that the principle of benevolence was often deemphasized as a result of strict quarantine protocols. Respondents suggested that despite rigorous rules, creative avenues could still be found to preserve beneficent practices:

I guess I broke the rules when I made certain home visits. I don't recall anyone saying specifically that I shouldn't; however, I made sure not to ask, figuring that I would be told no. I knew that some families needed to see me face-to-face; they weren't able to come in for whatever reason, and I didn't feel that they or I was at risk. (FG8, SW4)

Another stated:

During SARS, my worst fears came true. We had a case where the administrators were not going to allow both

parents in, but we needed to consult with them to make the decision. I did handstands and used other creative tactics in order to get permission. We were allowed for one hour to have both parents in for a meeting. (FG8, SW1)

Respondents choosing 'creative' techniques drew on personal relationships, reason, persuasion, and other resourceful tactics in order to bend policies and restrictions. These respondents found ways of working around protocols, but not in a state of defiance or outright deception. According to these respondents, it is possible to accommodate client needs and concomitantly abide by agency policy, but one may have to employ creative tactics to do so. These social workers are willing to take some risks, and knowingly tread on thin ice at times.

## **5.6 Prioritizing fidelity**

Although most respondents were much less likely to prioritize the principle of fidelity over benevolence, some did. In these cases, respondents expressed that they felt remiss at not being able to prioritize the principle of benevolence, but they were not willing to break with agency protocols or resource limitations. For example, one respondent stated:

I don't feel comfortable confronting management directly; perhaps I don't feel secure enough in my position or job. I feel secure in my ability and the knowledge that I have, but I don't feel secure enough in my position to challenge authority. (FG2, SW4)

## **6. Limitations**

It is important to be aware that the results of this study are generated from a convenience sample of 14 focus groups with 102 social workers from three countries. The findings are based on a qualitative inquiry. The goal was to understand some of the ways social work practice is impacted by catastrophic events and to gain a better understanding of the ways social workers engage clients when there is a shared traumatic event. The study findings may have been different had

the study included other countries, and we caution against generalization from these results.

## 7. Discussion

When disaster strikes, social workers and other helping professionals face complex decisions. At times, choices between two equally reasonable actions are required, both morally correct as well as ethically grounded. The literature explains that the process of determining which action is correct can be fraught with feelings of discomfort, uncertainty, and other forms of ethical dissonance; knowing that a decision may be preferred on the one hand, but is possibly devastating on another. The process of resolving ethical dilemmas under normal circumstances is difficult. When considered within the context of disaster response, confusion is compounded.

From the respondents' statements, we deduced that while social service agencies are usually guided by the principle of beneficence, after man-made or natural disasters the principle of fidelity takes on a special importance, as policies and practices become more systematized and new protocols become employed. Our respondents, whether from the United States, Canada, or Israel, suggested that in the aftermath of disasters, agencies default to a culture of service denial, where saying 'no' and curtailing services characterize an agency's post-disaster culture. In response, social workers may tend to view administrators as insensitive, callous, stingy, and arbitrary in their application of agency policy and practices. By contrast, the social workers view themselves as beneficent, sensitive, and caring in their attempt to provide for clients despite agency restrictions. In their view, beneficence should ideally override 'unreasonable' constraints, where the use of tactics such as deception and defiance are reasonable courses of action.

The literature reflects considerable debate about the efficacy of resolution strategy options. For example, a large majority of respondents of this study confirmed that they would advocate the use of deception and defiance to procure something needed by a client. Some

commentators, depending on their ethical orientation, might support these strategies, while other commentators would not.

In the book, *Ethics in Social Work Practice*, Abels (2001) presents a case concerning a social work intern who was placed in a correctional facility for women. The social worker determined that the women were at risk of contracting HIV and other STDs; the corrections department refused to supply safe sex paraphernalia and sex education because *officially* the women were not having sex, though they were. The intern had suggested a formal distribution of safe sex products, but the administrators considered these items contraband, and would not permit a formal or informal distribution. The intern was aware that these items continued to flow into the prison, and made a conscious decision to look the other way, thus condoning and passively participating in the contraband trafficking. To the intern, the end justified the means and she judged her actions as nothing more than humane. She was in conflict between her commitment to clients' welfare and her responsibility to her employer. Abels invited a selection of commentators to respond to this case, each offering their perceptions about the social work intern's choice of action. One commentator asserted that the intern's covert disobedience incurred risks that moral agents must take into account; social workers are to advocate for those not served well by the law. Another commentator suggested that when human life is at stake, social workers are justified in breaking rules. "Is this not the heart of our profession, whose commitment to social justice, human dignity and client empowerment has distinguished it from all other professions since its inception?" (p. 47).

One commentator took a diametrically opposite stance, suggesting that social workers are not "lone rangers or vigilantes on a crusade to right the perceived wrongs inflicted by impersonal bureaucracies. ... We place ourselves, our clients, and our profession at risk when we violate rules and regulations, and undermine authority" (p. 44).

Given that various codes of ethics (CASW, 1994; IASW, 1994; NASW, 1996) establish the

primacy of serving clients, should agency rules and regulations be violated in the process? Commentators do suggest that there are times when workers must choose between their duty to obey a law, rule, or agency regulation and the duty to provide for the welfare of clients (Reamer, 1982).

For the most part, the respondents of this study identified that their ethical decision-making process usually resulted in a nod toward beneficence. The moral imperative of commitment to client welfare supersedes conforming to agency rules which are designed to achieve a *greater good*. Respondents explained that when it was assessed that a *greater good* would not be achieved by following administrative policies, guidelines were circumvented. Once their minds were made up, and the decision was deemed ethical, respondents suggested that they felt empowered to implement their decisions. A number of strategies were identified for implementation including deceiving and defying administrators, and finding creative solutions.

## 8. Conclusion

This study highlighted two ethical principles that could easily be in conflict during the aftermath of a disaster. On one side is the principle of beneficence in which social workers are compelled to meet the needs of clients and provide for their welfare – the *raison d'être* of the social work profession. On the other side is the principle of fidelity and the promise to maintain agency rules, practices and policies, and to uphold the agency's mission.

In a post 9/11 era, organizations have had to rethink policies and practices related to areas such as security, resource allocation, risk management, and other strategic matters. In the view of our respondents, agencies have had to adopt policies that prioritize risk aversion over ethics. This appears to mirror the ways in which governments currently operate. For example, government surveillance (like wiretapping), as a “national security” measure appears to take precedence over civil liberties; enhanced interrogation methods (like waterboarding), condoned by some as necessary to protect national interest, appear to take precedence

over the ethical obligation to avoid cruel, inhuman or degrading treatment or punishment. Agencies too have adopted policies designed to decrease exposure to various threats, however, as in the examples above, ethical principles are at risk of being compromised.

Groups like ISIS, currently sowing terror around the world, and contagions such as Ebola, causing international concern, do not appear to be going away. Responses to these conditions will likely continue to shape the ways in which agencies are operated and managed. The fallout, which inevitably trickles down to the practice level, appears to invite continued challenge for social workers in their quest to balance the needs and benefits of clients while maintaining allegiance to agency practices and principles.

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# A New Look at an Old Issue: A Constructive-Development Approach to Professional Boundaries

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## Abstract

This phenomenological study explored how social workers make meaning of professional boundaries. The results revealed that social workers are required to make practice decisions, conduct advocacy efforts, and provide leadership in areas that, for some, may be beyond their developmental capacity. Implications for practitioners, educators, supervisors, and agencies are discussed.

**Keywords:** professional boundaries, development of boundaries, ethics and boundaries, social work ethics, constructive-development theory

## 1. Introduction

Professional boundaries are at the crux of social work practice. They interface with all aspects of the client/worker relationship and, as such, deserve explicit attention in social work research. While scholars agree that professional behaviors are impacted by one's environment and upbringing, exploration on how social workers understand and make meaning of professional boundaries has received little attention in the literature (Buchbinder, 2007; Fine & Teram, 2009; Green, 2003). Leading authors of social work textbooks define boundaries as the place where one system or subsystem ends and another begins (Compton,

Galaway, & Cournoyer, 2005, p. 25). Professional boundaries sit at the center of the relationship between client and social worker defining, in a sense, how these individuals interact with one another (Peterson, 1992; Reamer, 2006). Peterson (1992) posited that when professionals place their own needs above those of the client, the boundary that defines the client/worker association becomes ambiguous. Consequences of this ambiguity fall on a continuum ranging from minor mistakes to damaging transgressions (Davidson, 2005; Peterson, 1992, p. 73). Minor mistakes, often referred to as boundary crossings, suggest a departure from commonly accepted practices or safe connections that may or may not have a negative impact on the client/worker relationship. One example of a minor boundary crossing is when a social worker gives her own children's hand-me-down clothes to her client's children. Boundary violations, on the opposite end of the spectrum, describe behaviors that blatantly threaten or harm the therapeutic relationship (Peterson, 1992; Reamer, 2006). Examples of boundary violations are often the result of intimate relationships between client and worker.

In spite of decades of research and education, situations involving the crossing and violation of professional boundaries continue to arise, posing risks for clients, workers, and

organizations (Boland-Prom, 2009; Strom-Gottfried, 2000; U.S. Department of Health and Human Services [USDHHS], 2012; Wisconsin Department of Safety and Professional Services [WDSPS], 2012). It is not uncommon for social workers to encounter situations during their daily practice that complicate boundaries. The following scenario is one example of an unexpected boundary dilemma that the social worker needed to navigate in the course of her daily work.

A social worker spent the day transporting a mother and her child from one mandated meeting to another. In the middle of the day, the social worker suggested stopping for lunch as the child had not eaten since morning. The mother reported she had no money to buy lunch. They did not have time to seek other resources. The social work profession (and oftentimes agency policy) strongly discourages social workers from using personal funds to provide for client needs. Nevertheless, the social worker made the decision to use her personal funds to buy lunch for the mother and child, as she felt allowing the child to go hungry was more egregious than holding a tight boundary line. After the fact, the social worker struggled over her decision. She was torn between the rules of the profession and her professional judgment (S. DeGrand, personal communication, May 2012). Scenarios such as this suggest that decision-making regarding boundary issues is complex and guidelines may be ambiguous. This ambiguity indicates a need for further research regarding how social workers make meaning of professional boundaries in order to help them navigate complicated boundary scenarios.

The purpose of this phenomenological study was to explore how 10 social work practitioners and educators understand and make meaning of their professional boundaries. Using a constructive-developmental framework, this qualitative study proposed that individual social workers—practitioners and educators alike—understand professional boundaries in unique ways, resulting in diverse interpretations of professional social work boundaries. This study was not intended to explore boundary violations or crossing.

Rather, it was designed to illuminate how social workers make meaning of professional boundaries suggesting that understanding the root of boundary development could be an important component in the protection of clients, social workers, organizations, and the profession.

This study aimed to compare results from the same question for five social work practitioners and five social work educators. The research questions were as follows:

- How do bachelor-prepared social workers make meaning of professional boundaries?
- How do social work professional educators make meaning of professional boundaries?

The following discussion explains the theory and previous research that provided the framework for this constructive-development exploration of professional boundaries.

## **2. Background**

The nature of the social work profession carries unique challenges for those working in direct practice. In order to be effective in their roles, social workers must develop relationships with clients built on trust and an understanding of client strengths, challenges, and goals (Compton, Galaway, & Cournoyer, 2005; Trevithick, 2003). This clinical approach can present situations that threaten the boundary between professional and personal communications and behaviors. One common definition of professional boundaries is specific to professional-client relationships. Professional boundaries are “the limits that allow for a safe connection based on the client’s needs” (Peterson, 1992, p. 74). This definition suggests the relationship between client and social worker has borders. These borders create the perimeter for a safe relationship, one that protects the therapeutic relationship that may be unique to each client/worker interaction. While the specificity of Peterson’s (1992) definition provides a description of boundaries within the professional helping relationship, it remains ambiguous. The terms “limits”



and “safe connection” (Peterson, 1992, p. 74) are vague and could be interpreted differently by different workers. It is this complex area of interpretation that sits at the center of debates surrounding professional boundaries (Congress, 2001; Fine & Teram, 2009; Mattison, Jayaratne, & Croxton, 2002).

Past research on the topic of professional boundaries has primarily focused on social work values and how they relate to professional boundaries (Congress, Black, & Strom-Gottfried, 2009; Levy, 1976; Pumphrey, 1959; Reamer, 2006). Current research has concentrated on instruction; how to teach current and incoming social workers about vulnerable professional situations and ethical decision-making (Congress, Black, & Strom-Gottfried, 2009; Council on Social Work Education [CSWE], 2008; Davidson, 2005; Mattison, Jayaratne, & Croxton, 2002; Osmo & Landau, 2006; Reamer, 2006). An extensive literature review revealed no apparent social work studies that included boundary development. The present study attempted to fill this gap in the literature by exploring professional boundaries from a developmental perspective.

While professional boundaries are widely discussed in the social work field (Congress, Black, & Strom-Gottfried, 2009; CSWE, 2008; Davidson, 2005; Mattison, Jayaratne, & Croxton, 2002; Osmo & Landau, 2006; Reamer, 2006), there is limited literature in which boundaries are the primary focus of research. In addition, many (if not most) of the publications are theoretical, conceptual, or editorial in nature. There is a remarkable lack of empirical research in the United States regarding boundaries and boundary-related topics. Conversely, there is a higher proportion of qualitative research regarding this subject conducted in Australia, Canada, Israel, and the United Kingdom (Buchbinder, 2007; Davidson, 2005; Doel et al, 2009; Fine & Teram, 2009; Françozo & Cassorla, 2004; Green, Gregory, & Mason, 2006; Green, 2003; Landau & Osmo, 2003; Mandell, 2008; Osmo & Landau, 2006; Osmond, 2005; Pugh, 2006).

It is important to note that social work

research focused solely on professional boundaries is not commonplace. The issue is most often embedded in other related topics such as: identity and career choice, rural versus urban practice, ethics and values, and ethical violations. In keeping with the historical transformation of the profession, social work research related to professional conduct has inordinately focused on values, ethical decision-making, ethical dilemmas, and violations (Boland-Prom, 2009; Congress, 2001; Fine & Teram, 2009; Landau & Osmo, 2003; Levy, 1976; Osmo & Landau, 2006; Sherr, Singletary, & Rogers, 2009; Strom-Gottfried, 2000; USDHHS, 2012; WDSPP, 2011).

Boundary training is mandated by various social work organizations that hold oversight responsibilities (CSWE, 2008; NASW, 2008; WDSPP, 2011). Yet, boundary crossings and violations surface in countless ways across the profession (USDHHS, 2012). The present study proposed that part of the issue may be misaligned trainings due, in part, to the fact that the topic of professional boundaries has been understudied as a sole issue in social work research. Instead, boundaries have been discussed as part of the larger umbrella of ethics or narrowly from the dual relationship perspective. Furthermore, attention to this topic has been from a practice perspective versus a developmental perspective. The literature is filled with guidance and cautions for practitioners regarding boundary issues (Congress, Black, & Strom-Gottfried, 2009). Little has been done, in the way of research, to understand *why* social workers present different understandings and conduct when faced with boundary decisions. The present study was designed to redress this situation by applying a constructive-developmental approach to this important issue.

Through in-depth personal interviews, this study explored the meaning of professional boundaries from the viewpoint of the respondents. It moved away from asking social workers to identify *what* they would do in certain boundary dilemmas as done by Fine & Teram (2009), and asked *why* and *how* they make meaning of professional

boundaries. This is a significant addition to the research surrounding the topic of professional boundaries. Understanding the development of professional boundaries may create awareness of additional training needs, ongoing support for practitioners, and protection of the client/worker relationship.

This study was based on the adult development theory of Robert Kegan (1982, 1994) which suggested the way individuals make meaning of their experiences develops over time and their reaction to these same experiences is directly related to the meaning subscribed to them by the individual. Kegan referred to these meaning-making differences as orders of mind (or orders of consciousness). Orders of mind are defined as the organizing principles that affect thinking, feeling, and relation to self and others through “selective, interpretive, executive, construing capacities” of one’s own experiences (Kegan, 1994, p. 29). This constructive-developmental approach to understanding professional boundaries assumed that individual social workers place unique meaning on boundaries. No two persons are alike, and meaning is based on the developmental order of the social worker.

The present study assumed that a social worker’s developmental order of mind (Kegan, 1994) is the predominant indicator of the meaning the worker makes of professional boundaries. Hence, the meaning a social worker applies to professional boundaries is likely to influence how the worker views the client/worker relationship. Additionally, this study assumed that application of professional boundaries plays a strong role in the client/worker relationship and *upholding the boundary* is the responsibility of the worker. Based on developmental order, workers possess different understandings of professional boundaries and place different meanings on the client/worker relationship. This could result in very different ideas of what it means to uphold the boundary.

## **2.1 Constructive-development theory**

According to Kegan’s (1982, 1994) constructive-development theory, individuals evolve through five progressive orders of

consciousness (orders of mind). Each order is organized by a person’s relationship between subject and object. In this theory, subject is conceived as aspects of human experiences that a person is not aware of and, therefore, cannot assume responsibility for. Hence, the person is *subject to* these aspects. Object, on the other hand, denotes aspects that individuals can perceive and, hence, be responsible for. For example, persons in the third order can begin to recognize their impulses and perceptions (object); e.g., they may begin to participate in philanthropic acts as they knowingly subjugate their own desires for the needs of others. But, the same individuals in the third order may have no sense of who they are beyond the expectations of others (subject); e.g., they participate in philanthropic acts because that is an expectation of their family or faith. Whereas individuals moving from third to fourth order begin to distinguish themselves from their interpersonal relationships and, if following the example above, make conscious decisions to participate in charitable activities of their own choosing for their own reasons. Table 1 illustrates the orders as they relate to one another.

The five orders of consciousness delineated in Kegan’s (1982, 1994) theory represent qualitatively different ways of thinking. One is not better than another nor do the orders suggest a higher level of intelligence. There is some correlation between developmental age and the orders of consciousness, but age is not an indicator of developmental order. The orders simply define different ways of making meaning. Kegan suggested that individuals move gradually from one order to another, in progressive fashion (and often overlapping orders), as their meaning-making increases in complexity.

The present study appeared to be the first to take this approach by exploring the meaning-making with regard to professional boundaries of both practicing social workers and social work professional educators by asking the general question: How do these social workers make meaning of professional boundaries? According to Kegan’s (1982, 1994) theory, social workers at different

	First	Second	Third	Fourth	Fifth
Order	Impulsive Mind: Single point, Immediate	Instrumental Mind: Durable categories	Socialized (Traditional) Mind: Cross-categorical thinking	Self-Authoring (Modern) Mind: Cross-categorical constructing	Self- Transformational (Postmodern) Mind: Trans-system
Subject	Fantasy, impulse, perception	Self-concept, needs, preferences	Abstractions, mutuality, subjectivity	Ideology, multiple roles, self- authorship	Oppositeness, interpenetration of self and others, inter-individuation
Object	Movement and sensation	Fantasy, impulse, perception	Self-concept, needs, preferences	Abstractions, mutuality, subjectivity	Ideology, multiple roles, self-authorship
Focus	Particulars	Structures, categories	Abstract thinking, relationships	Constructing, self- authoring	Multipleness
Thinking	Concrete	Relating concrete concepts	Abstract	Relating abstract concepts	Systems
Exhibited	Very young children. Cannot hold ideas for long. Need constant supervision and reminders of rules.	Adolescents and most adults. Self-centered. Will follow rules but , at minimal risk, break them to have own needs met.	Most adults. Follow rules out of loyalty. Don't like to let others down. Self- reflective.	Own self-governing system for values and decisions. Consider other opinions but may be set in own ways.	Very few adults. See world in gray vs. black/white. Mediator of conflicts. Global.

Note. Source: Love, P. G., & Guthrie, V. L. (1999). Kegan's orders of consciousness. In J. H. Schuh (Series Ed.), *Understanding and applying cognitive development theory: New directions for student services* (Vol. 88, pp. 65-76). San Francisco, CA: Jossey-Bass., p. 68.

orders of consciousness would hold different views of professional boundaries, as described in the next discussion.

Since the first order of Kegan's five (impulsive) is primarily possessed by very young children, it is not included in this discussion. The four developmental orders relevant to this study are: 2nd order, instrumental; 3rd order, socialized; 4th order, self-authorship; and 5th order, self-transforming.

### 2.1.1 Second order

Persons in the instrumental (2nd) order are concrete thinkers relying on rules and clear distinctions between right and wrong, good and bad while striving to meet their own needs (Kegan, 1994). Social workers who are in the second order of mind would rely heavily on agency policy, state

statutes, and the professional code of ethics in their understanding of professional boundaries. However, they would see these rules as either obstacles or tools to help them achieve their own goals.

### 2.1.2 Third order

The third order, socialized, describes individuals who are able to see their desires and needs (object) but are subject to their relationships with others (Kegan, 1994). Social workers in this order would be able to identify their role in a professional boundary dilemma but would not recognize the influence of others on their understanding of the situation. These social workers would seek consensus and approval from various institutions in working through boundary situations. Institutions, as defined by Kegan (1994), include family, church, education system, professional fraternities

such as NASW, etc. Social workers would be unable to separate their personal thinking from what was taught to them via these institutions.

### **2.1.3 Fourth order**

Individuals who reach self-authoring (4th) orders are able to see their institutional influences as object and take responsibility for their beliefs and actions. They are able to develop their own set of values, independent (and because) of what they have experienced in the past (Kegan, 1994). Thus, social workers in the fourth order develop their own set of rules upon which to define professional boundaries. Subject to fourth order persons, however, is not being able to accept other perspectives as feasible. They see their own rule as the only “right” rule. Fourth order social workers may have difficulty compromising on the interpretation of boundary definitions, dilemmas, crossings, and/or violations.

### **2.1.4 Fifth order**

Kegan’s final (5th) order, as published to date, is self-transforming. This is an abstract, rarely observed order that allows persons to handle multiple and complex roles with ease (Kegan, 1994). Social workers in the fifth order would see the relevance of all sides of professional boundaries, including boundary crossings, and strive to bring mutual understanding among parties for the good of all.

The present study proposed that the developmental order of a social worker indicates the meaning placed on professional boundaries by that worker. This applies to practitioners who may be navigating client/worker relationships as well as to social work professional educators who provide trainings on professional boundaries. For example, a social work educator at the fourth order might teach exclusively from the code of ethics (NASW, 2008) without acknowledging other influential institutions for a third order social work practitioner. This could result in value conflict for the practitioner. For example, one educator said:

At the end of the (training), we were talking about some examples and

situations. And, one of the clinicians responded in a way that didn’t fit anything we had talked about. And, I was just thinking, where have you been for the last four hours? ... Because she didn’t get it. (*Participant 9E54*)

This educator recognized the disconnection between what was taught during the boundaries training and what the social worker (clinician) took away from the training. Unable to identify the source of the disconnection, and after purposeful deliberation on what she could have done differently, the educator was left with the consolation, “I do the best I can.” (*Participant 9E54*) This educator’s understanding of the code of ethics was structured from a fourth order perspective. It is likely the clinician in the audience made meaning from a less-complex order of consciousness: one that conflicted with the message presented in the training. The specific methodology used in this study is summarized in the following discussion.

## **3. Method**

Research on professional social work boundaries pointed to several variables that impact a worker’s interpretation and implementation of appropriate boundaries; most focused on external factors such as area of practice, geographical location, and family of origin (Buchbinder, 2007; Green, 2003; Pugh, 2006). Unlike previous research, the present study assumed that the meaning a social worker places on professional boundaries influences the client/worker relationship and decisions made in practice. It further assumed that understanding how social workers arrive at that meaning is relevant to the development of their professional boundaries. This study moved away from a focus on external influences and explored boundaries from a developmental perspective through personal interviews with social work practitioners and social work educators. The primary factor for choosing this qualitative research design was to obtain information-rich data from a small, but similar group of individuals (Patton, 2002).

Since very little research had been conducted on this topic, in general, this qualitative exploratory approach served as an introduction to meaning-making and professional social work boundaries.

The question of how social workers make meaning of professional boundaries was asked of two separate groups: (a) *practitioner*-bachelor-prepared social workers, and (b) *educator*-credentialed social workers who conduct ethics and boundary trainings to meet state continuing education requirements.

Practitioners were recruited from the alumni records of an accredited undergraduate social work program at a small private university. While this was somewhat of a convenience sample (due to time and financial constraints), it lent itself to a certain level of homogeneity (Patton, 2002). The criteria used to select the homogeneous sample from the pool of interested respondents was as follows: (a) undergraduate degree is a bachelor's in social work (BSW), (b) Wisconsin state-certified for five to 10 years, and (c) lives and/or works outside of this researcher's home and/or work environment.

Educators were recruited via a snowball sampling approach. Original criteria for social work educator participants included: (a) Wisconsin social work certification or licensure, (b) experience in conducting boundary and ethics continuing education sessions, and (c) minimum of two years of practice experience in the field of social work. This study consisted of individual, face-to-face interviews with 10 social workers to explore how they make meaning of professional boundaries. Five of the social workers had experience conducting ethics and boundaries workshops to satisfy state mandated continuing education requirements. Coincidentally, all five of the educators had previous or current experience teaching social work courses at the university level. All of the participants had a minimum of five years of direct practice experience working in various fields of social work. Seven of the participants self-reported working in settings that were a mixture of urban and rural; two participants reported their work settings

as primarily rural; one reported the work setting as primarily urban. The overall age range of the participants was 28–55; two were male, eight were female. Tables 2 and 3 provide additional details regarding the individual participants.

To protect the confidentiality and anonymity of participants, comments from interviews are

Table 2  
*Educator Descriptors*

Participant Code	Age	Ethnicity	Highest degree	Year obtained degree	Social work credential	Clinical practice area	Geographical practice area
3E46	46	Caucasian	MSW	2000	Advanced Practice Social Worker	Adult mental health	Primarily rural
4E53	53	Native and Euro-American	PhD	1980	Licensed Clinical Social Worker	Children and families	Mix of urban and rural
6E55	55	Caucasian	MSW	1979	Licensed Clinical Social Worker (Illinois)	Child welfare, disabilities, older adults	Mix of urban and rural
9E54	54	Caucasian	MSW	1980	Did not indicate	Aging, end-of-life	Mix of Urban and Rural
10E50	50	Caucasian	PhD	1988	Licensed Clinical Social Worker	Mental and behavioral health	Mix of urban and rural

Table 3  
*Practitioner Descriptors*

Participant Code	Age	Ethnicity	Highest degree	Year obtained degree	Clinical practice area	Geographical practice area
1P37	37	Caucasian	BSW	2005	Medical	Mix of urban and rural
2P37	37	Caucasian	MSW	2005	Disabilities	Mix of urban and rural
5P30	30	Caucasian	BSW	2004	Mental health adults	Primarily rural
7P28	28	Caucasian	MSW	2006	Mental health adults	Mix of urban and rural
8P32	32	Caucasian	BSW	2006	Child protective services	Primarily rural

cited with a special code assigned to each participant (e.g., *5P30*). The first number indicates the chronological order of the interview. The letter indicates whether the participant was a practitioner (*P*) or an educator (*E*). The final number indicates the participant's age. To further distinguish interview data, the code is italicized and placed in parentheses following the participant comments.

#### **4. Analysis**

Grounded in the epistemology of social constructivism, this phenomenological study was conducted to explore how social workers make meaning of professional boundaries. The research questions asked in this study were:

- How do bachelor-prepared social workers make meaning of professional boundaries?
- How do social work professional educators make meaning of professional boundaries?

Using the Subject-Object Interview (SOI) technique to explore meaning-making (Lahey, Souvaine, Kegan, Goodman, & Felix, 1988), 10 social workers were individually interviewed by the author over the course of three months. The interviews were recorded, transcribed into written word, and analyzed for developmental orders of consciousness (Lahey, Souvaine, Kegan, Goodman, & Felix, 1988). Using a content analysis approach (Patton, 2002), the data were then organized and analyzed, illuminating themes and patterns that existed between and among the respondents. The summaries below reflect the responses of the participants according to the order of consciousness.

##### **4.1. Socialized minds**

Participants who operated from a primarily third, or socialized, order (Kegan, 1994) discussed boundaries from a rule or policy perspective and concern over "getting into trouble" (*Participant 7P28*). They focused their discussion on issues of self-disclosure and dual relationships; i.e., how to handle "friendship" (*Participant 5P30*) discussions

with clients. These third order social workers felt most rewarded when clients gave them emotional, verbal, or material recognition. They viewed the code of ethics as the primary document for managing boundary issues. Five participants made meaning primarily from the socialized order of consciousness.

##### **4.2 Self-authoring minds**

The four participants who made meaning primarily from a fourth, or self-authoring, order (Kegan, 1994) viewed the professional code of ethics as one of many guides that should be considered when processing boundary concerns. They talked of the importance of addressing boundary issues at the organizational level. A common phrase shared among the commentaries of the fourth order participants was "do what is right" (*Participants 3E46, 6E55, 10E50*). The self-authoring participants shared the notion that consultation with others is a crucial step in navigating boundary issues, as they are difficult to recognize when one is in the midst of them.

##### **4.3 Self-transformational mind**

Only one participant had evolved or was transitioning toward the more complex self-transformational fifth order (Kegan, 1994). This participant stressed that individual values, for workers, clients, supervisors, etc., enter into all areas of life. They must be recognized and understood for their important role. The most valuable tool in decision-making is open dialogue between all individuals. Boundaries were seen as contextual, with implications for all involved parties (*Participant 4E53*).

In-depth interviews with the 10 social work participants in this study revealed several concepts that related to professional boundaries: relational issues with clients, influence of personal and professional values, the role of supervision and consultation, the function of the NASW code of ethics, and the participants' identity with social work as a profession. The participant's subject-object structure was very influential in how they described and saw themselves in each of these areas.

In general, participants operating at the third order were subject to the values of the profession, their family of origin, their church, and their educators. They were unable to separate their value system from that of the *institutions* in their lives. Whereas participants operating at the fourth (or nearly fifth) order held their values as object and were able to identify those they had consciously adopted over the course of time (Kegan, 1994).

The exploratory interviews revealed that the 10 social workers made meaning of professional boundaries in different ways; and those differences related to each participant's developmental order of consciousness. While the majority of the participants were in transition between orders, each had a dominant order they were operating from at the time of the interviews. Five of the social workers constructed their meaning-making primarily from a socialized order of consciousness. The other five were situated in a more self-authoring order of consciousness. This dichotomous representation of participant orders was reflected in variations of meaning-making of professional boundaries.

Social workers operating primarily at a socialized order of mind described boundaries in terms of rules to be followed. One of their big concerns was balancing the client/worker relationship so it did not move from professional to personal. They were most rewarded when others—clients and supervisors—acknowledged their hard work. Their value system was based on the values of important institutions in their lives: family, church, education, the profession, etc. They were uncomfortable with conflict and subconsciously found ways to avoid or minimize it.

The five educators had transitioned into more complex ways of making meaning. One educator showed evidence of constructing reality from a self-transformational, or fifth, order. She had achieved all that accompanies fourth order meaning-making but was more global, less polarized in her thinking, and saw her role as that of teacher, mediator, and system changer versus individual changer. The other four educators were partially or wholly situated in the fourth, self-authoring, order.

These social workers were able to step away from the guidelines posed by the profession and discuss boundaries in relation to their own value system. Participants operating at the fourth order were seldom conflicted and did not rely on others to relieve them from uncomfortable situations. They had created their own internal set of rules and were confident in their decisions. The pairs of quotations in Table 4 are examples of meaning-making by social workers operating from the second/third orders of mind contrasted with the workers operating from the more complex meaning-making positions of the fourth/fifth orders of consciousness.

## **5. Limitations**

The very nature of this topic posed a limitation as well as an ethical situation. Many of the interviews started with a similar chord; hailing the code of ethics as the ultimate standard for the profession. The social work practitioners, in particular, talked of frequently referencing the code, using it to guide decisions, reviewing it periodically as a professional reminder (*Participants 1P37, 2P37, 8P28*). It appeared as if the practitioners were concerned about giving the professionally “correct answer” when discussing boundaries. As each interview progressed, the responses came from deeper, more personal places. Initially, however, this was challenging as an interviewer. The sensitive nature of this issue caused some participants to edit their words and stories as a means of protecting themselves or others. This may have impacted the SOI rating as it was difficult to discern between comments that may have been the participant's unwillingness to share as opposed to the participant being subject to (not being able to see) the complexity of the situation.

An additional limitation was the nature of the sampling process. As Fine and Teram (2009) reported in their research, voluntary recruitment often results in participants who feel passionately about the research topic. The comments from the educators and practitioners in this study may reflect social workers who possessed a strong stance about boundaries. As with most qualitative studies, generalizations would be inappropriate (Patton,

Table 4

*Dichotomous Responses*

Less Complex Responses

More Complex Responses

When faced with a task they disagreed with:

If I have to do it, I'll do it. If the supervisor tells me that's what you have to do, I will do it. If it's left up to me, I wouldn't do it. (But) I can't just go against what my supervisor says. (Participant 5P30)

I wouldn't do it. I would figure out a different way. I would argue. I was very strong about that. Everyone knew me as someone who wouldn't back down. (Participant 6E55)

The role of blame when something goes wrong:

When I thought one of my clients had died, I thought "Oh my God, I didn't document those two days in court even though I went. I went but I didn't document it and it's a week later." (Participant 8P32)

It's not about policing people. If something goes wrong, looking at yourself. What part did I have in this rather than who can I blame? (Participant 6E55)

Becoming aware of a boundary situation:

If I knew that somebody stepped over (a boundary), I would struggle. I am not someone who stands up in that situation. (Participant 2P37)

I said to her, "You are not getting this. And if I have to be that directive to help you, I am going to be and here's why." (Participant 10E49)

Perception of self in relation to client success:

(The family) now donates money each month to the agency. They state that it was because of the great care he received. That makes me feel good because I helped him, and he must have spoken highly of me. They would not have gotten that money had I not treated him well. (Participant 1P37)

This (gift giving) was very much centered on their success, not mine. We were proud of them and happy to celebrate it but not own it. Even after I left, I heard they continued to donate (to the agency). It was a marker for them. (Participant 4E53)

Speaking out against injustices:

I just don't like conflict from a personal point. I am just not a conflict person. I just keep my mouth shut. I will internalize it. I just don't want to make waves. I would rather make friends. (Participant 2P37)

I try to teach my students this-that you have to speak out and you have to have that uncomfortable conversation. Because if you don't then, I think there's a vicarious liability that you actually have to own. (Participant 6E55)



2002) but, in this case, it may be even more unsuitable due to this limitation.

The recruitment strategy used in this study impacted not only sample size but diversity. By putting limitations around years of practice, the social workers that participated were of a similar age. This may have impacted, to a small degree, their developmental order (Kegan, 1994). Polling from a larger group of practitioners without regard to years in practice may have yielded a larger sample as well as more diverse orders of consciousness.

An important consideration in this discussion is my own orientation to the world. As suggested by their interest in the meaning-making of others, researchers who are drawn to the SOI protocol are likely to be operating from the fourth order. Furthermore, the process of studying, conducting, and analyzing the SOI can be a transformational process for the interviewer as well as the interviewee (Lahey, Souvaine, Kegan, Goodman, & Felix, 1988). As the primary investigator in this study, my personal order of consciousness likely impacted how I conducted the interviews, framed questions, and analyzed the results. In reality, this is a limitation to any study that uses Kegan's theory and the SOI protocol as its framework. Furthermore, researchers may be limited to recognizing only those elements that are object to them. For example, researchers who construct their reality from a fourth order are subject to what a fifth order participant holds as object. This raises the question: Can researchers of less complex orders recognize higher orders of consciousness in a research participant? This question, in and of itself, would be an interesting topic for future research.

In spite of the limitations of this study, the participant responses raised provocative comments regarding professional practice decisions, the role of agencies and supervision, and educational approaches in social work.

## **6. Implications for Practice**

Responses from the participants in this study described not only how they made meaning of professional boundaries, but how their orders of consciousness influenced their entire social work

practice. Relationships with clients, the interface between professional and personal values, the role of authority, and identity with the profession were specific themes that emerged. These themes have implications for practice in three distinct, yet inter-related, areas: critical thinking, agency expectations, and role of supervision.

The social work profession relies on practitioners to use critical thinking skills when faced with boundary and other ethical challenges (Doel et al., 2010). As stated by one educator in this study, "You are the critical thinker. You already have your professional degree. You are the critical thinker who has to navigate through that and figure it out" (*Participant 10E49*). Having a professional degree may not guarantee critical thinking skills in the way this educator envisioned. At less complex orders of mind, thinking is influenced by the values and preferences of the institutions with which individuals align themselves. In the present study, third order practitioners used the code of ethics and social work values to "get out of" conflicts. On the surface, this may sound like the ultimate goal. However, it is not evidence of critical thinking. It is evidence of alliance to the profession.

In undergrad, it was pounded into our heads—the social work ethics and boundaries. So, I guess after ethics and boundaries of "you can't be friends with your clients. You can't do this," I have to stop myself before I get too involved. (*Participant 5P30*)

As this practitioner illustrated, her processing of certain situations was dependent on the rules in the code, not decisions she concluded on her own. Furthermore, when faced with situations that are not addressed in the code, third order practitioners turned to other institutions for their decisions. The notion of social workers' reliance on internal values and traditions has long been evidenced in the social work literature (Buchbinder, 2007; Dewane, 2006; Françoze & Cassorla, 2004; Mandell, 2008). This discussion is not new to the field of social work. However, the epistemological approach

of constructive-developmental theory to this topic raises new questions.

A second theme revealed in the present study was the impact of developmental order on daily practice. For example, what happens to social workers who get pulled to stretch their professional boundaries when it pushes against agency policy or some other institution to which the worker is aligned? Fourth order practitioners were comfortable making decisions based on their own internal value system. Third order practitioners sought a decision from another source. One practitioner discussed transporting clients for one- to-two hour car rides, “The code doesn’t tell you what you should say during a car ride. Some people are better at small talk than others” (*Participant 7P28*). Coming from a socialized order of mind, this worker was uncomfortable in the close, somewhat personal confines of the car and sought an answer from the rule book. In the absence of a rule, he based his decision about appropriate and inappropriate client conversations on the opinion of other important people or institutions in his life. If this worker’s other allegiances (family, religion, etc.) taught him that inflexible boundaries can hinder relationship building, he might engage in conversations with the client that put him on a slippery slope (Gottlieb & Younggren, 2009), placing both he and the client in a precarious situation. If he were operating from a fourth order, the worker would be confident in seeking consultation, considering all perspectives, and self-defining his boundaries around casual client conversations. This story exemplifies the daily boundary decisions that social workers must make and how they proceed to make them based on developmental order.

Considering that half to two-thirds of the population never move fully into the fourth order (Kegan, 1994), a large percentage of social workers may be ill equipped for the complexity of their work. The very nature of social service agencies and the tasks required of social work puts workers in conflicted situations.

In my current job, I do mental health and I do child protective services.

Child protective services is really hard for me. I don’t like it. It’s too hard for me. I feel bad. I want to take the kids home. It’s hard. It’s hard for the kids. It’s hard for the parents. Everyone is crying. Everyone is...I still feel bad. I feel bad for everyone. My job is half and half. I have done half and half for four years. And it’s still the same. Nobody can make me feel better about it. (*Participant 5P30*)

This practitioner epitomized a third order individual who is torn between the expectations of her job and what she feels is right (based on institutions from her personal life). Kegan (1994) described these types of circumstances as being “in over our heads.” The demands of her job put her in positions of making decisions and actions that conflict with other values she holds. This conflict could, over time, have a negative effect on the worker, the agency, and the clients.

So, what’s gonna happen after I have to do something I don’t want to—that I don’t feel is right? What happens after that? I don’t want to go to work. I don’t want to go back to their house. I don’t want to have anything to do with it. I don’t want to talk about it anymore. I’ve already told you I didn’t like it. You’re not going to talk me into liking it—which supervisors try to make you see that this is good. And, it’s not. It’s not. And, you’re not going to change my mind. I get what you are saying. But, it doesn’t feel okay. It doesn’t. (*Participant 5P30*)

As illustrated by this struggling practitioner, the role of supervision is critical to this discussion. Every study participant mentioned reliance on supervisors and other colleagues in some capacity when faced with practice dilemmas. Fourth order participants sought consultation as a means of gathering input as they processed their actions and made their decisions. Third order participants

relied on consultation as a means of securing direction from someone in authority.

In her consultant role, one fourth order educator stated confidently, "When people contact me in the middle of (a boundary situation), they know something is wrong" (*Participant 10E49*). However, if the practitioners are operating from a third order, they may not "know" something is wrong. Rather, they may find themselves in a situational conflict and are feeling torn. Individuals operating from the socialized mind will seek advice in order to avoid choosing between two competing institutions. They look for someone (such as a consultant or supervisor) or something (such as the code) to make the decision for them. Asserting assumptions about what is *right* and what is *wrong* may actually contribute to keeping a worker at a lower order of complexity. By not recognizing and supporting a different way of making meaning, supervisors may inadvertently stifle development.

Fortunately, agencies and supervisors are in ideal positions to support workers' development to more complex ways of making meaning. They must first and foremost, however, create a holding environment in which the workers are acknowledged and supported at their current order of consciousness while gently encouraged and nurtured as they move to more complex ways of making meaning (Kegan, 1982, 1994; Love & Guthrie, 1999). This holding environment would need to be applied at all levels of the organization: individual workers, teams, and administration in order to create a culture of change (Kegan, 1994; Kegan & Lahey, 2009).

## **6.1 Implications for education**

The results from this study may imply that teaching from the common place of NASW-prescribed social work values, principles and the code of ethics does not ascertain that individual social workers view their roles and responsibilities the same way. Developmental order, more than content, influenced how the participants made meaning of what they were taught. This revelation points to the implications for social work education.

Social work education has long been poised to help students develop more complex ways of making meaning. Students are challenged to explore their values, biases, and worldviews through a series of self-reflection assignments. While self-reflection alone does not move someone to a more complex order, it can create personal disequilibrium which sets the foundation for developmental growth (Helsing, Drago-Severson, & Kegan, 2004; Kegan, 1994).

In addition, many social work programs are structured around a cohort model which admits groups of students into the program at the same time each academic year. As a group, students progress through courses over one to three years (depending on the program). This cohort model provides an informal holding environment for students as the relationships with their classmates and professors that develops over time simultaneously provides support and challenge (Drago-Severson, 2004; Helsing, Drago-Severson, & Kegan, 2004; Kegan, 1994).

In spite of the positive foundation that exists in current social work programs, there are a few areas that pose challenges for Kegan's theory. The first is the length of time that students are engaged in the social work curricula. Undergraduate programs are typically two years long; graduate programs range between one and two years (CSWE, 2008). Thus students may only be in that holding environment for four semesters, interrupted by winter and summer breaks. While that has been proven to be an adequate length of time for individuals to transition to higher orders of consciousness, it is a very gradual process (Kegan, 1982, 1994) and may not carry over once students leave the academic environment. That is a shortcoming that could potentially be addressed through continuing education requirements. Infusing Kegan's constructive-development theory into the social work curriculum may be another strategy to invite students to more complex orders of consciousness.

The second focus lies with faculty. As adult learners, students must first be recognized as

“knowers” with underlying beliefs that shape and influence multiple aspects of their lives (Helsing, Drago-Severson, & Kegan, 2004, p. 167). Faculty could be educated in constructive-development theory in order to provide a classroom environment that allows students to safely explore their constructs. Understanding and supporting the resistance and struggle that accompany the transition to more complex ways of making meaning is crucial to the development process. Instructors could employ teaching strategies tailored to the individual development of students as opposed to heavy reliance on group distribution of content (Helsing, Drago-Severson, & Kegan, 2004; Kegan, 1994; Kegan and Lahey, 2009).

The final implication for social work education applies to both university classrooms and ethics and boundary workshops. Social work educators teach, endorse, and applaud adherence to the profession’s values and code of ethics. As suggested by this study, adherence does not equal understanding. For third order workers, it may simply mean they traded the values of one institution (such as family or religion) for the values of another—the social work profession. This does not encourage development into more complex orders. In fact, it may encourage stagnation if students fear failing grades or workers fear disciplinary actions. Assuming that more complex orders of consciousness would benefit the profession and individual social workers, teaching the values and code of ethics of the profession from a constructive-development perspective could enhance learning.

Education efforts may need to include regular, ongoing (beyond college education) exercises to support self-reflection and developmental growth. Training ethics and boundary presenters in Kegan’s orders of consciousness could provide a new approach to this area of social work. If ethics and boundary workshops were viewed as holding environments, not merely biennium updates, workers would be invited to transition into more complex ways of knowing. Overall, this may impact more than boundary decision-making. It may influence many aspects of worker’s professional practice.

Considering mainstream higher education

practices and budgetary restrictions on agencies, the implications of this study are intriguing. In order to meet and support students and workers in their developmental journeys, educators and supervisors must assess and provide appropriate interventions for each individual in their charge. While this may seem like a daunting (if not impossible) task, the upfront effort may be worth the long term gain as it potentially protects agencies, workers, and clients.

## **7. Implications for Future Research**

The limitations and implications of this study point to several opportunities for further research. The first suggestion for future research is to repeat the study with a larger pool of direct practice social workers. This would allow for consideration of mediating variables such as educational background, years in practice, and age. While originally thought to confound the study this would, in actuality, enrich the data and allow for deeper analysis of the implications of developmental order on social work practice and professional boundaries.

The results of this study suggested that education combined with job responsibilities may impact the developmental order of social workers. It would be a valuable contribution to the current body of knowledge to conduct a similar study with two other groups of social workers: university professors (regardless of level of degree or experience with ethics and boundary trainings) and social workers who have administrative and/or supervisory responsibilities.

Considering the educational implications of this study, an important group to add to future research is social work students. Professional standards and codes, including those dealing with boundaries, are introduced to students in their undergraduate classes. This prompts the overarching question: Are undergraduate students developmentally capable of navigating the complexities required by the social work profession and the code of ethics?

This study was a launching point for understanding the role of developmental order and social

work boundaries. The final suggestion for future research is replication of the current study from a broader perspective, i.e., how social workers make meaning of their professional practice. Replicating the study from a broader view may strengthen the analysis of how orders of consciousness impact social work practice decisions.

## 8. Conclusion

In spite of the challenges surrounding professional boundaries, it is important to the profession, practitioners, and future clients to keep the topic of professional boundaries at the forefront. Future research agendas should include a focus on adult development and methods of supporting social workers as they grapple with the complexities of professional boundaries.

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# Ethical Considerations for Conducting Disaster Research with Vulnerable Populations

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## Abstract

Worldwide there has been a significant increase in disasters the past decades, particularly in the United States. Due to the increased frequency of disasters, the field of disaster research has seen a corresponding increase in empirical studies involving human subjects. A large number of these studies include vulnerable populations. Study of these populations requires additional precautionary disaster research practices in order to align with ethical standards for research. This article has a dual purpose: Part I provides a better understanding of the vulnerability of populations associated with disaster research; Part II offers a framework for best practices in conducting disaster research with vulnerable populations.

**Keywords:** ethics, disasters, disaster research, research methodology, vulnerable populations

## 1. Introduction

Communities worldwide are affected by an increasing number of natural and technological (man-made) disasters (Myers & Wee, 2005). Over the past three decades, there has been a rapid increase in the number of disasters occurring worldwide, affecting communities, households and individuals. It is estimated that there is a disaster occurring, somewhere in the world, every day (Norris, Galea, Friedman, & Watson, 2006). This is particularly troubling given the rapid worldwide increase in disaster fatalities (Mileti, 1999; Wisner, Blaike, Cannon, & Davis, 2003; Baez, de la Fuente, & Santos, 2010; North, Oliver, & Pandya, 2012).

With this increased frequency of disasters worldwide, there has been a concomitant increase in interest in disaster research involving human subjects (Baez et al., 2010; Legerski, & Bunnell, 2010; Pfefferbaum et al., 2013). Humans have

suffered and endured disaster throughout history, but the scientific study of response to disaster is in many regards still in its infancy stages. Rigorous inquiry has been limited and is confounded by the chaos and extreme disruption inherent in disasters (Gulliver, Zimering, Carpenter, Giardina, & Farrar, 2014). Much of this existing research has been devoted to identifying why disasters occur and how they affect people. Disasters of epic proportions, such as the South East Asia Tsunami in 2004, the Haiti Earthquake in 2010, and Typhoon Haiyan in 2013, have caused the deaths of hundreds of thousands of people and catastrophically disrupted the lives of millions more. The United States is no stranger to disasters. The past 20 years are remembered for major disasters such as Hurricane Andrew in 1992, the 9/11 terrorist attacks in 2001, Hurricane Katrina in 2005 and Hurricane (or “Superstorm”) Sandy in 2012. These disasters have the distinction of negatively affecting the psychological and psychosocial well-being of first responders and those personally affected for a considerable time post-disaster. Current statistics indicate that there has been a significant increase in climate-related disasters (Henghuber, 2010; Guha-Sapir, Vos, Below, & Ponserre, 2011; Smith & Katz, 2013), which is a trend likely to continue.

Certainly, the issues of ethics and legal rights in disasters have been raised in the past by researchers (e.g., Soliman, 2010), but disaster research is a multidisciplinary field. This interdisciplinarity results in many different academic fields and professions being involved in conducting disaster related research. Unlike social work, which is a field of professional practice, not all of the allied professions can rely on an established code of ethics to guide this research with vulnerable populations. We believe that there should be adherence to an ethical standard of practice when conducting disaster research, and we propose the implementation of a universal code of ethics when conducting disaster research with vulnerable populations.

This article has two purposes. In Part I we aim to provide for a better understanding of

disaster-exposed populations that will make disaster researchers more aware of potential ethical concerns that may arise in their research with them. We highlight how the decision-making capacities of these populations differ significantly from those in other types of research involving human subjects (Stallings, 2002; Rosenstein, 2004). In Part II we propose best practices for conducting disaster research that are informed by the principles identified in Part I. Both parts are influenced by the perspectives of the authors. Two are social workers actively involved in disaster research, and the third is a social worker who serves as the chair of the IRB at Tulane University, a Carnegie I, research-intensive university.

## **2. Part I**

### **2.1 Defining the target research population**

People subjected to disasters, and thus available to be exposed to disaster research, tend to be more vulnerable than other types of research populations. Disasters affect a broad group of people. Depending on the focus of a particular study, the research participants could range from individuals who experienced primary exposure to a disaster (e.g., disaster survivors and first-line responders) to those who experienced secondary exposure (e.g., health care providers, mental health specialists, community rebuilders, or volunteers). The concept of vulnerability has become extremely elastic, capable of covering almost any person, group, or situation. This, in part, creates confusion among the research community as to how vulnerable populations exposed to a disaster differ from other potentially vulnerable populations (Levine, 2004).

Vulnerability as a concept in disaster research has its founding roots in biomedical research. The meaning of vulnerability within biomedical research embraces the restrictions of an individual’s or group’s capacity for judgment and the potential for coercion among populations that are closely or figuratively “captive.” Vulnerability arises when people might have the decision-making capacity, but there is a lack of power and



resources to make a truly voluntary decision. Importantly, current federal Human Research Protection policies have no specific category for disaster victims. The disaster literature offers a number of different definitions for vulnerable populations. Vulnerability can be described as the characteristics of a person or a group and their situation that affect their capacity to anticipate, cope with, resist and recover from the impact of a natural or man-made hazard, defined as an extreme natural event or process (Wisner et al., 2003). More broadly, vulnerability is a combination of factors that influence the extent to which livelihood, property and other assets are at risk, as a result of a discrete and identifiable event in nature or society. Vulnerability is thus the term that is used to describe different factors that may adversely affect people's capacity to deal with the specific disaster. Factors such as gender, age, disability, health status and other contextual life stressors affect vulnerability and shape people's ability to cope and survive in a disaster context (The Sphere Project, 2011; Wisner et al., 2003; Gillespie & Danso, 2010).

In the post-World War II era and through the late 1970s there was a shadow cast on research practices involving human subjects. The US government convened a commission in 1978 to investigate research practices involving human subjects. As a result of the findings, the Belmont Report was created and is still regarded as the ethical basis for the regulatory structure used to protect human subjects and particular vulnerable populations (U.S. National Commission, 1979; Collogan, Tuma, Dolan-Sewell, Borja, and Fleischman, 2004). The way the report defines vulnerable populations is that they are constituted by groups that might "bear unequal burdens in research" due to their "ready availability" in settings where research is conducted, "such as prisons, hospitals, and institutions." The report concluded that because of their vulnerability these groups required extra protections in the review process (Levine, 2004).

The Code of Federal Regulations developed in 1978 establishes protections for particular groups in research, namely children, prisoners, pregnant women and fetuses. The Code makes

reference to other populations who may have impaired abilities to make voluntary and willing decisions about their participation in research. These populations are those who are cognitively impaired or suffering from a mental disorder and those who are economically or educationally disadvantaged. The Code requires that if these vulnerable populations are included in research, some restrictions must apply. This may force an Institutional Review Board to impose procedural safeguards to protect the interests of the human subjects (Collogan et al., 2004; Rubin and Babbie, 2011).

Although not mentioned in the Code, participants in disaster research might be regarded as people who have limited decision-making capabilities (Soliman, 2010). This can be attributed to the psychological impact of being subjected to a disaster. The stressors of a disaster or traumatic event can cause a wide range of physical, behavioral, cognitive and emotional symptoms that can affect social interactions among the exposed disaster population (Norris et al. 2002; Myers & Wee, 2005; Newman, Risch, & Kassam-Adams, 2006; Barron Ausbrooks, Barrett & Martinez-Cosio, 2009). In essence, a disaster might turn otherwise healthy people into a vulnerable population. For example, in a review of studies on disasters and their particular impact on the mental health of the people experiencing them, Norris et al. (2002) found that 74% of human subjects experienced post-traumatic stress and one-third of the studies identified individuals who showed symptoms of depression.

Rosenstein (2004) states that the extent to which vulnerable populations are able to make capacitated and voluntary decisions to enroll in research should be taken into account when conducting research with vulnerable populations. Evidence suggests that extra precaution should be taken when including disaster-affected populations for research (Stallings, 2002; Barron Ausbrooks et al., 2009). There should be adherence to some form of ethical guidelines for inclusion when recruiting participants. Perhaps the largest ethical dilemma that arises is whether human subjects are "mentally fit enough" to be included in post-disaster research.

## **2.2 Ethical analysis: Incorporating utilitarianism and social justice**

There are two complementary theories that both organize and underlie our ideas about research with vulnerable populations post-disaster: utilitarianism and social justice. The notion of utilitarianism emphasizes that any endeavor should strive to achieve the greatest amount of benefit for the greatest number of people (Freeman, 2000). Equally important is the idea that the moral worth of any action is solely determined by its resulting outcome. With the implementation of the ethical concept of utilitarianism in disaster research, it is essential that researchers should not only act in pursuit of their own goals (e.g., accomplishing their research objectives), but should consider the impact of their actions on the people they study. In brief, this is a “greater good” argument. The emphasis is thus on the results and end product achieved with the research. The results from the research should be seen as being beneficial for the greatest number of people possible (Freeman, 2000; Etkin & Davis, 2007). Translating the concept of utilitarianism into a disaster research setting allows researchers to conduct research with what we have argued thus far is the definition of a vulnerable population. Incorporating safeguards to protect victims of disasters allows for them to be studied. The idea is that research is needed on disaster survivors, despite their status as a vulnerable population, so that services and programs can be refined for both future disasters and to streamline services for a current disaster. Thus, research in one setting can serve both to improve the response in that situation and to improve aid in future disasters, and thus contribute to the greater good.

The second ethical principle applicable to disaster research is social justice. The needs of socially marginalized groups can be captured and addressed with social justice practices incorporated into disaster research (Soliman & Rogge, 2002). When conducting disaster research, the concept of social justice will allow for the identification and fair treatment of disenfranchised groups. The idea is to prevent their status as a marginalized

group from carrying over into both disaster-related research and service provision in ways that would further their oppression. For example, some groups during Hurricane Katrina did not receive evacuation orders in the wake of the greatest disaster in the history of the United States. Deploying the concept of social justice can ensure that all groups exposed to a disaster situation are considered for inclusion. Disaster research incorporating social justice practices may help address inequalities in society. Employing social justice practices when conducting research with vulnerable populations can help ensure that people’s rights are not overlooked as was the case with Hurricane Katrina. Social justice embodies the “equality principle,” which allows for each person in a society to have an equal right to the same amount of liberty as everyone else (Freeman, 2000; Sheng, 2004). Equality is necessary when conducting disaster research to ensure the inclusion of a wider spectrum of the population. Equality will limit bias toward certain groups in disaster research and ensure that marginalized groups are represented in research that may dictate both allocation of resources and future disaster services.

## **3. Part II – Ethical Recommendations for Conducting Disaster Research**

When aiming to incorporate research ethics into disaster research practices with vulnerable populations, it is essential to consider ethical research recommendations. The complex nature of disaster situations creates the need for the inclusion of additional precautionary ethical recommendations. The New York Academy of Medicine and the US National Institute of Mental Health have identified four key recommendations for conducting disaster research (Sumathipala & Siribaddana, 2005). The recommendations are based on input from mental health practitioners, trauma researchers, public health officials, ethicists, representatives of institutional review boards, loved ones of victims and emergency personnel from the Oklahoma City and the World Trade center attacks in 2001. The four areas of critical importance identified are:

- Decisional capacity of potential participants that has been affected by a disaster or terrorist attack to be included in the research study,
- The vulnerability of research participants,
- Risks and benefits of participating in the intended research,
- Informed consent from participants.

Unfortunately, these recommendations are so broad as to not be terribly prescriptive, and they mimic existing institutional review board (IRB) requirements. The remainder of this article attempts to go further by providing practical advice for conducting research with vulnerable populations post-disaster. The seven recommendations listed below are for conducting ethical disaster research with vulnerable disaster populations. The recommendations are based on an extensive literature review, practice experience, and the perspective of the IRB.

### **3.1 Recommendation One: Time-frame—When is a good time to start and end a disaster research study?**

#### **3.1.1 *When to enter the field?***

There is no set time to start conducting post-disaster research (Norris, Galea, Friedman and Watson, 2006). Instead, there are a series of questions one must ask about balancing the goals of the research with the situation of those affected. For instance, many argue that starting too soon with research can be problematic, since many research participants are frequently focused primarily on their physical wellbeing (Stallings, 2002). People may experience different symptoms on wholly different time frames. What takes hours after a disaster for some may take days for others. These symptoms can range from shock and disbelief to experiencing powerful emotions including fear, anger and grief. It is fair to say that most people experience some form of post-traumatic

symptoms (Boyd Webb, 2004; Myers & Wee, 2005; Roberts, 2005; North et al., 2012; Davidson, Price, McCauley & Ruggiero, 2013).

According to the DSM-IV definition, it takes two weeks to diagnose major depression and four weeks to diagnose Post-Traumatic Stress Disorder (PTSD) (Roberts, 2005). The disaster researcher intending to conduct immediate research could face the issue of adding an extra psychological burden and stress to participants (Norris et al., 2006). If research must commence immediately post-disaster, we suggest that whenever possible researchers use research methods that are either unobtrusive (if possible) or non-invasive on the research participant and his or her well-being. Regardless of when it begins, researchers should be prepared to sacrifice some degree of methodological integrity once they are in the field (Stallings, 2002).

There are advantages to starting research just after a disaster has occurred. Studies carried out some time after the disaster may fail to identify some portions of the population who had symptoms of PTSD or who have fled the disaster area. Inclusion of participants in a research study that was initiated immediately after a disaster could ensure the identification of PTSD symptoms where those starting later may miss some cases. Another good reason to conduct an empirical investigation just after a disaster has occurred would be the ability of participants to answer foretelling questions more easily. However, some evidence suggests that successful studies can start well after a disaster (e.g., Norris et al., 2006). What these studies gave up in terms of evidence about the acute impact phase, was compensated for by the specificity of their measures and the information they provided about the lingering, long-term effects of the disaster. Personal experiences with disaster research by the authors indicate that survey studies that begin 12–18 months after a disaster have a very low response rate. However, within that same 12–18 month time period, focus groups have proven to be both very well-received by the participants and well-attended. The data gathered from focus groups during this phase have proven richer than

survey data, perhaps because focus groups provide a vehicle for participants to reflect on their personal growth and resilience, and to articulate their disaster-experience narrative. Regardless, as Norris et al. (2006) state, there is no single right time to begin a study, but the timing of the study must match the questions and vice versa. We argue that the physical and emotional wellbeing of the research participant should have top priority.

### **3.1.2 When to end the study?**

There is also no clear consensus as to when a research investigation should end, since there is no commonly agreed-upon timeframe among disaster researchers as to the duration of post-disaster trauma. Instead, the feasibility of completing the study should be taken into account (Norris et al., 2006; Stallings, 2002). Factors having an impact on the timeline of a study might differ from disaster to disaster. Factors can include but are not limited to the severity of the disaster, the willingness of the local community to participate in the research, and accessibility to the disaster site. A rule of thumb is necessary to determine time points that represent the critical period (2-6 months), intermediate period (12-18 months) and long-term period (2-3 years). Only rarely have there been reports from studies continuing long afterwards (Stallings, 2002; Norris et al., 2006).

## **3.2 Recommendation Two: Adhering to federal regulations governing research**

When conducting disaster research, it is necessary to adhere to federal regulations governing research, to ensure that ethical standards for research with human subjects are being upheld. Federal regulations provide a framework for the protection of human subjects participating in disaster research. The federal regulation referred to is "The Common Rule-45 CFR 46, subpart A" (Jastone, 2006). The regulations and additional subparts B through D define standards for the ethical conduct of research including the process for proposal review through institutional review

boards (IRBs) for research involving human participants (Norris et al., 2006).

Based on our experience, there are two recommendations here that may save researchers a lot of time and stress. First, one should inform the IRB about the upcoming submission of a disaster-related research proposal. This action allows the IRB to begin to identify appropriate reviewers for the submission and greatly reduces the review time. A related point is to begin to consider the IRB application as early as possible in the research process. Our experience has been that both junior and seasoned researchers have a tendency to think about the IRB as an afterthought. Consequently, they put less time into the IRB application than they do the development of the research protocol or grant, and the IRB application becomes sub-par. This delays the approval of the application, because there are routinely a number of revisions and re-submissions required. This is a particularly important issue when dealing with time-sensitive events like disaster research. Second, one should approach the IRB for assistance with the application. At our university, upon request, an IRB staff member will work with researchers to help compile their applications. For example, our university uses an online application system (i.e., IRBNet) that involves a 38-page application process for the main body (Part II), and requires multiple parts to be submitted (in some cases, up to 57 pages, depending on the various subparts that need to be addressed). If researchers are not experienced IRB applicants, having a staff member assist them can be invaluable in terms of time, revisions and likelihood of quick approval.

## **3.3 Recommendation Three: Screening method for including participants**

### **3.3.1 Decision-making capacity of participants**

The disaster researcher should determine the decision-making capacity of the research participants before commencing disaster research. There should be a screening method for including participants (Levine, 2004; Newman et al., 2006).

Possible screening methods can consist of paper-based screening tools or assessments, and behavioral observations of prospective participants. Incorporating such a process will help the researcher to determine which potential participants might have cognitive impairments or be at particular risk for a serious mental health outcome. Disaster researchers should undergo training to identify emotional problems in subjects, and if needed refer the participants to a mental health practitioner assigned to the population (North, Pfefferbaum, & Tucker, 2002). Consultation with mental health practitioners by the disaster researcher can also have positive outcomes for participants.

### **3.3.2 *Determining participant vulnerability***

It is necessary to identify the characteristics of disaster-exposed research participants (Soliman and Rogge, 2002). This, in turn, will allow the disaster researcher to determine the level of vulnerability of the research participants. Aligning with the principles of the Belmont Report and making sound judgments on vulnerable populations in the face of a disaster will allow the researcher to make ethical decisions regarding the inclusion of participants in the research study. It is important to note that defining vulnerability post-disaster should not be tied to a demographic characteristic of an individual or group membership. Disaster victims frequently suffer from psychological and emotional distress bearing signs of acute anxiety, depression, posttraumatic stress, and severe forms of grief (Boyd Webb, 2004; Myers & Wee, 2005; Roberts, 2005; Newman et al., 2006; North et al., 2012). These emotional factors, combined with the additional stresses of the possibility of permanent dislocation, social disruption, strains on family life and financial implications, concerns about the environment, and ecological stress, can cause participants to be more vulnerable and hamper their ability to make informed decisions (Norris et al., 2006). Disaster researchers should combine and incorporate elements of the Belmont Report, ethical judgment, and knowledge concerning symptoms experienced by disaster participants when deciding whether participants could be deemed vulnerable.

In other words, researchers should cast a wide net when defining “vulnerability,” to ensure that they protect the interests of those recently affected by a traumatic event and do not add to their burden by including them in a research project. Thus, by erring on the side of caution, researchers can conduct research that is ethical in nature.

### **3.3.3 *Determining risks and benefits of the proposed study***

Limited empirical evidence is available on the risks and benefits of participant-focused disaster research (Norris et al., 2006). IRBs will be able to identify the associated risks and benefits for participants. There are clearly risks and benefits associated with participation in disaster research (Newman et al., 2006). According to Rubin and Babbie (2011), it can be difficult in some instances to judge whether the long-term good to be derived from a study will eventually outweigh the damage done by the ethically questionable practices that may be required for adequate scientific validity. Benefits of disaster research, according to Norris et al. (2006), include but are not limited to enhanced awareness of material resources, medical and mental health services, empowerment, learning and insight, altruism, kinship with others, experiencing a feeling of satisfaction or value after participating, and favorable attention from the investigators.

Associated risks that might be faced by the disaster researcher include but are not limited to physical harm, legal action, inconvenience for the participants, economic hardship, psychological discomfort, loss of dignity for the participants, breach of confidentiality and exposure, unwanted media attention, social media exposure, and over exposure to disaster research (Norris et al., 2006). A relatively unknown risk is the use of social media platforms in disaster research. There has been a significant increase in research usage of social media and disasters (Palen, Starbird, Vieweg, & Hughes, 2010; Murthy & Longwell, 2012). Social media pose potential risks for the researcher and study participants. It is the task of the researcher to ensure that extra precaution is taken when working with social media formats (e.g., Facebook, Twitter

etc.). De-identification of participants should be considered at all times and the use of photography of participants should be avoided if possible. The use of social media during disasters has unpredictable outcomes (Lindsay, 2011). The incorrect use of social media, such as inaccurate posting of information or not de-identifying participants in a way consistent with the research protocol could lead to both potential harm and over exposure for vulnerable participants.

Another potential risk that might surface with disaster research involving human participants is emotional distress (Norris et al., 2006 and Myers and Wee, 2005; Newman et al., 2006; Legerski & Bunnell, 2010). It is essential that the disaster researcher be able to assess the mental health status of participants. Since disaster research involves remembering events, the emotional distress can cause retraumatization. Norris et al. (2006) argue, however, that the use of the term “retraumatization” can be misleading within the context of disaster research, and may lead to over-exaggeration of the risk involved in study participation. Disaster studies with diverse populations have found that the majority of participants have indicated that disaster research can be beneficial (Boscarino et al., 2004; Newman et al., 2006). Precautions should be taken in assessing the risk-benefit ratio of a research protocol, which will ensure that there is not an over- or underestimated risk involved for the participant in the research. Here, it is essential for the disaster researcher to work in close collaboration with the overseeing IRB, to ensure that risks and benefits are accurately depicted in the proposal and are not detrimental to the well-being of the research participants.

#### ***3.3.3.4 Respecting gender and cultural norms and traditions***

Disaster researchers will encounter situations where they are faced with gender challenges and cultural situations that could hinder the methodological quality of a study and thus hinder the validity of the findings (Rubin and Babbie, 2011). It is crucial for the disaster researcher to be sensitive towards gender, cultural differences, bias, and

dynamics of the research population. Prioritizing the social work concept of “respect” will ensure that ethical standards with vulnerable populations are maintained during the research process. For example, when a tsunami struck on December 26, 2004, the rim countries of the Indian Ocean experienced an influx of researchers (Sumathipala & Siribaddana, 2005). Local cultural norms and customs of the affected populations were disregarded in the process of providing counseling services and conducting research. During the recovery phase of the tsunami, there were reports of aid agencies conducting research on vulnerable populations without the necessary protocols. Vulnerable populations affected by the tsunami were not properly informed as to why they were participating in research, and informed consent was not alone regarded as a protective measure for participants (Sumathipala & Siribaddana, 2005).

### **3.4 Recommendation Four: Incorporating a professional code of ethics into one’s research**

As social workers conducting disaster research, the authors of this article rely on the fundamentals of the National Association of Social Workers (NASW) Code of Ethics. Section 5.02 on Evaluation and Research should be incorporated by the disaster researcher to ensure that the proposed research is ethical in nature and does not infringe on the rights of participants. Incorporating the NASW code of ethics into research does not end with Section 5.02, but should also incorporate Section 4.01 as set forth by the NASW (Rubin and Babbie, 2011): “Social workers should critically examine and keep current with emerging knowledge relevant to social work. Social workers should routinely review the professional literature. ... Social workers should practice on recognized knowledge, including empirically based knowledge, relevant to social work and ethics” (National Association of Social Workers).

### **3.5 Recommendation Five: Gaining informed consent from participants**

An integral part of conducting research with human subjects is to gain informed consent from research participants in the study (Sumathipala et al., 2011; Jastone, 2006; Newman et al., 2006). Voluntary informed consent is the cornerstone of research ethics. All forms of research should be viewed as optional, and the refusal to participate should be respected. Informed consent plays a pivotal role in research ethics. Participation in research disrupts the human subjects' normal activities (Rubin and Babbie, 2011). Disaster research might disrupt human subjects even further, simply by asking them to participate in research. After some publicized research scandals in the 1960s and 1970s, public awareness increased of the risks of research and the motives of researchers conducting research. Informed consent was first operationalized by the Belmont Report, which stipulated the principle of respect for persons in research. Informed consent is a broad process that includes informing the potential participant of the procedures, potential risks, benefits and alternatives to the research, and then obtaining documentation of permission to proceed (Norris et al., 2006). Rubin and Babbie (2011) state that, in theory, informed consent might sound easy to apply, but it is not always the case in practice settings. For example, it has been our experience that many researchers are interested in capturing phenomena that people experience in disasters but that they may be reluctant to discuss (e.g., increase in intimate partner violence post-disaster), making truly informed consent difficult to obtain. On these occasions, it is imperative that researchers rely on their utilitarian perspective and prioritize participant rights ahead of their research agenda.

It is thus the duty of the disaster researcher to ensure that truly informed consent is obtained from research participants (Stallings, 2002; Barron Ausbrooks et al., 2009). This can be done by requesting that participants sign a consent form before they participate in the research study. The

consent form presented to potential research subjects should provide a brief description of the features of the study that might affect their decision to participate, particularly regarding the methodology of the study, potential harm, and the anonymity or confidentiality of their responses. IRBs require consent forms to be comprehensive and be implemented in all research involving human subjects. Separate consent forms are required for the inclusion of children as research participants. The consent form should be on the reading level of participants.

### **3.6 Recommendation Six: Maintaining anonymity or confidentiality**

Subject privacy and confidentiality are important in all forms of research, but in the case of disaster research these concerns may be even more pronounced, since participants might be in a heightened state of vulnerability (Barron Ausbrooks et al., 2009). When conducting survey research, the clearest concern is the protection of participants' identities, which relates to their interests and wellbeing. If there were to be an unintentional disclosure of some sort that would cause injury to the wellbeing of participants, it would be a breach of research ethics. Either anonymity or confidentiality can be regarded as the norm to protect participants. In terms of federal regulations, anonymity refers to data that cannot be linked back to the research subject, even by the researcher. In this way it is "de-identified." Confidentiality means that the researcher knows the identity of the subjects and can link them back to their responses (e.g., this can be important in measuring changes in an attribute between pre and post-test), but works hard to protect their privacy by using codes rather than names to link subjects back to their responses. In our view, anonymity is preferable in disaster-related research, since the researcher does not want to exacerbate the stress that subjects are already experiencing post-disaster. The disaster researcher should ensure that either anonymity or confidentiality is upheld among all members of the research team.

### 3.7 Recommendation Seven: Providing assistance to research participants

The researcher has to be sensitive regarding possible negative emotions experienced by some individuals during post-disaster research. In order to address emotional distress, clinical care referral to a social worker or psychologist working in the area of disaster mental health could address possible emotional distress symptoms (Newman et al., 2006). Disaster researchers should also be familiar with disaster-related practices concerning disaster aid and shelter. Research participants could feel a sense of belonging if some of their questions and concerns could be answered by the disaster researcher in the wake of a disaster. Also, researchers should disseminate a resource sheet to participants that tells them what services are available and how to access them.

### 4. Conclusion

With the increase in disasters worldwide there will continue to be an increase in research with vulnerable populations exposed to disaster. As a field, social work can lead this emerging field by demonstrating how to conduct ethical research with vulnerable populations following a disaster. The recommendations we make here will help ensure that the stigma and controversy surrounding disaster related research is limited. By limiting controversy associated with disaster research, scholars from different disciplines can conduct research that is welcomed by the community affected by the disaster, and that advances our knowledge about how to be more effective helpers in future disasters.

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# No Regrets: Suggested Improvements for Public Apologies

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## Abstract

We critically evaluate the Canadian Association of Social Workers' Acknowledgement Statement of 2009 to determine whether it is adequate to the task of an ethically genuine public apology, or instead is an expression of personal regret. We compare the statement to other apologies for the same wrong, in order to challenge the social worker's response.

**Keywords:** Public apology, personal regrets, moral relationships, moral repair, aboriginal schools

## 1. Background-Introduction

Elaine Spencer and Tera Dahl-Lang participated in a large social work conference in 2009 at which the Canadian Association of Social Workers (CASW) issued a public acknowledgement for the past treatment of Aboriginal people. Disappointed at the way the apology took place and its content, they consulted with a philosopher, Jim Gough. This paper is designed to help us understand and improve the situation. If there is a need for an apology, then some wrong has been committed that justifies or gives us a reason to apologize for the wrong done.

Culpability is established. A self-imposed duty is voluntarily established for someone to take responsibility for the wrong and to address the wrong. A relationship has been broken between the wronged group and the offending group (Feinberg, 1974). Trust and respect have been lost and need to be regained. This opens up the need for a transformation of one relational situation into an ethically better one. A moral repair (Walker, 2006), or in religious terms a redemption, is in order. A relationship problem has been identified and a repair to this relationship is needed. The success of the apology as a moral remedy can only be measured in the successful or genuine repair of the relationship, which is transformed from one of mistrust, dishonor, and non-confidence to one of renewed confidence and a restoration of the dignity and respect accorded all members of the relationship.<sup>1</sup>

There is an ethical and significant difference between the personal expression of regret and the sincere and genuine expression of an apology<sup>2</sup> for a wrong, either (i) directly intended or committed or, (ii) not directly intended or committed by the recipient of some advantage or good enjoyed at the expense of another party harmed by this

unintended benefit. In the personal expression of regret the individual making such an expression describes his or her feeling of “I wish this had not happened” while in an apology there is a measure of responsibility taken by the individual issuing the public apology, implying a degree of embarrassment at the situation, a feeling of remorse for a wrong committed, a feeling that the apology will help to initiate a process of moral repair to a relationship that has suffered as a result of the unjustified harm committed. We can be responsible for repairing a relationship in cases (i) and (ii), where I unfairly benefited by a wrong committed by my ancestors, like stealing land and then using it to create intergenerational wealth—at the continued expense of intergenerational poverty (Feinberg, 1974). The expression of a personal regret does not address the latter but rather perpetuates it.<sup>3</sup>

There needs to be a process of turning around and away from what was a failure to a relationship renewal that transcends irrelevant conditions that separate the past situation from the present redress of it. There needs to be an overcoming of the distancing problem, which is the irrelevant distancing of the significance or ethical importance of past problems or issues to the current situation in a relationship. Sometimes, for example, those in the present claim that “the past is too distant from the present to illuminate anything about the present situation” (MacMillan, 2008, p. 14), which is to set up an immutable barrier to change, a false analogy or precedent (Gough, 1999). An apology is, in part, for the dominant/majority group, who may have benefited from wrongdoing but may be “unaware” of the wrong; the apology establishes the wrongness and brings it into the awareness of the majority (and ideally should stop further wrongdoing, altering the course of relationships for the better for all members). The subordinate/oppressed/minority group is not served by the apology alone, as they have been aware all along of the wrongdoing and have experienced the negative consequences of it all along. It is the action after the apology that counts to transform the prior failed relationship and redress the ethical wrong to this group (Nobles, 2008).<sup>4</sup>

There may be an objection that a public apology is an attempt by those currently holding political authority or power to control or rewrite history, putting a favorable twist on a problematic situation without a serious and honest attempt to address the continuing systemic conditions that caused the failure which the apology addresses (MacMillan, 2008). If this is both the intention and consequence of the apology, then it fails to function as a genuine apology. By contrast, a genuine public apology is transformational in the sense that it is designed to (a) “set the record straight,” change a prevalent misperception of the past relationship; (b) establish the ethical basis for a precedent about how other similar relationships should be changed for the better,<sup>5</sup> consistent with (a) and (b); and (c) bring about significant changes to the ethical character of the relationship between an offending group and the group harmed, changes that will have measurable effects to produce a process to remedy past wrongs committed and prevent future similar wrongs. Finally, a genuine apology must (d) bring the force of collective ethical will (of the oppressor and oppressed) together to transform the situational control (Cooper, 2004) of past relational oppression to a new pathway of open freedom to create a new possibility for those inside the institutions which often foster or house manipulation, coercion and bullying of the oppressed (Gough, 2012).

First, our strategy will be to compare the effects of different apologies for the same situation or problem to determine how different relationships satisfy conditions (a)–(c) and are transformed or not transformed by the apology (Fingarette, 1963). Second, since an apology is an attempt to avoid a denial or an excuse, it must exhibit some moral high ground above the regret or excuse alternatives rather than functioning as an expression of personal negative consequences to the party making the apology. So, third, we will address the critical question of whether a public apology by a dominant, offending group actually succeeds in achieving what an apology should achieve or not (Coombs & Holladay, 2008). If an apology functions as an excuse and not as an act

of contrition designed to remedy a previous wrong in a relationship in order to renew the relationship to its authentic potential, then it is not an apology (Becker & Becker, 1991, pp. 344–46). It may have other purposes, like protecting one's public image or public perception from harm, rather than addressing the harm to the other party.

## **2. The Role of Social Workers in a Public Apology**

The role of social workers in implementing unethical government policies in residential schools and the broader role of social work as a profession participating in the cultural genocide of Indigenous families (i.e., through the mass apprehension of Indigenous children and placement in non-Indigenous homes—a clear continuation of cultural genocide) (CASW 2005a) provides us with a good case of a harm that may be addressed by a public apology to remedy this past wrong. This wrong was known or popularly labeled as the “60's scoop” (Blackstock, 2003) but actually continued for many decades (Sinclair, Hart, & Bruyere, 2009), and given the massively disproportionate numbers of Aboriginal children in care (for example in Alberta, 50%–60% of children in care through Children's Services Authorities are of Aboriginal heritage, when the Indigenous population is approximately 4% of the population of the province), this harm remains significantly disproportionate across the population of the province (Sinclair, Hart, & Bruyere, 2009, p. 45). The inter-generational harm<sup>6</sup> caused by residential schools is best captured by Nietzsche's claim about how the mob or civilization decides moral values and in the process supplants the values of those who do not share its values (Nietzsche, 1969c). The spiritually and morally weak overpower the morally and supposedly spiritually superior group, who should be defining themselves as the most qualified and knowledgeable to do so.

For the highest man shall also be  
the highest lord on earth. Man's fate  
knows no harsher misfortune than  
when those who have power on earth

are not also the first men. That makes  
everything false and crooked and  
monstrous. And when they are even  
the last, and more beast than man, then  
the price of the mob rises and rises,  
and eventually the virtue of the mob  
even says, ‘Behold I alone am virtue.’  
(Nietzsche, 1969b, p. 358)

The social workers who supported the residential school policy, supported those in power<sup>7</sup> who were not also the first men. This is more than a political issue; it is an unnatural perversion of the natural order of the world—which cannot be dismissed with a sweep of the hand as a minor mistake since it involves a systematic overturning of natural values that form the foundational base of human rights (Gough, 1986).

The subjective individual's integrity which is supposed to be respected in society is replaced by “impersonal relations” which are “relations among persons who appear to one another not as persons, that is, unified totalities that are ends in themselves, but rather as compartmentalized roles, offices, skills, and so forth” (Norton, 1991, p. 146). “[D]epersonalization, by eroding the foundation of individualism, attacks the foundation of community” (Norton, 1991, p. 147).

## **3. Important Normative Conditions of an Apology**

The starting point for our inquiry into the ethical nature and effects of an apology is normative, that is based on accepted or normal standards of conduct in relationships, which remains problematic since norms themselves as standards are always open to criticism.<sup>8</sup> We are putting such criticisms on hold to ask the practical question of whether or not a public apology can work and under what conditions it can be considered not to work. So, we will consider apologies from the test conditions (i) – (xiv) below.

- (i) An apology involves a relationship. In the relationship there are often three parties. First, there is the offender who has harmed the relationship and

someone in it. Second, there is the offended person who has been harmed by the offender in the relationship. Third, and just as important as the other two, there is the group, public, society or government (who represents the society or public) who is complicit in the failed relationship or functions as the offender or the offended. A group's responsibility may be negative in that it failed to do something when it was in a position of power to do something positive to either prevent harm or not encourage it occurring. In this case, "mind your own business" does not apply since a group is the individual's business. For example, the person who is an active witness to a racial slur and doesn't express repulsion is a negative, contributing party to the slur and the group's acceptance of it as a possible precedent-forming norm. No one is let off the hook by doing nothing, simply standing by passively.<sup>9</sup>

- (ii) The goal of public apologies is to retrospectively recognize and appropriately react to wrongs in the past, wrongs with consequences for current and future relationships (Sterba, 2013, pp. 5-6). The wrong is big enough for a public apology, recognizing the public's responsibility (Becker & Becker, 1992, p. 1049).
- (iii) It is ethically better, because of its truth revealing aspect, to admit mistakes and take responsibility for them rather than to deny the mistake, try to cover up the mistake, transfer responsibility to someone else for the mistake, or to avoid the situation as a mistake altogether. As the social existentialist philosopher Jean-Paul Sartre (1956) pointed out, to avoid making a decision is actually to make a decision for which one is ethically responsible.

- (iv) The function of a public apology is to recognize and implicate the public from one generational period of a collective in the group responsibility for the wrongs committed by past or previous generations of the same collective. The public is important as a public witness to the apology as an act of genuine contrition. The witness in one generation provides testimony for the next generation in the court of public scrutiny.<sup>10</sup> The public is an important part of the accountability process. A private apology just does not have the same effect on the relationship and the offender/offended as a public one. One could make a private apology but the judgment of public recognition (Becker & Becker, 1992, p. 1045) is important in the case of many apologies. A political leader or statesperson who represents, in his or her person, the collective must act to change the moral compass of individuals in similar positions in the state, as well as the state itself and not just his unique or particular situation in it, moving it away from the disposition or tendency to produce the wrong or wrongs. Similarly we know that the CEO of a company is held accountable for a company's failed policies or failed implementations of policies while she is in a position of authority in the company (Goodpaster, 2007). The buck stops at the top, so we expect an apology from the Prime Minister, the CEO or some similarly situated individual representative of a dominant group who has committed some wrong in the past. A public apology is recognition of one's public responsibility to correct a mistake. This change should not be temporary or expedient. Instead it should permanently transform a process, moving it away from one defective relationship and one set of outcomes, to a better one (Gough, 2000).

- (v) An appropriate reaction to wrongs in the past is to assign, accept and recognize one's responsibility for past wrongs done by the members of one collective (of which the apologizer is a continuing member) to the members of the offended collective. If, for example, I am a second, third or fourth generation member of a collective that has wronged another collective, then my position is not neutral. I have gained an advantage at the cost of others.<sup>11</sup> The political, ideological and sociological system in place will continue to advantage me no matter what minor compensations or costs I incur because of complicity with past wrongs. Doing nothing, when I could correct a situation, is still doing something by omission that could be wrong (Dolgoft, Harrington, & Loewenberg, 1988).
- (vi) The effect of a genuine public apology should be to transform the relationship in a way or ways that cause it to function better to achieve mutually agreed goals, between the two conflicting collectives. This should happen so that significant ethical and dispositional changes result, even if incremental and gradual, to both collectives in order to set out on a course or direction that should, if effective, avoid future wrongs to the relationship. To begin the process of transformation, someone needs to take the first step. Generally, the first step should be taken by the person with the most power to do the most good in rectifying the situation (Nietzsche, 1969a, pp. 572-574). To transform a relationship does not involve an appeal to general or universal standard practices or procedures, rules, codes or even formalized law-governed decisions. The first step in transformation involves empathy for the situation of the other. This is not pity. As Nietzsche (1969a) correctly pointed out, pity is a self-consuming and potentially self-destructive emotion,

whereas genuine empathy and sympathy are not destructive. In relational terms, pity (other than self-pity) retains control of the situation in the person who pities the other. At the same time, pity can weaken the person who is pitied by causing them to avoid the strength necessary to overcome their situation. Pity does not transform a relationship in a positive direction, but empathy combined with genuine sympathy for the situation of the other person can be positively transformative.

- (vii) The public apology should recognize the effects on the quality and character of the individuals involved when there is a misdistribution of burdens/wrongs and benefits/rights, so that the hearts and minds of the offenders and offended are changed. For example, the resentment of those harmed, the envy of those who lost at the expense of those who gained, the loss of self-esteem in the offended, all need to be remedied by a solution that is ongoing into the future. This is a matter of restoring and even re-creating the integrity of the individuals within the restored and re-created relationship. Only an apology that is perceived by all members of the relationship to be sincere, honest, and genuine can work to facilitate this rejuvenation of the relationship. A dishonest, insincere, or not genuine apology, one done for the sake of appearances ("to look good") or expediency ("it seems to work under current conditions") is not one that has real hope of success in achieving the necessary moral repair (Walker, 2006) of the failed relationship which it was intended to address and redress. It is commonplace to notice that "In long-term relationships anyway, very few people can in practice consistently act in a manner at odds with an attitude they really hold... sooner or later we can expect the attitude to show in the person's acts" (Harvey, 1999, p. 31).

#### **4. Significant Failures to Satisfy the Normative Conditions of an Apology**

- (viii) The goal of a public apology is not to excuse the current members of a collective from the acts committed by their ancestors. Many collective wrongs are intergenerational. Many people recognize their own identity in the identity and situation of their ancestors or predecessors (Malpas, 2000). The excuse, in this case, serves as a rationalization and not as a reason either for a public apology or for one which is not genuine. It displays evidence of a lack of integrity in its disrespect for those in the past, instead of creating a communication path where we engage in “constructing a dwelling place where we can know together and feel at home with others” (Hyde, 2012, p. 117). The parallel situation could involve the unacceptable rationalization of those who discriminate against those who are not fully aware of the harm. Women, for example, may have experienced discrimination in the workplace for centuries but not realized what was happening to them. It doesn’t follow that what happened to them was acceptable because of their failure to recognize it. The harm is not diminished if those harmed cannot fully know, appreciate and express the harm they experience at the hands of others—children or people who are significantly mentally disabled, for example, since this violates a known principle of rectification (Sterba, 2013, p. 151). An excuse is defined as: “A condition pertaining to an agent that precludes his or her blameworthiness for wrongful action”, and is not a justification. A justification, on the other hand, is “a circumstance that renders an action permissible even though it would have been impermissible in the absence of the circumstance”

(Becker & Becker, 1991, p. 344). It is important not to confuse one with the other (Austin, 1964). Finally, this opens up the question of whether the expression of regret for an action is an excuse or a justification. If the expression of regret is a condition pertaining to an agent that precludes his or her blameworthiness for wrongful action, then it functions as an excuse and not a justification. A public apology is not supposed to be the expression of an excuse, however, so if the function is to express regret, then the nature of an apology has not been satisfied. There is no necessity or even any sense that a relationship needs to be transformed or that guilt needs to be identified in the case of regret. We discuss this later at (ix) below.

- (ix) The goal of a public apology is not to moralize from a self-proclaimed morally superior current perspective on the primitive and uninformed inferior decisions and actions of a previous generation. The defective strategy of the moralizer seems to be to detour in a relativistic way from the responsibility of the informed generation to apologize for the previous generation’s actions (Coady, 2006). But this moralization is regressive and not transformative. To be transformative a relationship needs to grow and become more efficient in the recognition that all parties in the relationship need to expand their competencies to make autonomous decisions for themselves. For example, the mother and father need to become less protective and paternalistic of their offspring, as difficult as this is for them, in order to transform the relationship into one in which a parity of interest in fostering and advancing autonomy predominates over heteronomy (Gough, 1986). If the relationship is successfully transformed, there should be a trust and confidence in the new relationship from all participants in it,



with the security that any failures will be addressed in a way which continues the transformation process.

- (x) An inappropriate reaction is to consider one's reaction to wrong as needing a legalistic disclaimer to get oneself off the "legal hook." The process is informative to set the borders for what one can legally be accountable for and for what one is not legally responsible under the existing law. This may be to attempt an escape from one's ethical responsibility by hiding behind the limited conditions of one's legal responsibility.<sup>12</sup> The law often limits responsibility in ways that morality does not. For example, legally I may only be responsible for how I acted rather than what I intended, but morality may take both considerations into account in assessing my actions. The legal option is important but can't work to necessarily satisfy the moral responsibility. The reason why it can't work is that an informal relationship between collectives is not meaningfully governed by legal mandates. Legal entitlements are not identical to ethical ones (Becker & Becker, 1991, p. 690). I may legally, because of a contract, owe you compensation for your material losses but this does not necessarily cover the cost of a loss of your reputation, your sense of self-esteem or self-worth. The latter loss is ethically significant, despite any reductionist accounts' attempts to reduce all appropriate reaction to monetary compensation based on legal precedents and assigned material values. The recent public emphasis on apologies as opposed to legal compensation is an interesting development illustrating both the influence of feminist thinking in ethics about the importance of relationships and the importance of ethics as distinct from legality (Friedman & Bolte, 2007). So, an apology must correct for a situation, harm, an ongoing problem in a more

personal, involved way that is not mandated by the legal framework. The athlete who has harmed another player in a game relationship may follow the legal conditions of his or her contract with the other person but this will not be sufficient to remedy the disabled relationship or even perhaps compensate for non-material harms.

- (xi) An inappropriate reaction to a previous wrong in a relationship is to follow the dictates of expediency—to do what it takes to give the public impression that something has been mended, someone has been chastised, and someone has sought forgiveness in a contrite and modest way. This is an attempt to superficially improve the relationship in appearance only, perhaps to preserve one's reputation in the community, one's standing in society, and one's status in a position of authority. The athlete needs to recover from a blow to his or her well-crafted persona, a persona that has been the basis for creating wealth through product endorsements. Sometimes this takes the form of what has come to be called "the politically correct reaction," often denigrated as a superficial form of expediency designed to satisfy the self-interest of the perpetrator not the victim (Coady, 2006).
- (xii) An inappropriate reaction to wrongs in the past is to express simple regret for the wrongs having occurred with no recognition of the continuing influence of the past wrongs on both the offended and offending collective. This is a subjective, personal response to one's own situation and not a response to the situation of others. Simple regret could indicate that the person voicing the regret has (a) distanced himself (de Beauvoir, 1989, p. 118) from the problem or the situation, that is, failed to transcend the material conditions of his own situation in the present

or to accept any responsibility for something that went wrong; (b) failed to de-center from a focus on oneself to a wider vision, which is a failure to recognize oneself in the picture of the relationship that failed, failure to position oneself in a relationship with those in the past who contributed to an ongoing and cumulative wrong; and (c) put himself in the position of providing the grounding for a distancing excuse: it was an accident, it was relative to a different time, place, culture, degree of enlightenment/education or historical period. All of these strategies are connected in a strategy designed to distance oneself in an excuse or expression of regret, as noted earlier in our discussion at (v). That is, the strategy could go in the direction in which (b) may be a cognitive developmental failure which precipitates (a) and finally (c). Alternatively, it could proceed from a failure to imagine or conceive of any situation significantly and relevantly different from one's own in (a), to (b) failure to escape the central focus on oneself as the source of all values that matter, culminating in the search for some way of bringing about (c) an excuse to escape any blame and hence any responsibility (Austin, 1964). The search in (c) for an excuse may be due to the failure to focus on the wider picture or scope of the implications and issues involved in the situation and one's place in it (b) and may create the distancing problem in (a). The failure in (a) is a failure to understand the systemic nature of the wrong committed, a wrong which often is built into a system which supports further wrongs of the same or similar kinds. That is, no amount of distancing oneself can work to eliminate the idea that reciprocity inheres in trans-generational relationships (Sterba, 2013, p. 151) as much as it does in current negotiations. The failure in (b)

is a failure of reflective consciousness, when an individual fails to recognize that decisions take place and are influenced by context, context which both frames decisions and is re-framed by them. As one social worker aptly puts it: "The willingness to learn and ponder these issues, the decision to accept our Codes as the important part of decisions, the ability to self-reflect on our motivations and biases, our honesty, and our propensity to know when we need assistance all involves the type of person we are" (Meacham, 2007). The wider the individual believes the context of involvement to be, the better the individual has de-centered (Cooper, 2004). The narrower the individual believes the context of involvement to be, the more the individual needs to enhance his or her focus, widen his participation in the world in his relationship with others.<sup>13</sup>

- (xiii) An inappropriate reaction to the wrongs of the past is to assign a motive to the past wrong which is implicitly denied (but not argued) as part of the consciousness of the current version of the collective in the position to produce a genuinely reformatory apology. First, motives are difficult to assign independently of overt normative behavior. Second, if motives are interpreted based on behavior then there is significant room for error or, at least, different variations in interpretation. Third, the assigner of the motive may himself or herself have a motive for assigning a particular motive and not some other (Appiah, 2005, p. 235). So, if I already don't believe you, then in a particularly biased way, I have a motive to assign a motive of deceit to you (Curtler, 2004, pp. 71-73). Fourth, if motives are important then they are so because they are connected as an intention to an action, a decision to an outcome, or a cause to an effect. Only if overt decision-based behavior can be changed are motives important

in the evaluation of the situation. Otherwise they are irrelevant, especially if they function as no more than subjective speculation.

- (xiv) The public apology should not be used in place of reparations or compensation for wrongs to minimize current unfair advantages in material conditions (Harvey, 1999, p. 132). One cannot be a substitute or replacement for the other. A misdistribution of material advantages is not the only consideration in whether or not an injustice has occurred. For example, a major power-producing company in Canada wanted to expand its water-generating facilities adjacent to an Aboriginal reserve. It kept making higher and higher monetary offers all of which were rejected by the elders of the Nation. In other contexts, we could hear people say “offer me enough money and I would sell anything I own” but clearly not here. What was wrong? The adjacent property was part of an ancient burial ground of this people. It was their connection—metaphysical or spiritual and material—to their ancestors, their living history, their people, and their “selves” that formed a “fundamentally social organization of the integrated natural and preternatural worlds” (Callcott & Nelson, 2004). The question was: What would you take to sell yourself, transform yourself into a piece of property for the use of another? When the power company realized that this question was clearly outrageous, a blockage in communication was removed. Material re-distribution wasn't the issue but rather self-identity of individuals as members of a people was the issue. At this point, the discussion changed focus between the two parties. The relationship was not one that could be subsumed under the categories of reparation or compensation by the first peoples, although that was the relationship the power company mistakenly had in mind. This completely mistaken

understanding may be due to lack of any attempt at understanding on the part of the company, so the first peoples clearly deserved an apology since the ethical implications of this mistake were clearly serious and compromised a full appreciation of the “place” this was for the Aboriginal people (Malpas, 2000).

## **5. How to Test a Public Apology for Ethical Acceptability**

A genuine public apology should contain evidence of (i)—>(vii), with unacceptable public apologies satisfying a significant set of the possibilities outlined in (viii) —>(xiv). The significance or extent of the ethical failure can be measured in terms of the number of missed or met conditions from (i) —>(xiv) with minor failures only missing one or two of the conditions, at most, and more serious failures not measuring up to a majority of conditions spelled out from (i) —>(xiv). First we will briefly consider three public apologies found in the public domain in order to determine how they generally function within the framework of a genuine apology. Second, we test a CASW (2009) statement of a public acknowledgment, and some of the circumstances in which it occurred, to determine to what extent it fits into the framework of a genuine public apology. Finally, we suggest ways that the CASW (2009) statement could be improved to satisfy some of the minimal conditions of a genuine public apology. We present this challenge because “in institutions where information is given, decisions are explained, comments are invited, dissent is expressed, protests are not blocked, and mistakes are rectified... this allows for misunderstandings to be corrected early, and for genuine oversights to be amended” and because “within institutions far more harms and injustices occur because of a lack of awareness and understanding than through malice” (Harvey, 1999, p. 128).

The first example is from the Royal Canadian Mounted Police (2004). “In a speech delivered during the signing of the Public Safety Protocol

between the Assembly of First Nations and the RCMP, the RCMP's Commissioner apologized to Canada's Aboriginal people for the RCMP's involvement in the Indian Residential School legacy, May 2004." It is significant that the RCMP sometimes, like social workers, is charged with carrying out a policy that was not their decision. (Numbers in brackets have been added for clarity of later analysis.)

Many Aboriginal people have found the courage to step outside of that legacy of this terrible chapter in Canadian history to share their stories. [1] You heard one of those stories today. To those of you who suffered tragedies at residential schools we are very sorry for your experience. [2] Healing has begun in many communities as you heard today, a testament that is a testament to the strength and tenacity of aboriginal people and aboriginal communities. [3]

Canadians can never forget what happened and they never should. [4] The RCMP is optimistic that we can all work together to learn from this residential school system experience and ensure that it never happens again. [5]

The RCMP is committed to working with Aboriginal people to continue the healing process. Your communities deserve better choices and better chances. [6] Knowing the past, we must all turn to the future and build a brighter future for all our children. [7]

We, I, as the Commissioner of the RCMP, am truly sorry for what role we played in the residential school system and the abuse that took place in that system. [8]

Notice that there is an attempt to bridge the gap of time, not use the past as an excuse for

the present or even future, and an expression of the continuity of a process of "healing" (3, 6) for a better future in the relationship (7). As well, there is a recognition that the wrong committed was serious yet the oppressed demonstrated "tenacity, strength and courage" (3), and a recognition that the harm suffered was undeserved and continues across temporal borders affecting "the future of all our children" (7). Taken at face value, this public apology expresses recognition of what happened, without any excuses, and a commitment to change the relationship over time.

Prime Minister Stephen Harper's Apology for Residential Schools (Parliament, 2008) contains the following statements among others (numbered for convenience of analysis):

I stand before you today to offer an apology to former students of Indian residential schools. [1] The treatment of children in these schools is a sad chapter in our history. [2]

Today, we recognize that this policy of assimilation was wrong, has caused great harm, and has no place in our country. [3]

The government now recognizes that the consequences of the Indian residential schools policy were profoundly negative and that this policy has had a lasting and damaging impact on aboriginal culture, heritage and language. [4]

While some former students have spoken positively about their experiences at residential schools, these stories are far overshadowed by tragic accounts of the emotional, physical and sexual abuse and neglect of helpless children, and their separation from powerless families and communities. [5]

Again, there is no overt attempt to "sugar coat" or offer superficial excuses for the failed relationship but a clear statement of an undeserved

wrong (3), although—obviously—the fact that it was lately recognized as a wrong doesn't simply make it wrong now and not then. Just the opposite is the case. For the oppression to be wrong it doesn't have to be recognized as such by the perpetrator, which would be a ridiculous relativist claim.<sup>14</sup> There is a clear recognition of the government's responsibility both then and now to change their relationships with the oppressed people as indicated in the list of specific harms for which it is directly responsible (5). The power imbalance is noticed as significant (powerless families, 5) and the significance of this damage for future relationships is made clear (Feinberg, 1974).

Prime Minister Harper's statement was followed by a statement from Liberal Party Leader Stephane Dion (Parliament, 2008), who echoed the Prime Minister's statements and added some emphasis of his own.

Today's apology is about a past that should have been completely different. [1] But it must be also about the future. [2] It must be about collective reconciliation and fundamental changes. [3]

It must be about moving forward together, Aboriginal and non-Aboriginal, into a future based on respect. [4] It is about trying to find in each of us some of the immense courage that we see in the eyes of those who have survived. [5]

Dion uses the now familiar phrase of "reconciliation" (3) which has become commonplace as a result of the success of the "truth and reconciliation commission" struck after the fall of South African Apartheid and which is a benchmark for the transformation of relationships. You can bring about a successful reconciliation in a relationship not by the use of compensation but only by the use of an apology or something that functions like an apology. Some Aboriginal thinkers on this issue state we should be calling it conciliation as we cannot have re-conciliation, since there has not been a historical conciliatory relationship to start with or to return to or recreate. It would be a fresh

relationship and a first one that is based on equality.<sup>15</sup> Similarly Dion stresses shared responsibility (4) for this transformation and repeats the courage of the oppressed (5). All three of these apologies could be improved but all of them seem to fit somewhat into an attempt to satisfy the framework conditions of a genuine public apology, as we outlined in (i)–(viii), and to avoid most of the faults we identified in (ix)–(xiv), above.

Now it will be useful to compare and contrast these three public apologies for the same ongoing relationship failure to the apology offered by social work associations, who represent both social workers and the ethical values of the social work profession. The statements (ACSW, 2009) were offered at the Conference of the Alberta College of Social Workers on March 26, 2009, by CASW President Veronica Marsman and ACSW Vice-President Bob Johnson. In this case, by comparing it with the conditions of an acceptable apology, we find some serious ethical problems with the CASW public apology, the circumstances in which it occurred, and the unfortunate message it seems to have implied.

- (a) The statement claims that the President of the Canadian Association of Social Workers "acknowledges" the wrong committed by social work practitioners in the past and the president says "today we express deep regret for these actions," which is mirrored by the ACSW vice-president's assertion that "We truly regret events that undermined your community and culture." If these statements are to constitute an appropriate apology to morally repair a failed relationship, then we should find evidence to support this claim or else evidence to indicate the contrary. Notice that "acknowledging" does not have the same ethical implication as "accepting responsibility for changing the negative impact of...," in this or any other public context, since only the latter identifies how the role of social workers compromised their situation as professionals, particularly professionals who should be helping the disadvantaged.

The forceful expression of “regret” fails to forge any path to a new relationship of conciliation by demonstrating that the process that contributed to the first wrong will never be employed to produce another wrong at a later date.

- (b) In the third paragraph of the statement there is an attempt by the person making the apology to distance or disassociate herself from the situation for which she issues an apology. This has the negative effects of (i) negating the effect of the apology, and (ii) making the transformation of the relationship in need of repair not the issue to be addressed. The distancing happens because the cause of the failure to which the apology is addressed is described as a historically distant “mindset” such that: “the residential schools were indicative of a larger colonial mindset that viewed Aboriginal culture and beliefs as inferior.<sup>16</sup> The colonial mindset supported a vast array of actions that continue to have a negative impact on individual Aboriginal People and their communities across the country.” However, this is a red herring diversion (Michalos, 1970, p. 67) away from the actual cause—which continues to the present day—which is that one group retains a sense of superiority over another, creating a relationship in which one sees itself as empowered over another. Unfortunately, this unequal relationship remains today despite the demise of any colonial mindset, which suggests the mindset was not the primary cause nor the singular cause but a contributing cause or else the effect of the primary cause (Michalos, 1970, p. 108). Therefore the so-called apology fails to address the actual cause of the failure of the relationship between Aboriginal and non-Aboriginal peoples (Boyd, 2003, p. 151).
- (c) In the fourth paragraph, there is an acknowledgement of a failure, satisfying

condition (x) of an apology, then an expression of regret, violating conditions (viii) and (ix) of an apology by focusing on the reaction of the person making the apology: “today we express deep regret for those actions”. This is an interesting response, along the lines of Nietzsche’s idea that he, who names himself, owns his place in history (Nietzsche, 1969b, p. 361). But this particular naming of oneself is one which again distances the individual from the actions by expressing her individual reaction, emotion or response. In itself, this is irrelevant to transforming a defective relationship. This ownership relationship is defective because the blame is transferred from me to impersonal history, when I am indeed implicated as much as any historical figure—there but for the grace of god(s) go I—since, it is questionably claimed, my historical situation is not determined by me but by impersonal fate or forces beyond my control.

In the fifth paragraph, there is a vague and indeterminate recognition as a means to learn from mistakes in the past not to repeat them in the future: “Although we cannot change the past we can recognize the lessons learned from it and we can prepare for the future. As we consider what has occurred over the last century we must learn from the past to ensure the negative practices are not repeated in the future.” For example, what are the “negative practices” that should not be repeated in the future? The promise for the future is too vague to constitute a program or a process for which anyone could be held accountable or responsible for implementing and achieving success. There is no indication that a relationship will be repaired or transformed, who will take responsibility for this transformation, what specifics will occur to remedy the failed relationship, and so on. “[W]e cannot change the past” sounds like an excuse based on the accidents of the past infecting the situation of the present, beyond our control and intentional will to do otherwise. But in one sense this is just

false. We can change the past because of what we do in the present. That is, we can change the present population's understanding of the past in their present so that it is only after we have "understood the story of the other" that we "will discover to what extent" we "are truly prepared to understand the other side" and thus make necessary changes to our "own stories" (MacMillan, 2008, p. 151).

The fifth paragraph also states "The historical treatment of Canadian Aboriginal Peoples reflects both social justice and human rights concerns. Many Aboriginal children, families and Aboriginal communities continue to suffer." Clearly, the suffering of these communities will continue because this statement recognizes that something took place in the past but not that it continues to take place in the present. There is no reaching out to the present population to engage them in a collaborative process of decision making to transform a defective relationship into one that doesn't fail. It sounds like some isolated historical practices were the problem and that if these practices are not repeated in the future, then the situation will be remedied.

- (d) The attempt in the sixth paragraph to find redemption for a failed relationship in a present day Social Work Code of Ethics "that is founded upon the values and principles of social justice and human rights" is a superficial assertion of the superiority of the present over the inferior past, a rationalization of the enlightened present over the repugnant past. This is a failed attempt to overcome a failed relationship and replace it with one that works. The suggestion that the relationship which has failed because of a "colonial mindset" will be corrected by a return to a colonial mindset rooted in the 16th to 19th century European notion that justice could be remedied by an appeal to human rights is inconsistent. The European colonial mindset was and continues to be consumed by a documented human rights solution (Constitutions, Charters, Agreements) (Gough, 1986) while the Aboriginal culture has suffered as

much by this application of the colonial mindset as by any other. This is a sad reminder of the continuation of significant differences in mindset between two cultures and a continuation of the same mindset in the dominant culture. As MacMillan puts it: "If you do not know the history of another people, you will not understand their values, their fears, and their hopes or how they are likely to react to something you do" and "there is another way of getting things wrong and that is to assume that other peoples are just like you" (MacMillan, 2008, p. 159). In paragraph six, there is a stark reminder of the failure to address the failed relationship between cultures with the claim that: "Today our professional standards have moved social work beyond the colonial mindset of a hundred years ago." There has been no movement beyond this mindset but rather an extension of the moral community protected by this mindset to Aboriginal peoples, who do not share this mindset. Aboriginal peoples may have become persons within this group but the relationship failures remain.

- (e) In paragraph seven, there is a faint recognition that the apology should address moral repair of a relationship in the claim that "much pain continues to exist and...much work still needs to take place to heal the damage that was done" but no recognition that an appeal to procedures designed to impartially and dispassionately regulate relations between strangers (CASW Code, 2005a) will never transform a non-caring or unconcerned relationship into a caring and concerned relationship. If something needs to be healed, then the application of a code of ethics will not do the healing (Curtler, 2004, p. 56). It is not a balm. If a relationship, metaphorically, needs healing because it has produced pain then no appeal to judicial or legal process can accomplish that. The litigation process

is impersonal and not about healing. It can only provide material compensation if one's rights are violated. It cannot heal. The victim is often left to heal him or herself. So, the problem is identified, but the solution or means to rectify it, will do nothing but fail again. What needs to happen is the transformation of a (distancing or detached) relationship into a (personal) relationship of trust and confidence in the dignity and integrity of different peoples, with different histories and an expressed openness to different "mindsets" (Maalouf, 2000, p. 145).

- (f) In terms of its position, as much as possible, a genuine apology should be "from the heart" and so not contain any superficial use of clichés and phrasing couched in meaningless words for the sake of impressing an audience, but rather express a sincerely felt emotion of regret, sorrow, reconciliation and remorse for those adversely affected in a relationship. Psychologists have identified the essential relationship between emotion and rational decision making, rejecting the rational/emotional split of some traditional philosophies and their attendant ethics (Goleman, 1995, pp. 27–29). We can speculate that the emphasis on phrasing may be an attempt to anticipate possible litigation and to frame the story in acceptably defensible legal terms. This may be the difference between demonstration and argumentation, where it is not the argument that should lead the way to a resolution but the act, actions or demonstration (Tindale, 1999, pp. 38-39).
- (g) Finally, in paragraph seven, the process of change is identified as "an evolution of the Social Work profession," which is hardly enlightening. An evolution is a process of gradual change brought about in a non-deliberative way, involving no prior design or intelligent planning, involving an adaptation of an organization to changing

environmental conditions. This is simply too vague and indeterminate. In order to be able to change a relationship it is necessary to set goals, identify deliberate means and provide guidelines for achievements in the growth of a plan to identify when completion dates have occurred. The apology needs to identify what will constitute redemption, a process of transforming a relationship from one that is failing to one that is achieving its goals, satisfying the interests of those involved in the relationship (Nobles, 2008). A commitment to "learn from the past and work towards a just society" while "moving forward together on a path into the next century" lacks direction for the movement, lacks the intention to identify the means or process that will facilitate change in the character of the relationship to the benefit of the integrity of those involved in it. As one writer puts it, "Examining the past honestly, whether that is painful for some people or not, is the only way for societies to become mature and to build bridges to others" (MacMillan, 2008, p. 150) so that "public acts where the past is admitted can help to heal wounds" (MacMillan, 2008, p. 151) between peoples. Abuse and disrespect will need to be changed to concern, caring and a sense of integrity in the relationship and the partners to it.

## **6. One Mindset Relationship to Another: Significant Mistranslations of Process**

When an apology is addressed by one group to another, there needs to be an understanding of what will work as a means to achieve the necessary moral repair of the relationship (Walker, 2006) or renegotiation of the relationship. The CASW statement of a public apology was an ACKNOWLEDGEMENT only, and given only to the Social Workers in attendance, and a few invited guests. This is significantly very unlike the apologies issued by Prime Minister Harper, Liberal leader Stephane Dion, or the Commissioner of



the RCMP. It was not given publicly in the presence of widely invited Indigenous persons and representatives of their groups. What interested us was the context and circumstances of the apology, which provide insight into the meaning that was conveyed by it. It seemed to be the intention of the ACSW organizers to have the “honored guests”—the elder and national/provincial representative persons—enter alone without a procession or grand entry, a significant demonstration of disrespect. In essence, this, to us, was another example of non-consultation, and non-understanding or wishing to understand protocol by ACSW and CASW, which they may not have understood to be of significant importance. No relationship involving two people or two cultures can be repaired by one member of the relationship without the genuine attempt to involve and take direction from the second member in the process. So, for example, often an apology is made by the dominant powerful group to the less powerful group but without negotiation between these two the powerful group continues to control the nature, consequences and perception of the apology. “You should forgive me because I apologized to you” says the harmer to the harmed. The harmed, who has never been a part of the process, justifiably continues to feel oppressed and under the control and power of the apologetic harmer. Why? This may happen because the power relationship has not changed. The situation of members in the relationship has not structurally changed (de Beauvoir, 1969). The harmed individuals’ subservient position in the relationship has not changed. This is similar to the case of the indigenous people but there are some significant differences.

There is a difference between a market based society (MBS) composed of individuals that McPherson (1965) called possessive individualists engaged in what social commentator and economic historian Veblen (1973) called conspicuous consumption, and an Indigenous community (IC) where there is a connection between members of the community, the natural world inhabited by members of the community, and so-called previous generations in a cycle of life that is not divided

into sequential or durational time slices (past-present-future) (LaDuke, 1992). The relationships between individual members in MBS are defined as between strangers negotiating for personal advantage with cooperation being something that needs to be negotiated—for personal advantage. The relationships between individual members in IC involve a personal recognition of identity integration of the individual member with the generations that precede the current membership and the generations which follow the current membership in an integrated relationship with the growth and integrity of the natural world. It is possible for members of IC to become members of MBS but it seems more difficult—because of the depth of natural integration—to identify them with IC. Any interconnected relationship between members of IC and MBS will be difficult to manage and negotiate since what constitutes the integrity of MBS is significantly different from members of IC. So, any apology to members of IC by members of MBS will need to involve a genuine expression of tolerance for difference and recognition of the significance of the differences in order to negotiate a repair of the relationship as a result of the apology. Without waxing too political, it was this difference that Karl Marx identified between the community of the family and the structure of capitalist relationships between consenting adults.

Mutual recognition and acceptance of the apology will require that action follows the voicing of a redemptive attempt to identify change. Without any action to carry out the proposal of change, then the apology and the lack of effects based on it will inevitably raise charges of hypocrisy.<sup>17</sup>

The first step in a genuine apology is to courageously, in a position of moral integrity, break the silence. The second equally important, if not more important, step is to bring about change in the relationship. In this genuine process there should be the recognition of a wrong, since otherwise the voice creates false hope, makes the relationship worse, by not instilling trust and fosters a significant ethical gap between claim and action or real change (Austin, 1962). While the intent of the CASW and the hosting organization

for the acknowledgement, the Alberta College of Social Workers (ACSW) is not examined, nor impugned here, the conditions for a transformative and morally repairing apology were not met. Two conditions for a more successful apology, and subsequent action (in the form of policy and practices) to begin a conciliation with Aboriginal peoples and Nations harmed by social workers and social work processes and practices, are: 1. A fundamental shift in attitude, leading to, 2. The creation of the disposition to allow for the skills to produce transformational words and actions that in turn may produce conciliation with all our Nations and peoples. This is the start of a change in mindset.

## **7. Conclusion and Recommendations**

The public apology contains an implicit ethical imperative. It is a performative utterance, like saying “I will” in response to the swearing of an oath to faithfully discharge an obligation (Austin, 1962), that functions contractually as a promissory note to bind the promise maker to the full satisfaction of the conditions of the promise. The use of this performative utterance creates a special ethical relationship of a self-created set of ethical obligations or duties. The ethical commitments of the promise maker are voluntarily incurred. The acceptance of the apology to create a conditional relationship of conciliation<sup>18</sup> indicates that something needs to be accomplished. The process of the apology is not finished with the uttering of the words. Something must be performed by the promise maker, and the performance needs to be evaluated by the promise recipient and the promised obligations discharged. Ethical expectations are raised in this special relationship, expectations which need to be realized to complete the process of the apology. So, this suggests the following critically considered recommendations:

1. There should be a mandatory period of time in which the promise maker and promise recipient meet to re-evaluate their special relationship, in particular to determine what—if anything ethically significant—has changed in this relationship. A promise kept is ethically

bona fide but a promise not kept is significantly wrong because of the unrealized expectations created in the promise. Society is not a bystander to this process. We are all a witness and an active supporter of it otherwise the public notion of the apology and its effects may be lost. We are the witnesses who are crucial chroniclers of our history, tellers of our stories and narratives.

2. The character of the relationship and the apologizer must not just change but be publicly seen to change for the better of the relationship with the person or persons to whom the promise is directed. Backsliding is not an option for it would ultimately destroy the trust and confidence in public apologies, rendering them useless and false.<sup>19</sup> So, a public demonstration of the efforts of the apologizer and redemption of the relationships will serve to close the gap of intention to action, reconciling good intentions with good actions. The public apology needs to be followed up, in a reasonable length of time, with a joint announcement on the part of the two parties as to what has been accomplished in their changed relationship: what actions have taken place to redeem the situation of the offended by the offender. Only if this happens can the offender reasonably expect forgiveness in the transformation of the relationship. This public disclosure is cathartic but also redemptive, bringing about some transformation in the act itself (Harvey, 1999, p. 139).
3. There must be a feedback loop or reciprocity (Becker & Becker, 1992, pp. 1075-1077). The seductive disinterestedness of time cannot be allowed to lull us into complacency. There must be some evidence that the dignity and respect shown those who received the apology has been institutionalized, situated within a wide social context, embedded in a different set of practices towards the offended group by opening

up more opportunities for them to express their cultural heritage, unique social contributions, and important place in the social matrix. Again, because this is a public apology, the public through education programs needs to know that the mistakes of the past will not and cannot be repeated, renewing the place of those disenfranchised in the social mix. It strikes us as no surprise to see the rise of the “Idle-No-More” movement in light of the Canadian federal government’s inaction on a range of Aboriginal issues, including following through on the conditions of prior public apologies.<sup>20</sup> Conversely, the tactic of implicit support offered by the Royal Canadian Mounted Police (through non-intervention in the peaceful protests, to date) goes some ways towards affirming the conditions of their apology. Finally, the Alberta College of Social Workers (2013) recently issued a press release which passively supports the movement, which we take as a sign of ongoing interest, attention, and ultimately, hope.

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## Endnotes

<sup>1</sup> See Gough (1986) for an argument grounding human rights in the natural and necessary dignity and respect that should be accorded all human beings.

<sup>2</sup> An ethically and politically questionable, non-genuine use of an apology was disclosed in a strategy document produced by the office of British Columbia Premier Christy Clark, in which apologies to ethnic groups in the province for past wrongs would be used to gain their political votes in the next provincial election. This caused the resignation of one assistant and caused some in her own party to call for her resignation for this backfired political mistake; Clark apologized publicly for the plan to use apologies politically (CBC News 2013).

<sup>3</sup> The expression of regret, sincere or not, may simply be a self-serving way of the beneficiary of oppression attempting to diminish his or her unwanted feeling of guilt, while not being sincerely concerned with rectifying the offensive situation and defective relationship that spawned it.

<sup>4</sup> Prime Minister Harper's government in Canada was criticized during a period from December 2012 to February 2013 by the "Idle-No-More" social movement of aboriginal peoples for not changing the government's relationships with aboriginal peoples after the 2008 public apology, which made that commitment explicit and created the expectation of significant change.

<sup>5</sup> This precedent condition is based on the principle of logical consistency and social equality; namely, treat like cases alike, unless there is some significantly relevant ethical reason to override this principle of fairness and logical equity and not to treat them equally.

<sup>6</sup> This trade-off strategy between possible harms is based on the negative utilitarian theory expressed by John Stuart Mill, which tells us the right thing

to do is to decrease the maximum amount of harm when deciding what to do. However, this view faces a critical challenge called the inter-subjective utility comparison problem, which claims that each individual's pains and harms are unique to that person. So, how is it ever possible to compare qualitatively different subjective harms? This could make the strategy effectively unworkable. See Mill (1985).

<sup>7</sup> A look at the Canadian Association of Social Worker's Code of Ethics (2005a) and Guidelines for Ethical Practice (2005b) indicates that social workers still have an ethical and professional obligation to society to obey the laws of legally constituted governments, which illuminates an obvious inconsistency between protecting the interests of clients, harmed by these laws, and maintaining allegiance to these laws. This is a conflict that social workers need to confront in their practice.

<sup>8</sup> While social norms may be relative to place and context, ethical norms are not relative to time, circumstance, situation, or historical perspective—even though knowledge of these ethical norms is limited. We cannot argue this claim here, but a simple example should help. If it is wrong to discriminate against women because of their gender alone, then it has always been wrong to do so, despite differing social and political norms at different times in history or different places on the planet. The recognition of this wrong may vary, while the wrong remains invariant.

<sup>9</sup> This is a version of negative utilitarianism such that doing nothing can still bring about as much harm and the same quality of harm as deliberately doing something (Mill, 1985) and a version of Jean-Paul Sartre's claim that we cannot escape responsibility by doing nothing, when doing nothing itself has clearly understood consequences (Sartre, 1956).

<sup>10</sup> Witnessing is often overlooked but very important in ethical deliberations and decisions. The testimony of reliable witnesses has the force of an expert-based perspective and the force of personal experience along with the authority of someone who is willing to make his or her voice heard in the context of an ethical issue and decision. Witnesses who

make their voices heard in the context of professional ethics are often classified as “whistle blowers,” are protected in many legal statutes, and are important in identifying, confirming, and supporting ethical issues and culprits. Often social workers fulfill this role of a knowledgeable and informed witness, so it is important to recognize the significance of witnesses whose voices make a great difference in identifying and resolving ethical issues.

<sup>11</sup> This was, and some argue still is to a limited extent, the situation of white males in North American societies, whose status and opportunities in all parts of society were elevated unfairly, not by virtue of any special talents or abilities they possessed. This incurred a loss of advantage to non-whites and non-males, which can be measured in socially diverse areas such as politics, education, and a wide number of vocations. This unfair advantage to white males was built on systemic discrimination, which occasioned the controversial policy of reverse discrimination or affirmative action, in order to quickly elevate members of the disadvantaged groups to a position they would have achieved, in the numbers they would have achieved, had they not been subject to the loss of advantage. Young white males cry foul because they did not directly orchestrate or directly participate in this discrimination, but they did benefit unfairly from it.

<sup>12</sup> This is sometimes a strategy identified as legalism, which is the claim that the laws are always ethically correct, so—on ethical grounds—should always be obeyed absolutely. This overlooks the prior and more fundamental ethical obligations that underpin legal systems and statutes, an underpinning that may not be represented accurately in certain specific legal statutes. The law is fallible and the way to check that is against certain fundamental and prior ethical considerations.

<sup>13</sup> Duane Massing, Social Work Instructor Emeritus, Grant MacEwan University, Edmonton, Alberta, in personal correspondence with Elaine Spencer has called this the failure “to see the big picture” in particularizing ethical decision making. See Sterba (2013).

<sup>14</sup> It has often been recognized that men, as oppressors, blame women, the oppressed (sometimes called “blaming the victim”), for male sins and transgressions in religious and other contexts, which is a version of the “she asked for it” irrational response perpetuated in male and female conflicts for centuries.

<sup>15</sup> Personal conversation between Elaine Spencer and Jeanette Villeneuve of Blue Quills First Nations College, near St. Paul, Alberta.

<sup>16</sup> For accuracy and clarity, we should note that there is not one single Aboriginal culture or set of beliefs but rather an overlapping set that is based on distinctively different peoples, with different histories and traditions, who nonetheless share some overlapping constants and values.

<sup>17</sup> This is both a logical problem, when one acts inconsistently with one’s avowed intentions, and an ethical problem, when one hypocritically fails to act on what one espouses as the right thing to do, as the smoking mother tells her children not to smoke, while she continues to smoke.

<sup>18</sup> This is not a case of reconciliation because there is no reconstitution of something that has been originally agreed but rather an attempt to form an original agreement.

<sup>19</sup> In any strict sense, backsliding cannot be avoided; but this is precisely where we need the public to “pay attention” through its media and publicly ask pertinent questions. Backsliding is possible through tactics like: avoidance of any considerations of change, suppression of the opposing interpretation, counter persuasion to change the perception of the situation after the fact such that, in the case of the latter: “If counter persuasion is successful, the threat to the system is minimized. If unsuccessful, the establishment has still gained time and avoided any significant revision of establishment ideology and structure” (Bowers & Ochs, 1971, p. 41).

<sup>20</sup> Updates on any activities of the group “Idle-No-More” can often be found on the news website <http://www.rabble.ca>

# The Ethical Dilemma of Abstinence-Only Service Delivery in the United States

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## Abstract

The dominant service delivery model in substance abuse treatment in the United States is abstinence-only. Often attributed to the prominence of the twelve step approach to addiction, some argue that abstinence-only is a co-optation of the twelve steps, which are inclusive of anyone with the desire to stop drinking where “everyone deserves a seat at the table.” Drawing on my experience as a social worker and researcher of harm reduction approaches for the homeless population in substance abuse treatment, I argue that excluding individuals who do not commit to abstinence (i.e., “cherry picking”) is paradoxical (given our acceptance of the disease model of addiction) and ethically problematic in its exclusion of individuals in need of psychosocial support and basic services. Abstinence-only service delivery poses an ethical dilemma for health care and psychosocial service providers who work in institutions with abstinence-only policies. The work of social workers is cited as a case example that is particularly problematic given our Code of Ethics which prioritizes client self-determination. If leaders in health care and social services seek to address the needs of vulnerable populations and high utilizing patients, it is critical that we address the ways in which abstinence-only service delivery acts as a barrier to needed health care and social services. Abstinence-only service delivery must be called into question if we are to work toward

reducing and eliminating health and health care disparities in the United States.

**Keywords:** abstinence-only, harm reduction, substance abuse treatment, social work, disease model, addiction, alcohol and other drug use.

## 1. Introduction

I sat with the intake coordinator in his office as we welcomed a new family into the transitional housing agency where I was an intern. They were a white couple, most likely in their 40s. They had two children. There was an anticipatory energy in the room as they entered—relief, gratitude, and disbelief at their good fortune of finding a place to sleep that night after being evicted from their apartment. Their two children lingered in the background. The intake interview began with standard questions; all was well.

Then it happened. A simple question asked with the wrong answer given prompted a sea-change in the room. Warned that drug-testing must yield “clean” results before he could be eligible for housing for he and his family, the husband and father of two knew he had no choice but to disclose his recent marijuana use. The space was transformed—from one vast with possibility—to one that felt like a prison with no room for movement. The intake coordinator confirmed this indeed excluded them from housing services and their initial anticipatory energy was sucked out of the room by the metaphorical vacuum of

abstinence-only policy. The couple gathered their belongings, rounded-up their children, and headed back out into the Chicago winter with no assurance of a place to sleep that night.

For those who struggle with drug and alcohol dependency in the United States, this vignette illustrates an ethical issue in substance abuse treatment and allied social services. The abstinence-only service delivery model is a barrier to treatment services for the majority of substance users in need of services (Tatarsky, 2002). The vignette above is indeed anecdotal, but the narrative of being “kicked out” and shamed in the event of relapse is a commonly reported experience by individuals who choose to disengage from such programs. In my research, which investigates the client experience in harm reduction programs, many patients choose harm reduction programs as an alternative to “traditional” programs as it provides a safer space for healing (Lee & Zerai, 2010; Lee & Petersen, 2009). This narrative is an explanation as to why one chooses to disengage from treatment, but typically goes untold by clients themselves. Instead, a characterization of these clients as “unmotivated” for treatment is told *about* them, absent of their voices. This view of the substance user as unmotivated for change is couched in biases toward substance users as “trouble makers” as opposed to those in need of help (Reinarman & Levine, 1989), embedded in a culture of punitive approaches to drug policy unique to the United States. Alternative harm reduction approaches emerge in programs like Housing First, in frameworks like Relapse Prevention, and in techniques like Motivational Interviewing. Yet client voices tell us that harsh abstinence-only approaches are commonplace as well. The client lived experience of it is as shaming and stigmatizing, an experience which acts as a barrier to trust between client and provider (Lee & Zerai, 2010; Lee & Petersen, 2009).

In this article, I question the mainstream high-threshold model of service delivery which permits the “cherry picking” of certain clients over others. A disease model of addiction is embraced

asserting that the individual has little control over their disease and yet we require one to do the most difficult work of becoming abstinent before they can be “helped.” The value base of the social work field which rests on client self-determination provides guidance in this area.

## **2. Abstinence-Only Service Delivery**

The majority of problematic alcohol and other drug users are those who cannot or will not stop their use entirely (Tatarsky, 2002). The majority of substance abuse treatment programs and other social service agencies which serve those who struggle with substance dependency rest on an abstinence-only service delivery model which requires users to abstain from use before they are deemed able to receive help (Denning, 2004). This presents a paradox in treatment delivery wherein those most in need of help are least able to obtain it.

Abstinence-only policy rests on a narrative story line (Stone, 1989) which says that addiction is a disease and an individual must be abstinent from their problem drug before they can be helped. The high-threshold, “one size fits all” model of abstinence-only provides no place for help-seeking users unless they are able to cease (or lie about) their use. The result is a service structure wherein those most in need of help are least able to access it and where providers serve clients who demonstrate a high level of readiness for change.

## **3. The Disease Model of Addiction**

The disease model characterizes addiction as a disease and informs mainstream service delivery. Prior to the disease model, the moral model framed alcoholism as one of moral failing for which the disease model offered a humanistic challenge. It no longer attributed moral failing from the drug user by assuming underlying physical dependency attributed to predisposing physiological factors (Marlatt, 1985). Traceable to the early nineteenth century, E. M. Jellinek introduced the current version of the model in the 1940s. It has been sanctioned by the American Medical Association and World Health Organization (Marlatt, 1985) and has dominated scientific inquiry and treatment approaches since



the 20th century, dating back more than 200 years (Bride & Nackerud, 2002).

The moral and disease models are typically viewed as distinct, yet Marlatt (Marlatt, 1985) noted that the two models form an “alliance” present in Alcoholics Anonymous, which incorporates aspects of both models; the organization views alcoholism as an illness but also emphasizes “a power greater than ourselves,” “a searching and fearless moral inventory of ourselves,” and “defects of character,” as written in the twelve AA steps (Al-Anon Family Group Headquarters, 1983).

Few practitioners view addiction as purely a physiological condition, as biopsychosocial models have gained prominence in recent years. The addictive behavior model conceptualizes addictive behaviors as resting on a continuum as opposed to fixed, discrete categories (Marlatt, 1985). Miller (Miller, 2002) reviews “evolving models of treatment” and discusses the medical model as one which grew out of earlier conceptions of the disease model, yet adopting a biopsychosocial view. While the disease model has given a framework (Iyengar, 1990; Roggeband & Verloo, 2007) for treating individuals who struggle with addiction with more compassion, it also seems to provide support for the service rationing to many individuals in need of help.

#### **4. Twelve-Step Facilitation and Abstinence-Only Service Delivery: Not the Same**

Around the same time that the disease model arrived into consciousness so did Alcoholics Anonymous (AA). In 1935, Bill Wilson wrote the AA “big book” which would become a canonical text in addiction treatment. The twelve step program originated as a grass roots organization—technically not considered treatment or psychotherapy “eschewing psychiatric and behavioral science research, intervention techniques, and concepts” (Hartel & Glantz, 1999). Twelve step groups are support groups which provide a framework for recovery resting on the twelve steps and twelve traditions. Members of AA and other twelve step programs are encouraged to obtain a

peer sponsor also in recovery (Hartel & Glantz, 1999) as it is believed that those in recovery could provide treatment to those newer to recovery. Twelve step approaches consider addiction to be a disease for which the response should be spiritual, and is seen as metaphorical to recovery from a disease, but one which can never be cured. Abstinence is seen as the mechanism for through which past substance-related problems may be remedied, a process through which members are encouraged to “admit their powerlessness over the disease” (Hartel & Glantz, 1999).

Twelve step approaches do support recovery for many; however, research on this process is difficult due to its emphasis on group member anonymity. Although twelve step approaches take the form of support groups, Denning claims that “...97% of all substance abuse programs in the United States use twelve-step practices and groups as the primary vehicle for treatment...” (Denning, 2004). The majority of those in a recovery program are in a program which is based to some extent on twelve step based principles (Wallace, 1999).

In its origin, twelve-step facilitation was open to anyone with the desire to quit drinking (Lee, Engstrom, & Petersen, 2011). The question of how the foundational basis of twelve-step facilitation led to abstinence-only service delivery is unclear, but its implications reach far into the experience of those in need of help, the way in which they interface with social service systems, and our ethos around addiction in United States culture.

#### **5. The Abstinence-Only Script**

Abstinence-only policy imposes a scripted conversation between social service providers and clients which states: “I cannot help you until you are ‘clean,’” which is to say that access to the agency is closed to one until they become abstinent. It is a peculiar interaction in psychosocial services as individuals who struggle with mental health diagnoses are not likely to be turned away for experiencing symptoms of depression, anxiety, or schizophrenia and yet one could argue that these diagnoses might also interfere with receptivity to treatment. Addiction is framed both as a disease

over which one has little control and for which that lack of control inhibits service access.

Reinarman and Levine articulate this when they say that the American framing of drug users is of those who “make trouble” rather than those who are “in trouble” (Reinarman & Levine, 1989). The disease model is a humanistic, compassionate stance on addiction as it removes attribution for problematic behavior from a take on one’s moral character. Yet having embraced the disease model as our mainstream causal explanation of addiction, why is our response to those who present in social service settings “in trouble” (Reinarman & Levine, 1989) so punitive? We define addiction as a disease and yet place the most difficult work of “treatment” for that disease (i.e., abstinence) on the individual for which “help” will arrive only after the most difficult part has been achieved.

According to Stone “Problem definition is a process of image making, where the images have to do fundamentally with attributing cause, blame, and responsibility” (Stone, 1989). In this case, the narrative is one of addiction as disease for which one cannot be helped until substance use is eliminated, and that no one other than the individual can be held accountable for ceasing the use.

Such logic removes accountability from service providers for working with “difficult” clients. The fact that one is likely more receptive to treatment after becoming substance-free is likely accurate, however, in what other “helping” field do we get to pick and choose the “easiest” clients to help?

Highlighted in this story line is the individuals’ alcohol and other drug use, but less visible is the often co-occurring mental health issues and history of trauma which often accompany one’s choices to use substances.

As Stone says, “there are many strategies for pushing responsibility onto someone else” (Stone, 1989). She goes on to say that “Causal theories, if they are successful, do more than convincingly demonstrate the possibility of human control over bad conditions...they can either challenge or protect an existing social order...they can assign responsibility to particular political actors

so that someone will have to stop an activity... they can legitimate and empower particular actors as ‘fixers’ of the problem...they can create new political alliances among people who are shown to stand in the same victim relationship to the causal agent” (Stone, 1989).

By placing the primary solution (i.e., giving up one’s drug use before engaging in treatment) service providers maintain their status of power over the client/user. Placing accountability only on the clients with complex needs rationalizes turning one away rather than to engage them in their suffering.

## **6. The Ethical Dilemma of Abstinence-Only Policy**

Abstinence-only service delivery often serves to re-traumatize clients for whom it takes courage to reach out for help, to only then be further shut out of a system from which they are already disengaged (Lee, 2006). As attention shifts toward greater integration of mental health and substance use services in primary care, reflecting on where we stand on such policies is time worth spent if we are interested in truly serving vulnerable populations and decreasing health disparities. To do this, a lower-threshold service delivery model must be considered alongside existing evidence-based practices and policies such as motivational interviewing and Housing First.

## **7. Social Work Code of Ethics**

Abstinence-only policy poses a particular dilemma for social workers whose professional practice is governed by the National Association of Social Work’s Code of Ethics. Additionally, it is social workers who are charged with serving our most vulnerable and disadvantaged clients.

The National Association of Social Worker’s code of ethics specifically states that: “Social workers respect and promote the right of clients to self-determination and assist clients in their efforts to identify and clarify their goals. Social workers may limit clients’ right to self-determination when, in the social workers’ professional judgment, clients’ actions or potential actions pose a serious,

foreseeable, and imminent risk to themselves or others.” (National Association of Social Workers) The abstinence-only policy of most agencies is arguably in opposition to such values as codified in the National Association of Social Workers’ Code of Ethics, particularly the emphasis on client self-determination (National Association of Social Workers).

Not only does this interfere with one’s access to substance abuse treatment, but also basic services such as housing and employment training as noted in the opening vignette. Nowhere in the code of ethics are alcohol and other drug users excluded from their right to self-determination. Similarly, theories and sensitizing frameworks which inform social work practice—such as ecological systems theory, person-in-environment, Carol Roger’s notion of client-centered therapy, and anti-oppressive frameworks—support the notion of self-determination for the whole person alongside a compassionate attitudinal stance by the provider toward the client. Social workers are particularly well-positioned to respond to substance abuse issues with vulnerable populations. Many argue that research on motivational interviewing, harm reduction, and other client-centered approaches demonstrates that tending to the relationship in clinical practice is an evidence-based practice. As health care transforms to more effectively integrate mental health, substance abuse, and physical health looking to the field for its value placed on self-determination could be instrumental.

## 8. Conclusion

This paper has problematized abstinence-only service delivery, arguing that we cannot claim to have a system which serves if it excludes those in need of help. This problematization was made through a social constructionist lens where we acknowledge our choice in defining problems (Blumer, 1971) as we have in framing addiction as a disease and with an accompanying causal story about the way in which a substance-dependent individuals need to be “helped.”

We have a service delivery model which is not grounded in clinical evidence and poses an

ethical dilemma for clinicians who are asked to turn away individuals seeking help. In other areas of mental health treatment this would be considered foolish; one would not be asked to rid oneself of depression, for example, before they could access services for depression. This common practice also cannot be attributed to the influence of Alcoholics Anonymous (AA) and twelve-step approaches, which in its origins did not advocate one to be sober to participate but rather to have a desire to stop drinking. Alcoholics Anonymous’ open-door policy, where “progress not perfection” was prioritized and where “everyone deserves a seat at the table” (Lee, Engstrom, & Petersen, 2011) was a low-threshold delivery model.

The causal story that one can only recover through being turned away to fend for him/herself so that he can return to be helped later may have evolved for reasons not entirely known. It becomes clear that to keep this policy intact maintains the privilege and power of institutions to decide who to serve and who not to serve while many clients in need are left with few to no options.

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# Social Media & Social Work Ethics: Determining Best Practices in an Ambiguous Reality

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## Abstract

With the rapid evolution of social media today; social workers must be proactive regarding their ethical and professional responsibilities. Professional standards and the NASW Code of Ethics help keep us accountable, but in this fast paced world they are not enough. This article discusses the importance of developing risk management strategies and contains recommendations for the ethical use of social media. In the Internet age, social workers must stay focused on maintaining client privacy while simultaneously establishing and maintaining their professional and personal boundaries. In many settings, ethical coherence may be best achieved through the development of comprehensive social media guidelines/policies and training that focuses on effectively preparing new social workers for the ethical challenges they will confront in the global world of social media.

**Keywords:** social media, social work ethics, social media policy, risk management, professional standards.

## 1. Introduction

The Internet today is ubiquitous. It has worked its way into every corner of our lives—including our professional practice—and it is here to stay. Technological advances have threatened our economic and personal security and these advances have changed the face of communication forever. Therefore, the social work profession needs to revise its standards of practice accordingly to meet the challenges presented by our changing world. This means expanding the way we think about social work ethics to include online social media. Social media requires that social workers reframe how they think about privacy, confidentiality, professional boundaries, and has challenged us to innovate with new, ethically sound ways to serve our clients and constituents.

It is important to note that the concerns and challenges related to social media and ethics presented in this piece are implicitly focused on social work practice in the United States but are likely to surface in any country context. Debates about the ethical implications of social media need to take into consideration the International Federation of Social Workers Statement of Ethical Principles and the context within which these challenges appear.

This is even more important due to the fact that social media has no enforceable global standards and can operate indiscriminately across international borders. Though these recommendations have been developed within a U.S. framework, they can certainly be extrapolated for use in a global context.

## **2. Current Professional Standards**

A major challenge for the social work profession is that official practice standards continue to lag far behind the rapid growth of online social media, despite efforts by the National Association of Social Workers (NASW) and the Association of Social Work Boards (ASWB) as they attempt to address new technologies in social work practice. For example, in 2005, when Facebook was just a year old, NASW and ASWB released their “Standards for Technology and Social Work Practice,” which was an attempt to establish overarching guidelines for ethical practice in the digital age; however, these failed to address specific precautions regarding the use of online social media. The NASW *Code of Ethics* is also behind the times. Since its last revision in 2008, many more popular social media sites (e.g. Foursquare, Google+, Instagram, Pinterest) have surfaced. When faced with any ethical dilemma, social workers are advised to consult the NASW *Code of Ethics*; however, this is currently not helpful and may indeed be more confusing because the code does not explicitly articulate ethical standards for the use of social media. It therefore becomes challenging to navigate the increasingly complex ethical dilemmas inherent in social media use.

Though the official standards of the social work profession may struggle to keep pace with the ever-evolving presence of social media in our lives, social workers must be proactive by being mindful of their ethical and professional responsibilities. It is therefore imperative that members of the social work profession engage in dialogue and necessary research that focuses on this topic in order to inform professional standards going forward. Until social workers have an adequate amount of scholarship to reference when ethically navigating social media, it is prudent to exercise caution in online activities.

We suggest that in many social work practice settings, social work coherence may best be achieved through the development of comprehensive social media guidelines/policies.

## **3. Navigating Social Media in Field Instruction**

Field instruction presents many opportunities where students can learn how to navigate social work ethics related to their use of social media. However, all social workers can benefit from guidance in several areas that include building intentional online identities as social work professionals; determining appropriate professional and personal use of social media in accordance with the NASW *Code of Ethics*; and developing risk management strategies for online behavior. Field instructors (agency-based MSW staff who are responsible for student training) are being called upon to coach students in developing an ethical consciousness that must include discussions about social media. Tandem with this thinking is the importance of ensuring that ethically sound social media policies have been implemented in organizations where student social interns are placed. These policies and/or guidelines should be created as a means of clarifying expectations for students and staff alike. Finally, the social media policies of an organization should be a required element of new employee and student orientation.

Particularly for those training to be mental health service providers during the Internet age, it has become imperative that potential online ethical issues be acknowledged and addressed in educational settings and by clinical supervisors (Lehavot et al., 2010, p. 165-166). Younger practitioners especially, who are more likely to regularly use social media, may not solicit guidance from more experienced clinicians because they perceive them to be lacking in knowledge and exposure to Internet-related ethical dilemmas (Guseh et al., 2009, p. 584; Taylor et al., 2010, p. 157). Due to the perceived “generation gap” between clinicians, younger practitioners may be unlikely to initiate conversations about online behavior with supervisors. Being able to rely upon a social media policy

would help younger practitioners chart a professional course through murky ethical waters.

For master's level social work students, 25% of the curriculum is the field experience, where they receive practical training on working within the field of social work. This is during a critical time when students are first beginning to establish their professional identity (which is an established Council on Social Work Education competency). It is therefore imperative that organizations that train social work students think seriously about developing clear guidelines/policies related to social media use. This is both to set the standard for professional online behavior in the organization and to acclimate students to the process of developing a professional identity related to social media use beginning with their field placement experience. According to Trimberger (2012), "professional social work boundaries and ethical behaviors are influenced by a worker's personal *and* professional environment" (p. 74). This points to the need for continued exploration regarding not only how social media usage in our field agencies impacts the development of a student's professional identity but also how these guidelines/policies might affect the professional overall related to the establishment of benchmarks for ethical practice.

#### **4. Ethical Implications for Social Media Use**

Agency social workers who are field instructors have the capacity to become great mentors to the next generation of social work students. They must be prepared to address social media related issues as a part of professional practice, particularly focusing on social media relationships. The inherent ethical implications need to be a guiding factor related to the student's creation of their social media identity and thus serve as the student's "social conscience." Given the exposure to social media that most current students have experienced throughout their lives, it is vitally important that field instructors provide an open forum for discussion in three key areas related to social media and social work: 1) professional use of social media related to the student's role within the

organization; 2) the overlap related to personal and professional use of social media, and 3) the overall implications for the social work profession related to risk management and ethical practice.

#### **5. Professional Practice and Social Media Use**

While developing a professional social work identity (Competency #1 of the CSWE 2008 Educational Policy & Accreditation Standards-EPAS), we are suggesting that students be encouraged to develop their online identity *intentionally*. In fact, we recommend that a specific EPAS Practice Behavior be developed related to this competency which will assist our profession in establishing a standard related to professional practice and social media use. It is critically important that students actively participate in the formation of their online persona and that they not be passive about the development of their online identity; such as photos, blogs, Twitter, and any other information that may represent them online. Everyone must set his or her identity with a purpose, and once established, must consistently in an ongoing fashion monitor, cultivate, and evaluate that online identity in order to stay appropriately relevant in the ever evolving social media landscape.

Field instructors are important mentors to students by virtue of their role in helping students develop self-awareness around their professional identity and by assisting them in determining and establishing ethical guideposts during their time in field placement. This is especially important because students need to not only know their audience but also recognize the implications that their social media activity has on their professional role and their inherent relationships with colleagues and client systems. The same behaviors that are discouraged in offline interactions should likewise be discouraged in online interactions: "If you wouldn't say it in the elevator, don't put it online" (Ekrem, 2011). Many facets of online professionalism are applicable to other fields besides social work, but the NASW *Code of Ethics* holds social workers to a higher ethical standards for behavior, which should be explored while in field placement.

## **6. Professional vs. Personal Social Media Use**

The second key area of concern in social work focuses on the overlap of personal and professional social media use and exploring what exactly is the appropriate use of personal social media during “business time.” Establishing a professional presence on the web is a part of everyday living and a digital presence has been viewed as a very important currency. In fact, web sites are popping up all over the place in an attempt to help young people establish a *professional* presence (see [www.merit.com](http://www.merit.com) for an example) vs. their *personal* presence on Facebook and the like. Students particularly need to learn early on that the creation of their online persona has implications for their professional role as a social worker over the long haul of their career. Social work by virtue of the standards and professional obligations outlined in most state licensing laws are “never off duty.” Instances requiring mandatory reporting, for example, may occur during or after business hours. Therefore, personal use of social media does indeed impact professional social work identity and thus, every individual’s credibility and professional reputation.

Technology had also inherently created some challenges around the development of personal boundaries in many dimensions in all our lives. The numbers of hours people are “on the clock” has increased due to the fact that they are receiving and answering work-related email during “off the clock” hours. Even movie theatres now admonish their patrons not to answer their cell phones or text during a show. How many times has each of us attended an occasion only to have the moment rudely interrupted by someone using a portable device? How many of us have over heard the most private of conversations when using a restroom? How many of us have had someone run into us on the sidewalk because the person is glued to their cell phone? How many serious car accidents have been caused by someone using a cell phone? The list goes on and on and the general public is becoming more and more aware of the issues related to the lack of definition around

acceptable behavior when using social media particularly on portable devices. This is why critical conversations regarding the use of professional social media are overdue. It is therefore crucial for students to participate in open dialogues in their field placements related to their social media identity. These dialogues are fundamentally necessary in order to assist them in the identification and establishment of ethical guideposts.

## **7. Risk Management and Ethical Practice**

The overall implications for risk management and ethical practice are the third and final key area of concern related to social media, which is particularly applicable in clinical settings. In their study on social work students’ use of social networking sites, Mukherjee and Clark (2012) found that 81% of the students surveyed agreed with the statement “NASW Codes don’t directly apply to behavior on social networking sites” (p. 167). This finding illustrates a *huge* gap in ethics education for social workers, which needs to be addressed in the field and in the classroom.

Since the advent of Internet-based information-seeking, protecting privacy in the practitioner-client relationship has become an increasingly challenging endeavor. The popularity of social networking and microblogging sites such as Facebook and Twitter has increased the amount of personal information people share online, while search engines like Google enable people to find practically anything they might be looking for in seconds. Unfortunately, it is also easier than ever for social work students and practitioners to blur the boundaries between personal and professional relationships online. With so much information at one’s fingertips, it can be tempting for a social worker to use the Internet in a way that violates the fundamental tenets of the social work profession. There is nothing to stop social workers from Googling clients except their own ethical awareness and resolve; which can be reinforced and solidified by having social media guidelines/policies in their organizations. The uninvited discovery of personal information on both sides of a treatment



relationship can have a devastating impact on the goals that have been established and could have a negative impact on the treatment outcomes.

Especially among students and younger practitioners, it may be second-nature to simply accept “friend requests” or connect online with anyone they may know---they might not take time to consider the ethical complications that might follow. Mukherjee and Clark (2012) found that 83% of the MSW students they surveyed indicated that they would accept a “friend request” from a client (p. 166). Being friends with a client on Facebook, in addition to being a dual relationship, presents additional ethical concerns such as conflict of interest and potential confidentiality/privacy violations. Consider how it might impact a treatment relationship if you were to learn from your client’s Facebook page that your client is friends with people you know. This blurs the boundaries of the professional relationship in a way that could interfere with normal transference and counter-transference in a therapeutic setting (Clinton et al., 2010, p. 104; Luo, 2009, p. 20; Zur, 2010, p. 146).

Non-therapeutic contacts that take place in cyberspace have serious implications for the integrity of the therapeutic relationship (Gabbard et al., 2011, p. 171). A client who is a “friend” of their social worker on Facebook might begin to perceive the social worker as an actual *friend*. It is the responsibility of the social worker to maintain appropriate boundaries so that the client does not become confused about the nature of the relationship with the social worker. An organization’s social media guidelines/policy should make clear that under no circumstances should a student or employee be “friending” a client from a personal Facebook page, “following” a client on Twitter, or engaging in any other type of online relationship with a client, as this constitutes a dual relationship (Section 1.06(c) of the NASW *Code of Ethics*) (Reamer, 2011). In field placements, social work students need to be able to depend on their field instructor to be a good role model while they are learning how to establish professional relationships and professional boundaries.

## **8. Maintaining Professional Boundaries and Client Privacy**

An online relationship with a client can also lead to unintended bidirectional disclosures by both parties which may impede the therapeutic process, as well as undermine the social worker’s professional reputation. Practitioners are advised to exercise great caution in deciding what information to self-disclose to clients based on what is relevant. However, the nature of the Internet has made it much more difficult for practitioners to control what their clients know about them (Lehavot et al., 2010, p. 160). Traditional professional boundaries in the practitioner-client relationship are certainly much harder to maintain in the age of social media, where the line between the personal and the professional is increasingly less distinct. Taylor et al. (2010) states, “Professional distance helps maintain safety for clients. Psychologists who fail to maintain personal boundaries can emotionally harm clients. Appropriate boundaries can aid in focusing therapeutic work on the issues of clients” (p. 153). The dissolution of these boundaries through unlimited personal sharing online calls into question the effectiveness of the therapeutic process and the capacity of clinicians to truly help their clients.

Social workers also need to be extremely mindful about their impulse to conduct online searches for any type of information related to their clients. These days, it is common for anyone with access to technology to simply Google any question they may have. This leads to a host of other questions: To what extent does the NASW *Code of Ethics* apply to information that may be found online without a client’s consent? If the information is online, is it still considered “private”? Social workers and students may utilize search engines in their work without thinking about the potential ramifications which may affect client privacy and potentially violate confidentiality (Section 1.07(a) of the NASW *Code of Ethics*). As an example, if someone else were to see a social worker’s search history, they might be able to guess private information about the social worker’s clients. They may also be able to determine

that the social worker looked up “HIV resources” while in session with their last client, disclosing the client’s HIV status; or “AA meetings in Springfield”, disclosing the client’s struggle with alcoholism. Being careful with online search histories is particularly important if more than one person in the work setting uses a specific computer.

Another way to violate client privacy through the use of search engines is to attempt to find a client online. Psychotherapists have many motivations for searching for clients online. In addition to being concerned for client well-being, psychotherapists were driven to search for them out of casual curiosity, habit, a desire to discover the truth about a client’s claims in a therapy session, or because the client invited them to view an online profile (Clinton et al., 2010, p. 104; Lehavot et al., 2010, p. 163-164). While some of these reasons seem to have more ethical merit than others, they all present high level challenges in maintaining professional boundaries as viewing client information without consent may cause clients to feel upset, violated, or untrusting of their practitioner (Zur, 2010, p. 147).

Some practitioners, such as Ofer Zur, choose to directly address the issue of online searches in their treatment contracts. Zur (2012) suggests that practitioners develop what he calls a “generalized informed consent contract” that includes his office policies and the fact that he may conduct a web search on his clients before the beginning of therapy or during therapy (p. 29). On a positive side, being able to screen clients in this way can be particularly useful to social workers in determining their safety with clients, especially when they work alone or after hours.

As simple as it would be to say, “never Google clients without their consent,” the ethical course is not always clear. Consider the following scenario: A budding social worker is concerned about the safety of a client who has missed the last few appointments and who has been impossible to contact. The social worker decides to search for the client on Facebook or Google to determine if the client is indeed safe. Is this a violation of the client’s privacy or an attempt to ensure the client’s

well-being? The ethical dilemma is whether or not it is permissible for a social worker to violate the client’s privacy to determine if the client is safe. Of concern is the fact that if the social worker does indeed decide to Google the client, the social worker will likely be privy to a lot of previously undisclosed information about the client that is more times than not unrelated to the issue of client safety. This type of ethical dilemma provides an excellent training opportunity where an open dialogue about online ethics can and should occur. It is extremely important for field instructors to highlight the importance of risk management and the implications for ethical practice. These “What If” scenarios should be used as an optimal training method that assists students and new professionals alike in developing a frame of reference related to their work. Utilizing case-based training during supervision with students has been shown to positively impact the overall learning that occurs as is demonstrated in Wolfer’s research (2006).

## **9. Protecting Your Online Identity**

Although practitioners may be discouraged from seeking information about clients online due to ethical constraints, clients are not bound to the same standards of online behavior and are therefore free to search for any information that might be available. As an example, a significant amount of information about practitioners’ genealogies, contributions to political campaigns and the values of their homes can be found through simple searches (Gabbard et al., 2011, p. 170). It is now becoming routine for clients to search for practitioners online as part of doing their homework when “shopping” for a provider so as to ensure they are getting the best service. Many sites also allow clients to rate practitioners. However, client reviews, due to their subjective nature, cannot be relied upon to accurately reflect a practitioner’s professional competence (Gabbard et al., 2011, p. 170). This highlights the importance of thoroughly considering all aspects when initially developing an online identity as was discussed earlier in this article. Due to the potential of being unable to “un-blur” professional and personal personas, it is easy to see how this can be

problematic. Nevertheless, practitioners and students alike should be made aware of these concerns and social media use should be a topic in an initial session with all clients.

## **10. Ethical Diligence**

A final area of concern regarding client privacy and confidentiality relates to online postings about things that occur at work with clients whether on Facebook, Twitter, a blog, or elsewhere. Mukherjee and Clark found that 67% of the social work students studied reported they had discussed field placement experiences with other students on a social networking site (p. 166). As unprofessional as this seems, it is not uncommon for professionals to “vent” about their work-related situations on their personal social media pages. As evidenced by the horror stories in the media, if this practice is indeed wrong, such posts could ultimately lead to the termination of employment, while at the same time affecting the credibility and reputation of the organization and/or the clients.

Another new social media trend involves blogging. As an example, a growing number of social workers are blogging about their clinical experiences and providing online opportunities to reflect on their practice (Robb, 2011, p. 8). Even the NASW has recently started its own blog ([www.socialworkpulse.org](http://www.socialworkpulse.org)) as a place for social workers to discuss social work related issues online. Another advantage of blogs and other online content is that they can provide clients with services and resources that they might not otherwise be able to access in person. For example, social worker Nathaniel Hope has a YouTube channel ([https://www.youtube.com/channel/UCN1\\_z2FEuJKhYFDAfRxECKw](https://www.youtube.com/channel/UCN1_z2FEuJKhYFDAfRxECKw)) with a variety of videos on mental health that he uses to supplement psycho-education with clients. Hope has also expressed an interest in eventually utilizing Internet videophone services such as Skype to provide remote therapy to clients—a proposition riddled with plenty of its own ethical and legal considerations (Malamud, 2011).

While blogs provide new opportunities for learning in the social work community, blogs require just as much ethical diligence as any other

online forum. Lagu, Kaufman, Asch and Armstrong (2008) describe a number of blog-specific issues which are common to the medical profession and are highly transferrable to the context of social work practice. First, the blog of a social worker, regardless of the accuracy of the information or the competency of the blogger, will serve to represent the social work profession to its audience. Second, anyone, regardless of credentials, can write a blog on mental health topics, so the accuracy of the information on any given blog may be questionable. Mistakes on a social worker’s blog could compromise the credibility and reputation of the social work profession—not just the individual social worker. In addition, over time, a combination of pieces of information shared on a blog could reveal the identities of clients; even if the social worker intended to keep client information strictly confidential (p. 1645). The NASW *Code of Ethics*, Section 4.06(a) states, “Social workers should make clear distinctions between statements made and actions engaged in as a private individual and as a representative of the social work profession, a professional social work organization, or the social worker’s employing agency.” This underscores the importance of honoring the integrity of the profession whenever social workers identify themselves as social workers online.

## **11. Why Social Media Policies Are Important**

The development of explicit guidelines/policies for social work practitioners would more than help to clarify some of the current ambiguities that are being experienced related to the use of social media, particularly as it relates to ethical practice (Reamer, 2011). This is extremely important in field placements where training of the next generation of social workers occurs. When working with students in the development of their professional identity, field instructors need to highlight the importance of risk management and discuss the implications for ethical practice. When students enter a host organization, it is essential that the organization’s orientation address social media use and its ethical implications. Field instructors are

responsible for ensuring that students are aware of the organization's policies related to the release of information/confidentiality, what constitutes a conflict of interest, and what constitutes a dual relationship to name a few. These ethical issues need to be addressed in the organizational context but most importantly they need to be focused on the social work treatment relationship, particularly given some of the newer online treatment options that have surfaced. Fortunately, acceptable ethical online conduct can be mitigated by establishing organizational social media guidelines/policies which should promote awareness of online ethics and strategies for risk management. An organization's policy should specifically provide guidance on dual relationships, client privacy and confidentiality, and informed consent as these specifically relate to social media use.

Every organization's policies should also articulate expectations around personal and professional use of social media while at work/field placement. Few of us can gaze at the world around us and find someone who is not connected to some form of social media, whether it is on a cell phone, iPad, or laptop. It is a known fact that the current generation of social work students has been raised in an age of technology. These students are accustomed to being able to access the information they want or need twenty-four hours per day, seven days per week! It is therefore imperative that organizations establish guidelines/policies related to personal use of social media during business hours. Students and new employees need to be socialized early on regarding the organization's culture and attitudes towards social media use. Is it okay for a student/employee to check their personal cell phone email during work hours? Is it okay for a student/employee to text and/or make personal calls during business hours? Is it okay for a student/employee to access their Facebook account during their lunch hour? Does the organization expect the student/employee to check and respond to work-related email after hours? These are but a few of the issues that should be included in an orientation session discussed with employees and students when they start working.

Most sources suggest implementing social media policies particularly in private practice settings, but these can be utilized across the spectrum of service settings from small agencies, to schools, to large hospitals. If an organization does not have a social media policy, its practitioners should rely upon the NASW *Code of Ethics* to help guide decision-making (Guseh, Brende, & Brendel, 2009, p. 585). Having an organization-wide, written policy ensures that expected online behavior remains transparent for all employees (and students) and sets the standards for care and expectations for professional practice. It is also widely recommended that private practitioners create a policy that outlines their beliefs about the ethical use of social media in their treatment contract, and that they share this policy with their clients as well as student interns (Lehavot et al., 2010, p. 165; Zur, 2010, p. 147). Standards of care and best practice dictate that social media use should be governed by the organization's specific guidelines/policies.

## **12. Recommendations for Ethical Social Media Use**

The following are suggested considerations when developing social media guidelines/policies and are applicable to any practice setting:

- A. To minimize the potential for the social media concerns previously described, it would be prudent for practitioners to first take an in depth look at the content of their online identity and then consider taking appropriate security precautions with their own personal information and identity. General caution is advised when posting anything.
- B. Practitioners should become familiar with the privacy settings on their personally controlled social medial sites and adjust them so as to limit undesired access by clients to personal information (Luo, 2009, p. 21; Lehavot, et al., 2010, p. 164; Guseh et al., 2009, p. 585). Practitioners might also want to disguise themselves online through the

use of pseudonyms (Taylor et al., 2010, p. 158).

- C. Practitioners are advised to conduct a personal Google search in order to gain awareness of what anyone including a client might find out about them. If inaccurate or clinically inappropriate information is found on a website, the practitioner should submit a request to the site's manager to have the information removed, if possible (Luo, 2009, p. 21; Taylor et al., 2010, p. 158).
- D. One way to help control the information a client might find is to create a professional website with relevant links, and to possibly purchase a domain name, both of which would help to reduce misrepresentation online (Luo, 2009, p. 21), while also providing an avenue through which to bring in potential clients (Malamud, 2011). There are now websites such as [www.wix.com](http://www.wix.com) or [www.weebly.com](http://www.weebly.com) that enable those with little to no web development experience to easily develop a site.
- E. Practitioners should discuss online privacy issues openly with their clients and suggest more appropriate means of communication (e.g. telephone) indicating that it benefits both clinician and client to respect professional boundaries (Luo, 2009, p. 21; Lehavot et al., 2010, p. 165). Focusing on establishing a professional boundary from the start and outlining the means of acceptable communication in the beginning of the relationship will serve both the client and the practitioner in the long run and more likely than not, positively impact outcomes for clients.

### **13. A Call to Action**

From the time we started researching this topic to the date it was submitted for publishing, at

least three new articles were published on the topic of social work ethics and social media (Duncan-Daston, Hunter-Sloan, & Fullmer, 2013; Judd & Johnson, 2012; and Kimball & Kim, 2013). Social work researchers have clearly understood the need for scholarship on this topic. This research has laid the foundation for ethical social work practice going forward, and should be referenced when writing social media guidelines/policies and when educating students on ethical use of social media.

Social workers do not need to fear social media, but they do need to understand it, and make a place for it in their ethical awareness. Social work field instructors, especially, have a responsibility to impart a mindfulness of online ethics to their students. Though the *NASW Code of Ethics* may not provide clarity on some issues related to social media, it is imperative that member of the social work profession engage in much-needed research and continue to dialogue about this topic to inform policy going forward. Technology will become more advanced and challenges will become more daunting. We need to heed this call to action and move to create an atmosphere where vulnerable clients are protected, and where practitioners strive to maintain professional and personal boundaries so that some sense of normalcy can be maintained in their individual lives. We can expect there will always be new challenges as technologies evolve and as we begin to integrate the new capacities into our practice. Preparing social work practitioners and students with foundational knowledge in online ethics will help them adapt to the ever-changing social media landscape. The next generation will be able to use this knowledge to ethically innovate social work practice.

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# Social Work Educators' Perceptions of Faith-Based BSW Programs: Ethical Inspiration and Conflicts

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## Abstract

Although social work educators generally agree upon the importance of teaching spirituality and religion, there is significant contention about the place of religion within social work education. This study explores social work educators' perceptions of social work programs that follow a particular religious tradition. Educators from Bachelor of Social Work (BSW) programs across the United States were surveyed to determine their perceptions of the potential benefits and concerns regarding faith-based programs. The findings identified perceived benefits in relation to ethical inspiration, cultural competence, and preparation for certain types of practice. Common concerns were related to potential conflicts between religious beliefs and social work ethics. The study also indicated significant differences of opinion between educators from faith-based programs and non-faith-based programs. By identifying specific differences, it is hoped that BSW educators can move the discussion from making broad statements about the ethics of faith-based programs to a constructive dialogue about particular benefits and ethical concerns.

**Keywords:** faith-based, religion, social work education, ethical conflicts

## 1. Introduction

Among the 467 BSW programs accredited by the Council on Social Work Education (CSWE), approximately 55% are situated in public colleges and universities, 35% are situated in private religion-affiliated institutions, and 10% are situated in private nonsectarian institutions (CSWE, 2012). Although social work educators generally agree that students should learn about religion (Furness & Gilligan, 2010), there is considerable controversy about the role of religion in social work education and the effects of BSW programs that integrate a particular religious tradition in their teaching of social work theory and practice (Williams & Smolak, 2007). This controversy was highlighted during the 2012 Baccalaureate Program Directors (BPD) Conference, when a number of social work educators discussed whether some faith-based BSW programs (FBPs) violated the National Association of Social Workers Code of Ethics (NASW, 2008) and whether they should be allowed CSWE accreditation.

The purpose of this survey research is to explore the perceived benefits and concerns regarding the role of spirituality and religion in the social work curriculum. The information gleaned from this study can be used to facilitate a better understanding of the views of educators from various types of institutions, and to encourage civil dialogue about the place of religion in social work education.

## **2. Literature Review**

To foster understanding of the place or role of religion in social work education, it is important to define religion as well as related terms such as faith, spirituality, and sectarian. This literature review begins with a definitional framework followed by a discussion of ways that religion has been incorporated into social work programs that follow a particular religious tradition.

### **2.1 Definitional framework**

Although spirituality, religion, faith, and sectarian are related concepts, each term has a distinct meaning. Spirituality refers to a search for meaning or process of transcendence beyond the material world. Spirituality may be experienced through relationships with self, others, a higher power, or the cosmos (Barker, 2007). Religion is a particular form of spirituality in which there is an organizational structure that provides social order, rituals, language, and shared understanding (Ai, 2002; Canda & Furman, 2009). Whereas spirituality may be experienced individually or with others, religion is experienced within a communal system (Van Wormer, 2010). Faith refers to a belief and trust in a higher power (Williams & Smolak, 2007). Thus faith is an integral aspect of religion. Sectarian refers to an affiliation with a particular group and is often used to describe affiliation with a particular religious group. Nonsectarian refers to institutions that are not affiliated with a particular religious group. For the purposes of this article, the term faith-based BSW programs (FBPs) is used to describe programs that integrate the values, beliefs, and traditions of a particular religion in their implicit and explicit curricula.

Annual statistics gathered by CSWE (2012) suggest 35% of social work programs are under the auspices of "private-religion-affiliated institutions." Although these 184 BSW programs are grouped together because of their institutions' religious affiliation, the roles of religion among these BSW programs may differ greatly. In some BSW programs, the social work department may be situated in a religiously affiliated college or university, but the program does not integrate the teachings and beliefs of a particular religion into the curriculum (Cecil and Stoltzfus, 2007). In others, the program may follow a particular religious tradition. In yet others, the program may follow a general religious tradition but it is not limited to a particular branch of the religion (e.g., Christian, rather than Baptist or Presbyterian). This study asked research participants for their views on social work programs that "follow a particular religious tradition." The rationale was to focus participants on the perceived benefits and concerns regarding programs that purposefully integrate a particular religious tradition in their curriculum and teaching.

### **2.2 Faith-based programs**

While there is broad consensus among social work educators that BSW programs should include content on religion and spirituality (CSWE, 2008, Policy 2.1.4), there is significant difference of opinion about whether social work programs should integrate the tenets and traditions of a particular religion (Cnaan, Boddie, & Danzig, 2005). This section describes various approaches to faith-based programs as well as perceived benefits and concerns identified in the literature.

Some educators in FBPs suggest that incorporating religious teaching is intended to strengthen the social justice content of social work education (NASW, 2008, Standard 6.04). For instance, Brenden and Shank (2012) suggest that Catholic social teaching inspires students to fulfill social work values related to and respect for the dignity and worth of all people. Catholic social teaching provides students with a particular framework for defining social justice, which includes focus on the



common good and ensuring that the needs of the most vulnerable people in society are protected. Catholic social teaching suggests that government has a positive moral function. It also suggests that all Catholics have a stewardship role over God's creations. Cecil and Stoltzfus (2007) note that various branches of Christianity fit well with social work given their focus on resolving social injustice and other forms of human suffering. From the origins of social work in the 1800s to the current time, religion has acted as an inspiration for social work, including social advocacy (Barker, 2007; Netting, Thibault, & Ellor, 1990).

Among proponents of integrating faith in social work education, some believe that integration should be explicit and formal, using an explicit style. Others believe that the integration should be more implicit and subtle, using a demonstration style (Cecil & Stoltzfus, 2007). Educators using explicit approaches clearly identify that they are bringing the tenets, beliefs, rituals, worldview, and teachings of a particular religion into the teaching and learning processes (Scales & Kelly, 2008). Demonstrationists model and communicate the underlying values, beliefs, and teachings of the religion, but they do not identify these factors as particular to their own religion. Faith guides their teaching, even though they do not explicitly link their teaching to the Gospel or other religious scriptures.

Viewing social work as a vocation or spiritual calling, Sherr (2010) adopts an explicit approach:

I want [my BSW students] prepared and committed to their relationship to God, themselves, and others, and committed to the diligence it takes to be competent professionals to respond to the problems of the world that prevent every human being from living in right relationships. (p. 23)

In one of the most comprehensive books on Christian-based social work education, Sherr identifies seven core commitments for Christian educators:

1. Developing and maintaining a thorough knowledge of Scripture;
2. Living an active and consistent Christian life;
3. Spending time and energy getting to know students;
4. Supporting students while expecting academic excellence and challenging beliefs;
5. Having expertise and experience in one's curriculum areas of social work education;
6. Specifically integrating faith and learning experiences with curriculum material; and
7. Developing a classroom environment where students feel a sense of belonging and acceptance. (p. 18)

Given these commitments, Sherr (2010) suggests that educators should model Christianity inside and outside of class. He further suggests that educators should engage students in prayer, the study of scripture, and devotionals (inspirational readings). According to this framework, Christian values and beliefs are integrated into class discussions, assignments, role-plays, and field education. One of the suggested advantages of an explicit approach is that students and professors feel free to express their faith more freely (Cecil & Stoltzfus, 2007).

A demonstrationist integrates religion without specifically identifying the specific religious basis (Cecil & Stoltzfus, 2007). An educator can promote charity, good will, respect, and a commitment to social justice without referring to particular religious scriptures. An educator can model the teachings of Jesus, Moses, Buddha, Mohammed, or other religious figures without explicitly identifying them. Some educators who adopt a demonstrationist approach may be responding to concerns that incorporating religion more explicitly would be tantamount to sectarian indoctrination (Williams & Smolak, 2007). Others may be concerned that expressing religious beliefs might

be frowned upon by colleagues who perceive religion as contrary to the scientific and humanistic underpinnings of professional social work (Cnaan, Boddie, & Danzig, 2005).

In a qualitative study of students in Christian-based social work programs, Sherr, Huff, & Curran (2006) identified the following "salient indicators" of integrating faith and learning:

- Faculty relationships with God (i.e., faculty that demonstrated passion for their relationship with Jesus Christ, a commitment to develop that relationship over time, and a sense of accountability to the Lord)
- Faculty relationships with students (expressing sincere concern for students including spiritual, emotional, and physical well-being)
- Faculty competence in integrating faith and learning (using Scripture as a primary base of reference, assigning students in applying Christian beliefs in different settings, sharing personal faith integration experiences, and educating and confirming beliefs in absolute truths while also teaching students to appreciate diversity and different ideological views)
- Fostering a safe environment for the classroom (creating a culture that elicits feelings of belonging, acceptance, and commitment)

Although there is no research on which faith-based or faith-informed interventions are being taught in FBPs, Sheridan and Amato-von Hemert (1999) and Gilligan and Furness (2006) identified the following religiously sensitive interventions as being prevalent: gathered information about clients' religious or spiritual backgrounds; used or recommended spiritual books or writings; prayed privately for clients; prayed or meditated with clients; used religious or spiritual language or concepts; helped clients clarify their religious or spiritual values; recommended participation in

a religious or spiritual program; referred clients to religious or spiritual counselors; helped clients develop rituals as an intervention; participated in clients' rituals; shared worker's own religious or spiritual views or beliefs; recommended religious or spiritual forgiveness, penance or amends; performed exorcism or touched clients for healing purposes. Although the authors of both studies agree that religion should be covered in social work education, they also note there is significant debate about the content of what is taught, including which types of interventions.

Proponents of integrating faith and social work education suggest that faith-specific education prepares students for work in faith-based agencies (Cnaan, Boddie, & Danzig, 2005; Crisp, 2011). FBPs may attract students who want to work in faith-based agencies or who have prior affiliations with such agencies (Freeman, 2007). FBPs may provide students with a more in-depth education about the culture, religious beliefs, and values of those who come from the same religious background as that being taught in the program. While some FBPs focus on a particular religious background, proponents suggest that faith-based education also sensitizes students to the needs and concerns of people from all faith backgrounds (Streets, 2009). Proponents question whether secular social work programs devalue the importance of religion or make it difficult for students to discuss religion in their classes and assignments (Hodge, 2002; Sherr, 2010).

Some social work educators suggest that social work students should learn about clients' experiences of religion, but they should not be studying religion per se (Williams & Smolak, 2007). A primary concern raised by critics of FBPs is the potential conflict between religious values and beliefs and social work ethics. Religious values and beliefs may conflict with social work ethics in situations related to abortion, gay and lesbian clients, divorce, contraception, end-of-life decisions, and women's rights (Cnaan, Boddie, & Danzig, 2005; Sheridan, Wilmer, & Atcheson, 1994). Some educators question whether faith-based education encourages students to place

their own religious beliefs over their professional obligations to clients. To impose religious beliefs on clients, however well intended, violates a client's rights to self-determination (Reamer, 2013, NASW, 2008, Standard 1.02). Some educators also question whether the focus on one religious tradition means that students will devalue the beliefs, values, traditions, or morals of people from different faith traditions and people who do not affiliate with any religion (Clark & Amato von-Hemert, 1994). If the teachings of a religion favor some groups or devalue others, faith-based education may conflict with ethical standards pertaining to discrimination and social justice (NASW, 2008, Standards 4.02 & 6.04(d)). Some educators are particularly concerned about social workers who embrace conservative or fundamentalist religions. Their concern is that such religions promote rigid thinking and a chauvinistic attitude toward people who do not share their religious beliefs or follow their teachings (Hunter, 2010). Some educators suggest that a pluralistic approach to incorporating religion may show the unique contributions of various religions to social work policy and practice (Netting, Thibault, & Ellor, 1990).

Educators who favor a secular approach may be concerned that FBPs encourage proselytizing and other professional boundary violations (NASW, 2008, Standard 1.06(b)). The concern seems to be that if social work educators pray, study religious texts, and apply religious teachings to practice, they are modeling similar practices for students to practice with clients. Some educators are concerned that a faith-based approach to social work goes against the principles of evidence-based practice, as professional decisions would be based on religious beliefs rather than empirical evidence (Jimenez, 2006). Social workers have an ethical duty to promote effective services (NASW, 2008, Standard 3.09(b)). Accordingly, educators should teach students to use critical thinking and science (rather than faith and religion) to determine the best services or interventions for a particular client (Cecil & Stotzfus, 2007). Advocates of secular social work education are not necessarily opposed to providing students with a better understanding of

religion. In fact, content on religion may be seen as a vital component of cultural competence (NASW, 2008, Standard 1.05(c); Streets, 2009).

As the forgoing discussion indicates, social work educators have diverse views on what faith-based education means. They also possess diverse views on the perceived benefits and concerns about faith-based education. Although existing literature identifies a range of these perceived benefits and concerns, no prior studies have identified the extent to which educators hold each of these views. This survey research was designed to fill this gap in the literature by exploring social work educators' perceptions of social work programs that follow a particular religious tradition.

### **3. Method**

The authors developed an online survey based on their review of the benefits and concerns expressed in prior literature on the place of religion in social work education. The survey consisted of 14 closed-ended (Likert-type) questions. The questions solicited participants' demographic information and views about the benefits and concerns regarding BSW programs that followed a particular religious tradition. Among the 210 completed surveys from educators at BSW programs, the majority of respondents (n=151, 71.9%) identified as working at institutions that are not faith-based. The remainder of respondents identified as working at faith-based institutions (n=59, 28.1%).

The study population included educators from Bachelor of Social Work programs across the United States. The authors emailed invitations to the 1500-member listserv of the Association of Baccalaureate Social Work Program Directors (BPD). The survey and consent form were approved by Florida Atlantic University's human subjects committee (Institutional Review Board). No social work programs were excluded from participating in the study. The consent form explained the nature of the study, the risks and benefits, time commitment to participate, the voluntariness of participation, and anonymity of responses. Recipients of the consent form were invited to indicate their acceptance of the terms of research by clicking a web-link to the survey.

Data analysis included descriptive statistics, including frequency distributions comparing the responses of participants from faith-based and non-faith-based programs. Chi square analysis was used to explore possible differences in responses between these two groups (Grinnell & Unrau, 2013).

#### 4. Findings

Item frequencies for the 14 closed-ended questions are presented in Table 1. To facilitate analysis, the levels of “strongly disagree” and “disagree” were combined, and the levels of “agree” and “strongly agree” were combined. Among the perceived benefits of programs that follow a particular religious tradition, an overwhelming majority of participants (n=191; 91.0%) agreed

with the statement, “Social work is a pluralistic profession that should encourage people from different religious backgrounds to join the profession.” Another perceived benefit that received a high level of support was, “Students are able to express their religious beliefs in classes without fear of being silenced” (n=150; 71.4%). No other perceived-benefit items garnered agreement of more than 50% (the other items ranged from 23.8% to 46.3% agreement).

The most commonly held concern with programs that follow a particular religious tradition was that “Gay or lesbian students may feel excluded or demeaned by certain religious beliefs” (n=186; 88.6%). The second most common concern was “Religious teachings concerning condom use, end-of-life decision making, divorce, and/or abortion

**TABLE 1**  
*Frequencies for Perceived Benefits and Challenges*

Item	Agree		Disagree		Uncertain	
	n	%	n	%	n	%
<i>Perceived Benefits</i>						
1. Students can use religious scripture or teachings as a guide to practice.	83	39.5	101	48.1	25	11.9
2. Students will be better prepared to deal with clients with the same religious belief system that is taught in their BSW program.	68	32.4	91	43.3	46	21.9
3. Students are able to express their religious beliefs in classes without fear of being silenced.	150	71.4	34	16.2	22	10.5
4. Professors are able to express their religious beliefs in classes without fear of being rebuked.	99	46.3	74	34.6	38	17.8
5. Social work is a pluralistic profession that should encourage people from different religious backgrounds to join the profession.	191	91.0	3	1.4	8	3.8
6. Students may be better prepared for service within particular religious institutions.	79	37.6	61	29.0	65	31.0
7. Religious content in the program will inspire students to do good.	50	23.8	103	49.0	53	25.2
<i>Perceived Challenges</i>						
1. Social work mission, values, or ethics could be compromised by religious beliefs.	163	77.6	36	17.1	8	3.8
2. Social work interventions should be based on evidence-based practice rather than faith or religious beliefs.	166	79.0	18	8.6	23	11.0
3. Gay or lesbian students may feel excluded or demeaned by certain religious beliefs.	186	88.6	11	5.2	9	4.3
4. Religious teachings concerning condom use, end-of-life decision Making, divorce, and/or abortion may conflict with social work principles such as honoring client self-determination and not imposing values or beliefs on clients.	169	80.5	24	11.4	12	5.7
5. A social work program that follows a particular religious tradition may use religious teachings to discriminate against professors or students.	132	62.9	51	24.3	24	11.4
6. It is not possible for the program to adhere to the NASW Code of ethics.	40	19.0	124	59.0	43	20.5
7. These programs encourage students to impose their religious values and beliefs on clients.	45	21.4	96	45.7	65	31.

may conflict with social work principles, such as honoring client self-determination and not imposing values or beliefs on clients" (n=169; 80.5%).

Table 2 presents the test of association results of the chi-square analysis. These results indicate statistically significant differences between perceptions of participants from faith-based programs and those from non-faith-based programs. The type of program was a factor that affected four perceived benefits and four perceived challenges. One perceived benefit that showed a statistically significant difference could be seen with the statement, "Students are able to express their religious beliefs in classes without fear of being rebuked" ( $X^2(3) = 19.31, p=.000$ ). More than 72% (n=109) of participants from FBPs agreed with this statement; in contrast, only 36% (n=21) from non-FBPs

agreed. A statistically significant difference was found in the following perceived challenge, "A social work program that follows a particular religious tradition may use religious teachings to discriminate against professors or students" ( $X^2(3) = 31.95, p=.000$ ). More than 72% of participants from non-FBPs agreed with this statement and only 39% from FBPs agreed with this statement. The survey results included missing data due to nonresponse by some participants to particular questions. Although reporting the percentage of missing data for each item is ideal, space limitations make this impractical. Missing data ranged from 0.5% (for the possible benefit that "Students can use religious scripture or teaching as a guide to practice") to 3.8% (for the possible benefit that "Social work is a pluralistic profession that should encourage people from different religious backgrounds to join the profession").

TABLE 2  
Results of Chi Square for Perceived Benefits and Challenges

Item	Faith-Based BSW Programs n=151			Non-Faith-Based BSW Programs n=59			$\chi^2$
	Agree	Disagree	Uncertain	Agree	Disagree	Uncertain	
<i>Perceived Benefits</i>							
1. Students can use religious scripture or teachings as a guide to practice.	69.5	25.4	5.1	27.	57.0	14.6	31.01*
2. Students will be better prepared to deal with clients with the same religious belief system that is taught in their BSW program.	44.1	30.5	23.7	27.8	48.3	21.2	6.86
3. Religious content in the program will inspire students to do good.	39.0	42.4	16.9	17.9	51.7	28.5	10.93***
4. Students are able to express their religious beliefs in classes without fear of being silenced.	93.2	5.1	1.7	62.9	20.5	13.9	19.31*
5. Professors are able to express their religious beliefs in classes without fear of being rebuked.	72.9	20.3	6.8	36.4	39.7	21.9	23.38*
6. Social work is a pluralistic profession that should encourage people from different religious backgrounds to join the profession.	98.3	0.0	0.0	88.1	2.0	5.3	5.74
7. Students may be better prepared for service within particular religious institutions.	54.2	11.9	33.9	31.1	36.8	29.8	16.55**
<i>Perceived challenges</i>							
1. Social Work mission, values, or ethics could be compromised by religious beliefs, ideology, or zeal.	66.1	27.1	5.1	82.1	13.2	3.3	6.56
2. Social work interventions should be based on evidence-based practice rather than faith or religious beliefs.	76.3	10.2	11.9	80.1	7.9	10.6	.43
3. Gay or lesbian students may feel excluded or demeaned by certain religious beliefs.	83.1	11.9	3.4	90.7	2.6	4.6	7.33
4. Religious teachings concerning condom use, end-of-life decision making, divorce, and/or abortion may conflict with social work principles such as honoring client self-determination and not imposing values or beliefs on clients.	62.7	28.8	5.1	87.4	4.6	6.0	25.2*
5. A social work program that follows a particular religious tradition may use religious teachings to discriminate against professors or students.	39.0	50.8	8.5	72.2	13.9	12.6	31.95*
6. It is not possible for the program to adhere to the NASW Code of ethics.	3.4	86.4	8.5	25.2	48.3	25.2	26.80*
7. These programs encourage students to impose their religious values and beliefs on clients.	6.8	76.3	15.3	27.2	33.8	37.1	31.53*

\* p = .000  
 \*\* p = .001  
 \*\*\* p = .01

## **4.1 Limitations**

This study utilized self-administered survey responses. Accordingly, self-selection bias may be significant and influence the findings of the study. When interpreting the findings of this study, it is important to note that the questions were based on the perceptions of research participants rather than objective measures. For instance, statistics indicating concerns such as discrimination or bias within FBPs are based on the perceptions of educators who work in both faith-based and non-faith-based programs. One could question how educators from non-FBPs know whether these concerns truly exist in FBPs, or whether the views of educators from FBPs are somehow biased in favor of their programs. Future research could be designed with more objective measures comparing the benefits and concerns regarding programs that follow a particular religious tradition.

The response rate for this study presents a limitation in terms of the generalizability of the findings. Of the approximately 1500 members of the BPD-L email list, 210 completed the survey. The IULIST software for this list reports an error rate of 1.7% (Marshall L. Smith, personal communication, December 03, 2012). This left an effective response rate of 210 out of 1474.5 (14.2%). This rate is substantially lower than the mean response rate of 39.6% that Cook, Heath, and Thompson (2000) found in their meta-analysis of published research based on online surveys. The lower response rate in this survey could be explained by the nature of the BPD listserv, in which there are frequent requests for information and a significant number of members choose not to respond. The main concern about the response rate may be skewing among those who responded versus those who did not (Fowler, 2009). The survey drew representative numbers from both faith-based and non-faith-based programs; however, those who responded may have held stronger views on the place of religion in BSW education than those who did not respond.

## **5. Discussion: Implications and Conclusions**

Prior debates about the appropriateness or value of having BSW programs that follow a particular religious tradition have often sparked intense disagreements and emotional responses. When people feel very strongly or embrace firm convictions about particular issues they may have difficulty engaging in civil conversations with people who express opposing opinions (Blankenhorn & Rauch, 2013). If an educator lacks doubt about the place of religion in social work education, that educator may not feel the need to discuss the issue with people who have differing views. Further, the educator may dismiss or demonize the other side (Barsky, 2014). In addition to responding to the closed questions, some research participants provided open-ended comments. The following comment highlights the challenge of opening dialogue when people feel very strongly:

With religious institutions that receive waivers from CSWE to allow them to discriminate on the basis of sexual orientation, religion, etc., I see no point in further discussions with them. For religious institutions that follow CSWE and NASW standards, I think they are the ones with whom we should dialogue. I do not think religious institutions who fail to follow CSWE and NASW code of ethics should be allowed to exist and I am not interested in their rationalizations.

The aim of this study was to discern specific differences in opinion about the benefits and challenges of faith-based programs. By identifying specific differences, it is hoped that BSW educators can move the discussion from making broad statements about the ethics or validity of faith-based programs and open a constructive dialogue about particular beliefs and concerns.

This study identified significant differences in opinion between educators from faith-based programs and non-faith-based programs. In terms

of benefits of FBPs, educators from FBPs were more likely to believe:

- Religious content inspires students to do good.
- Students and professors are able to express religious opinions without feeling rebuked.
- Students may be better prepared for service within particular religious institutions.

These statements suggest that educators from FBPs believe their programs have a number of advantages in terms of promoting ethical principles such as commitment to clients, commitment to social justice, respect for the dignity and worth of all people, and cultural competence (NASW, 2008).

With regard to concerns about FBPs, educators from non-FBPs were more likely to believe:

- Religious teachings concerning issues such as condom use, end-of-life decision-making, divorce, and abortion may conflict with social work principles.
- It is not possible for FBPs to adhere to the NASW code of ethics.
- These programs encourage students to impose their religious values and beliefs on clients.

These statements suggest that educators from non-FBPs have concerns about the ability of FBPs to deal with ethical issues related to client self-determination, respect for the dignity and worth of all people, and conflicts in values and beliefs (NASW, 2008).

To encourage constructive dialogue among educators, it would be helpful to focus on the potential benefits and ethical concerns identified in this study. Educators might ask, "How do we know whether religious content truly inspires social work students to do good," or "How do we know whether FBPs encourage students to impose their religious values and beliefs on clients?" Educators could then engage in discourse about whether their opinions are based on values, assumptions, beliefs,

personal experience, anecdotal information, or scientific inquiry (Barsky, 2010). If research-based evidence exists to support or reject any of these points, then educators should appraise the research and use it to help guide decisions about ethical compliance, accreditation of programs, curriculum design, and the manner in which religion is (or is not) brought into the social work education process. Given that most literature on faith-based education is descriptive or looks only at perceptions, it is likely that educators will need further research comparing the experiences and outcomes of faith-based and non-faith-based education. Understanding the impact of faith-based education on students has substantial implications not only for faculty and students, but for the clients and communities they will be serving. As a starting point for discussions, educators from both faith-based and non-faith-based programs may agree that the mandate of social work education is to prepare students for ethical, competent practice (CSWE, 2008). From there, the discussion could focus on determining which educational experiences promote such practice, and which ones may go against this goal.

In terms of curricula and educational experiences, there are significant differences among faith-based programs, and for that matter, among all BSW programs. In some FBPs, prayer in the classroom is encouraged; in others, prayer would be deemed inappropriate. As noted earlier, some faith-based educators favor an explicit style, whereas others favor a demonstrative style (Cecil & Stoltzfus, 2007). There may be some FBPs in which lesbian and gay students experience discrimination, just as there may be some non-FBPs in which they also experience discrimination. Conversely, there may be some non-FBPs that prepare students for work with particular religious communities just as effectively as certain FBPs. If an educator has concerns about how a particular program prepares social workers for practice within a particular religious community, then discussion could focus on what the program does to prepare its students and how they can determine whether the program is effective toward this end.

Some people question the academic rigor

of faith-based education (Cecil & Stotzfus, 2007). Rather than stereotype or make a blanket statement that all faith-based programs are inferior, educators need to consider the academic rigor of particular programs. One research participant issued the following statement:

The real problem here is that social work is a fluid process where ever-changing processes require new and innovative responses. Religious institutions are bound by rigid interpretations of static law and belief.

A faith-based educator reading this might react to such a statement in a defensive manner, feeling that the statement is ignorant or disrespectful. To engage in constructive dialogue, educators on all sides need to demonstrate interest in hearing one another's views, explore both differences and common ground, and strive toward better understanding and insight (Barsky, 2014). Why does this professor believe that faith-based programs are bound by static law? Is this a concern within FBPs, and if so, how do they deal with it? How can FBPs help students deal with potential conflicts between science-based and religious-based beliefs and interventions? How do FBPs deal with issues such as imposing values and beliefs on clients? How do non-FBPs ensure that students with strong religious convictions do not feel alienated or oppressed by professors or students? How do we know whether FBPs and non-FBPs are effective at dealing with each of these issues?

Moving forward, it is important to maintain open dialogue between social work educators, regardless of whether they take an evangelical, conservative, liberal, secular, humanistic, or other approach to teaching (Dessel, Bolen, & Shepardson, 2011). Educators should resist closing discussion on issues simply because such discussions might be difficult, emotional, or challenge core aspects of their religious and social identities. Rifts in social work education need to be healed through interaction between educators with differing views on social work ethics and values. By identifying a range of perceptions about the place of religious in

social work education, this article may serve as a starting point for discussion.

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# Ethical Decision-Making Models in Resolving Ethical Dilemmas in Rural Practice: Implications for Social Work Practice and Education

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## Abstract

This article discusses a course that focuses on rural social work practice and ways to resolve ethical dilemmas in social work practice. In rural clinical social work practice, ethical issues and dilemmas are oftentimes unavoidable; therefore, it is important for social work students to learn how to practice ethically.

**Keywords:** Ethical practice, rural clinical social work practice, ethics, social work, ethical decision-making

## 1. Introduction

Social work practice in rural communities is packed with possible ethical dilemmas (Daley & Doughty, 2006). Due to the nature of rural communities, social work practitioners are likely to become involved in dual relationships (Galbreath, 2005, p. 106). In communities where everyone knows everyone else, social work practitioners may also face confidentiality and privacy issues. Depending upon the number of social workers in rural communities, dual relationships, conflicts of interest, and issues of confidentiality may be virtually unavoidable.

The purpose of this article is to describe an undergraduate social work course that is designed to assist students in becoming aware of and responsive to ethical issues and dilemmas at all levels of rural clinical social work practice. In this course, students were given an assignment which required them to apply an ethical decision-making model to a rural practice scenario. Research suggests that rural communities and the residents of those communities, including social workers who are working on the behalf of clients, may be confronted with significant barriers when attempting to access services (Avant, 2004). Because of the challenges embedded in social work practice in rural environments, it is particularly important that social work students learn how to apply ethical principles when meeting the needs of their rural clients and/or communities. The students' resolutions to the dilemmas are provided as examples of ways that they applied ethical decision-making frameworks to the scenarios to help them develop the skills that are necessary to address dilemmas in their field placements and their social work careers.

## **2. Course Overview**

This web-based course is offered as an elective for students in the BSW program. In this course, students complete three quizzes, 12 discussion board postings, a major paper that focuses on an issue affecting rural communities, and an assignment in which they apply an ethical decision-making model to an ethical dilemma. Students were provided with journal articles and cases that demonstrated the use of ethical decision-making models to address ethical dilemmas in social work practice. The quizzes, exams, paper, and assignment were designed to encourage students to read the required course textbooks and to help them integrate the authors' material into their practice skills, knowledge, and values. Each quiz covered required reading material that had been discussed in the class prior to the date of the quiz.

To complete the ethical decision-making assignment, students selected one of six sample scenarios and applied an ethical decision-making model in order to find a solution. Using the course textbook, bibliography, and journal articles that were provided, students wrote a 3- to 6-page paper to demonstrate the application of the model and the relevant principles of ethical practice to resolve the dilemma that was presented in the case. All social work practice was guided by the code of ethics of the National Association of Social Workers. The ethical dilemmas presented in each case required students to identify and articulate relevant ethical principles and how they would apply the ethical decision-making model to resolve the ethical dilemma. Further, because the scenarios and the students were in rural settings, students applied their models in a rural context (Ginsberg, 2005; Scales & Streeter, 2004).

## **3. Blackboard Examples**

The 12 assignments were given in Blackboard to help students integrate the tenets of rural social work practice and ethically sound practice as they developed their knowledge of rural clinical social work practice. With each assignment, students posted responses to the discussion item after completing the assigned

reading. Students were required to integrate concepts from that week's readings into their responses. The responses had to be written in Standard English using the 5<sup>th</sup> edition of the Publication Manual of the American Psychological Association (APA); citations had to be included and formatted according to APA rules as well.

Students were provided with two ethical dilemma scenarios from which to choose for their assignment. In each scenario, the ethical dilemma involved dual or multiple relationships in rural communities. Students' responses suggested that they understood both the purpose of the assignment and the purpose of the ethical decision-making model. In one scenario, Betty, a social worker, was asked by a close friend to treat her son for what she believed was an attachment disorder. One student responded that, "Betty, the social worker, had the option of treating Verna's son or not." The student added that one of the risks of this dual relationship was that the parents "may or may not be able to handle what's being said about their child." Another student responded, "If the relationship is unavoidable, potential benefits and risks must be weighed. Considering that Betty is the only social worker in town, and it is a small town, I do not think it would be possible for all of her clients to be strangers to her. The precautions suggest that the social worker set healthy boundaries from the outset. Secure informed consent from the client. Discuss both potential risks and benefits. Consult with other professionals to resolve any dilemmas. Seek supervision when needed. Document in clinical case notes and self-monitor."

Another scenario involved Sam, a social worker who was the only social worker in a small town. Sam was working with a juvenile male who was suspected of sexually abusing an 8-year-old girl who had just been referred to Sam from the local hospital. The child was the daughter of the Sam's dearest friend. One student responded, "It is important to understand the blurred lines of professional and personal lines that are often encountered in rural social work practice. Because the worker in the case example is a dear friend of

the victim's father, extra care and precaution [are] needed to ensure that a professional relationship is maintained. They should also discuss how all confidentiality issues will be handled. Furthermore, the effectiveness of the professional relationship should undergo periodic evaluations which evaluate the dual relationship's impact on client confidentiality." Another student responded, "The first step used in this decision-making process was to examine the NASW code of ethics. Because of the multiple conflicts of interest and multiple relationships involved, Sam should make every attempt to find another social worker to take the case of the female child. The rural setting in this case could present a problem if another social worker cannot be found. If another social worker is not available precautions must be examined. These precautions include: setting healthy boundaries, securing informed consent from both clients, consultation with other professionals, seeking supervision when needed, keeping detailed case notes, self monitoring, and examining his personal motivations. Sam could seek advice from his supervisor, NASW colleagues, the NASW code of ethics, and textbooks." A third student appeared to understand the impact of the dual relationship on the outcome of the situation. The student responded, "The first step is to recognize the problems to address and prioritize them. The problems, in order of priority are: Sam is already working with the male child suspect, the hospital has referred the female child victim for services, the female child is the daughter of a close friend, and Sam is the only social worker in the area. After looking at the problems it is determined that the problems are significant (Kirst-Ashman & Hull, 2009). These are problems which create dual relationships and conflict of interest, which could compromise ethical principles. If another social worker cannot be secured, then much care should be taken to [ensure] that both the male child suspect and the female child victim have their needs met because this is the primary concern (NASW, 1999). Additionally, Sam could begin to look for solutions in the macro level to prevent future dilemmas."

This course demonstrated an approach to teaching ethical decision-making, problem solving, and social work values and ethics by the application and integration of scenarios to the course content. Through the use of multiple teaching methods, students were given opportunities to apply the NASW code of ethics to multiple situations. The ethics, values, and skills that are taught in the course may assist students in their rural clinical social work practice after graduation. The success of this course is also a result of its construction. The course content was delivered via textbook and journal articles; evaluation was conducted via three quizzes, an ethical decision-making assignment, a major paper, and 12 discussion board posts in which students demonstrated their comprehension of the course content. As part of the requirement for submission of the discussion board assignments, students had to cite the readings. This requirement was intended to encourage students to read their textbooks. Students who read their textbooks were able to apply the readings in their postings. Furthermore, as the selected students' responses suggest, these students understood the importance of applying ethical standards and principles and the ethical decision-making model to their practice scenarios.

Although course students did demonstrate the ability to apply the content of the course to the ethical scenarios, there is still room for improvement. In the future, students will be required to cite the NASW code of ethics standards and values that apply to the case scenarios. Additionally, a posting will be added that requires students to identify an ethical dilemma from their field placements. This may enable students to see the real life effects that decision-making can have on client systems and work environments. Students may also see what happens when ethical dilemmas are not addressed at all.

#### **4. Conclusion**

Students had weekly opportunities to integrate social work ethical standards and principles as well as ethical decision-making models for solving ethical dilemmas. They also

had opportunities to consider their personal values and ethical positions when responding to the ethical scenario assignment. By applying an ethical decision-making model to an ethical dilemma, students learned that their decisions might yield unexpected and unintended consequences. Students' application of ethical decision-making was based on input from three different resources: 1) required readings from the textbook, journal articles, and ethical scenarios for the course; 2) students' decision-making practices that were reflected in how they responded to the dilemma cases; and 3) the instructor's observations of students' development as demonstrated in discussion postings, dilemma case assignment, quizzes, and practice paper (Ametrano, 2014). Walker's study also suggested that taking an ethics class does encourage students to be more open in accepting other's perspectives by taking into consideration other viewpoints and does strengthen already existing values and beliefs systems (2011, pp. 84-85). This form of ethics training has implications for social work practice and ethics education.

## **5. Implications for Social Work Practice**

Rural social workers may not be able to avoid the boundary and confidentiality challenges presented by the unique rural contexts in which they practice; however, they can protect themselves and their clients by acting responsibly and by setting clear, appropriate boundaries at all levels. Advocating against organizational climates that present barriers to ethical practice will improve service delivery in rural communities. The NASW code of ethics (1999) provides standards that guide professional conduct, but it does not clearly prescribe the day-to-day actions for resolving ethical dilemmas faced by rural social workers. Identifying ethical issues, developing self-awareness, and learning the process of applying ethical decision-making models will lead to more effective practice. Supervising students in field experiences will provide opportunities for feedback that can increase those students' levels of confidence in providing ethical practice.

## **6. Implications for Social Work Education**

Social work education programs must continue to develop and implement ethics training curricula that not only focus on theory, but also prepare students to apply ethical decision-making models to solve ethical dilemmas in practice settings. Research suggests that ethics education has a significant positive influence on health professionals by helping them make difficult ethical decisions in their practice (Grady et al., 2008). Teaching social work students to incorporate the code of ethics and ethical decision-making models increases the competency levels of social workers. Social work programs can increase students' awareness by preparing them to understand that the NASW code of ethics sets the professional standards for practice, but the ethical decisions made by practitioners in their daily activities are impacted by their personal values and ethics, as well as the unique environments in which they practice.

Field education as the signature pedagogy is critical for developing ethical practice skills for practice in rural settings. Social work programs can collaborate with field placement agencies to ensure that students are being prepared for to practice ethically. During pre-field orientation sessions, social work programs can reinforce adherence to the NASW code of ethics and focus on specific issues such as confidentiality and dual relationships that present ethical dilemmas in rural practice. Ethical practice issues can also be reinforced during the initial agency orientation and during regular supervision. Additionally, in a focus group, social workers' suggestions for effective rural practice included the use of generalist practice skills such as working at micro, mezzo, and macro systems, professional use of self, and self-awareness (Riebschlerger, 2007). In another study, social work supervisors cited the NASW code of ethics as one of the guidelines most often used in managing ethical challenges such as protection of client confidentiality, dual relationships, and boundary issues (Blue, E. T., Kutzler, A. M., & Marcon-Fuller, S., 2014). Social work education programs can work

with the field agencies to provide the continuing education and life-long learning required for ethical rural practice and field supervision of rural social work students.

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## Book Review

Delgado, M. (2015). *Baby boomers of color*. New York, NY: Columbia University Press.

Reviewed by Peggy Proudfoot Harman, MSW, Ph.D.  
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Even though we are inundated with advertising about retirement planning, how many of us really think deeply about not only our futures, but the futures of coming generations? Questions such as, When will I retire? How much money will I have to live on? and Will I be healthy or need help? are questions that I have asked myself in fleeting moments when I consider retirement. As a social work professor, I turn to journals, newspapers, and other forms of media to stay informed about current social policies. It is a rare find that offers so much data about the current dynamics of social change, which is primarily driven by a generation born within a span of 18 years.

*Baby Boomers of Color* is primarily focused on folks of a specific culture or race who were born between 1946 and 1964. Marvin Delgado has written a text that is extremely informative and fun to read—especially if you fall in the age category of a “Boomer” and especially if you fall into one of the “four general groupings” (Asian/Pacific Islanders, African Americans, Latino/as and American/Alaska Native) or into one of the many subgroups of the “general groupings” (p. 48).

At the outset, Delgado provides the reader with a basic look at boomers and boomers of color. Delgado captures the reader’s attention—especially those who are boomers—by taking an in-depth look at the sociological and economic factors that have influenced the era of our birth. He meticulously sets the stage for a discussion of our differences and warns us against “broad generalizations” by explaining that “a single label blurs important between-and-within group distinctions” (p. 8).

Completing a brief, albeit intricate review of the general and subgroup demographics of boomers of color, Delgado uses his expertise in research and policy to describe a theoretical base for analyzing how the baby boom generation is affecting and will be affected by both real and hypothetical social policies. The population is then considered within the context of societal and political perspectives with a lively discussion about the current recourse on Social Security reform. Delgado also introduces the reader to a new vocabulary consisting of terms such as *generational equity* and *intergenerational equity*, describing the values of each. In short, “the generational equity perspective,” explains Delgado “pits one generation against another in a bid for the nation’s resources” (p. 20), while intergenerational equity emphasizes “the importance of valuing all generations” (p. 23). Delgado offers a political insight by Republican Representative Tom Davis, who compared the elderly to General Motors, to which Delgado responds: “comparing older adults to an antiquated organization is quite telling” (p. 23).

As the stage is set to consider a huge number of aging adults in the context of a social society that values the idea of total independence of oneself, as opposed to a collective mentality, Delgado provides the reader with a variety of opinions on Social Security reform. He offers a number of if-then scenarios based on societal and political perspectives and values, of groups and subgroups, as well as life positions such as veteran status, gender, and the large numbers of prison inmates who also happen to be boomers of color.

As the reader considers how society will view and ultimately deal with boomers of color, the concept of demographics is explored. Delgado indicates that demographic (birth, death, and immigration) statistics are useful for providing a concrete number to be used for analysis and prediction, but cautions the reader against using demographics alone. Delgado maintains that a qualitative component, which offers depth and insight regarding the population under study is also required to provide a complete and accurate understanding of population dynamics. The section on demographics discusses the impact of an ever-growing undocumented boomer of color population and that population's impact on services for the overall aging population. Delgado also discusses how various proposed Social Security reform policies would affect groups and subgroups and weaves in a discussion regarding how the concept of life expectancy within the various groups is factored into public policy considerations.

Delgado paints a somewhat dismal picture for the future of most boomers of color, citing issues that have followed them throughout life. These issues have primarily been caused or exacerbated by a history of discriminatory public policies. Underemployment and unemployment, problems accessing entitlements such as the GI Bill granted to veterans, and issues related to poor health care are all burdens carried throughout the lifetimes of this enormous aging population. Boomers of color have struggled with the weight of these burdens from youth to adulthood. Factor in the basic issues of aging, and one begins to comprehend how this heavy load could eventually lead to societal chaos if an intergenerational perspective is not utilized to assist our fellow men and women. I admit that his book motivated me to take a hard look at my Social Security wage printout and at an online chart on life expectancy. I realized that my wages had never been that outstanding and that I have only 26½ years left to live. I was relieved when I realized that Part 2 of the book offers the reader hope by looking at how boomers of color can utilize cultural and family assets and social work

practice interventions to assist them with issues of aging. Part 3 completes this excellent text with a look at policy and practice, and research implications. Delgado leaves us with an understanding of the pivotal role that social workers will play in assisting boomers of color in their transition to retirement. He also points out the need for social work education to provide mechanisms for training future social workers about gerontology and social policy.

I learned so much from this book and recommend it for social work courses in research, policy, and practice. I also believe this book to be appropriate for generation X and Millennials, but especially for the baby boomer generation and of course, boomers of color.

Melvin Delgado is able to break down the monster concept of "generation" and explains elements that provide the reader with a "how to" guide to negotiating old age. This is an exceptional read because Delgado is exceptionally knowledgeable about this subject matter and has a rare quality of drawing the reader into the material. The book is a terrific combination of facts, current events, and hypothetical situations that forces the reader to consider what the future might look like if good decisions are not made by policy makers and if baby boomers in general avoid asking questions and taking into account how they will negotiate issues of retirement and old age.



## Book Review

Daley, M. R. (2015). *Rural social work in the 21st century*. Chicago, IL: Lyceum.

Reviewed by Rasby Marlene Powell, Ph.D.  
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Dr. Daley is a professor of social work at the University of South Alabama in Mobile. He is also past president of the National Rural Social Work Caucus and the Association of Social Work Baccalaureate Program Directors. In addition to this book, his commitment to rural social work is witnessed in his journal publications, which focus on such issues as ethics and burnout in rural social work.

Daley prefaces his book with the claim that the need for rural social workers outpaces the number of rural social work educational programs. His book attempts to both outline the need and present a realistic perspective on the specific and unique characteristics of rural social work. He begins the book by defining and explaining the differences between rural and urban social work. He provides an historical background for the development of contemporary rural social work programs. He also covers such important issues as the diversity of subgroups within rural settings. Daley gives much needed attention to how the model for rural social work must incorporate rural strengths and weaknesses while, simultaneously, acknowledging the “down home” character of rural communities. Finally, he addresses successful practices and challenges for the future.

Daley organizes the book so that the reader gains an understanding of the unique history and challenges of rural social work. He explains the differences in the skills needed for a rural versus an urban practice. Especially useful is his section on the various rural subgroups. He is able to dispel many of the myths that people seem to

have about rural areas by discussing the diversity of rural residents. Because of their different subcultures, different groups have different responses to social workers and different needs. Daley emphasizes the importance of adjusting one’s speech patterns and client/social worker interactions to fit the rural culture so as to gain community trust and acceptance. He illustrates that proximity and access plays a much larger role in serving clients adequately in rural areas than in areas where services are more plentiful and more accessible. His discussion of ethics in the rural setting is excellent. In small areas where everyone seems to know everyone, confidentiality is paramount to maintaining good client/social worker relations. His comparison of the generalist model and the down-home model of rural social work practice provides the reader with a clear view of what type of model works for which types of situations.

Overall, I would highly recommend this book for undergraduate or graduate students and for practicing social workers who are considering a career as a rural social worker. His writing style is clear and engaging. Daley’s book fills a serious gap in the present literature on social work by presenting a comprehensive overview of the state of rural social work today.

## Book Review

Kurzman, P. A., & R. Paul Maiden (Eds.). (2014). *Distance learning and online education in social work*. New York, NY: Routledge.

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This is a collection of articles that were previously published in the November 2013 issue of the *Journal of Teaching in Social Work*. The journal's publisher, the Taylor Francis Group, has turned it into a hard cover book and published it through Routledge, also part of the Taylor Francis Group. The journal issue costs \$184 and the book is slightly less costly at \$150 (based on their listed price at the time of this writing).

Paul Kurzman and R. Paul Maiden are the editors of the book. Kurzman, a professor at Hunter College and The City University of New York, is also the editor-in-chief at the *Journal of Teaching in Social Work*. He teaches policy and practice at the MSW and PhD levels. He has a wealth of experience through his many professional appointments, his authorship or editorship of eight books, and his membership on the New York State Licensing Board. He received a Lifetime Achievement Award from NASW. There was no mention in his bio, however, of experience that was specifically related to distance learning.

Maiden, professor and Executive Vice-Dean of Academic and Student Affairs at the University of Southern California (USC) School of Social Work is also extensively published, specifically in the areas of employee assistance programs, substance abuse, domestic violence at the work site, managed behavioral health care, trauma management, and evaluation of work-based human services. He is an editor of nine books. He played a key role in developing the Virtual Academic Center, which

was the first web-based MSW program to serve a national and international population.

The editors have organized the expertise of many authors into four sections: Organizational and Administrative Perspectives, Teaching and Simulating Practice, Teaching and Conducting Research, and Creating Intimacy and Interaction. The theme of the book is that distance education is an effective method of delivering social work education and that it provides a different route to the same destination as face-to-face courses: EPAS core competencies. Kurzman writes, "Unless research can uncover a statistically significant difference in student satisfaction, licensing exam pass rates, or post-graduation career achievement, we have no basis to assert that one way of pursuing the BSW or MSW degree is definitely better than another" (p. 5).

In the section titled Organizational and Administrative Perspectives, the development of USC's Virtual Academic Center, an online MSW program that was launched in 2010. The authors discuss the process the school went through and the challenges they overcame. In the next chapter, authors at the University of Hawaii did a cost analysis of their MSW program, which found that their online MSW program was 3.2 times more expensive than their on-campus program. In the next two chapters, the issues of gatekeeping, academic honest, program rigor, privacy, and digital surveillance are discussed. Following this is an article about the legal issues that should be considered in recording the presentation of guest

speakers in a virtual classroom. In the concluding chapter, the issues of class size, faculty supports, and good teaching practices are reviewed.

In the next section, *Teaching and Simulating Practice*, Levin, Whitsett, & Wood address blended formats, synchronous and asynchronous components, and the principles of adult learning. They write about building relationships with students and engaging them in the course. They include an interesting Appendix of the online course expectations for classroom decorum. For example, this Appendix gives specific guidance to students about things such as the importance of using a salutation when sending emails to professors, not typing in all capital letters, and using emoticons to indicate tone in asynchronous forums. The next article discusses teaching direct practice skills by using simulated home visits in a *Second Life* virtual setting. The article that follows uses case examples to illustrate how learning communities were developed through hybrid formats (partial online and partial face-to-face) and a collaborative process. Forgey, Loughran, and Hansen discuss their use of international video conferencing to deliver course content for a social work practice class to students in both the U.S. and Ireland. They provide excerpts of students' comments about their newly expanded view of social work and their appreciation of the synchronous format.

In the third section, *Teaching and Conducting Research*, Buchanan and Mathews compare on-campus students to students in hybrid classes with regard to their attitude about social work research. Their study supports a growing body of literature that finds "no statistically significant difference in outcomes, meaning that distance education is an effective alternative format for social work education" (p. 156). Buquoi and her colleagues examined technology use by BSW educators. With the need to operationally define technology, they included everything from instructors' school email to virtual worlds. They concluded that BSW educators aren't using technology at even a

moderate level and a significant barrier was having the time to develop lessons that use technology. In the following chapter, in building an online MSW program, a Texas university provided a faculty person with a course release over two semesters to develop several courses. This article discusses how they built a successful, engaging, and interactive curriculum through games, chat rooms, cyber lounges, videos of experts performing professional tasks, video journaling, synchronous discussion, and virtual learning experiences. In the following chapter, McAllister found that students particularly valued opportunities to receive immediate and spontaneous feedback.

In the final section, *Creating Intimacy and Interaction*, Aguirre and Duncan give an ethnographic account of their experience finding ways to accommodate a student who has a visual impairment. They advocated for the use of universal design principles, as well as a collaborative approach with students who have disabilities. The chapter that follows discusses the authors' experience with virtual role-plays using *Second Life* to teach case management skills. They suggest best practices in using virtual worlds. In the next chapter, Csiernik and McGaghan discuss how they developed a specialized program to meet competency needs for social workers in Canada. Canada is a large geographical area and physical distance is often a barrier for training, so using technology provided much needed access to specialized knowledge about addictions. The use of online video tutorials to teach library research skills is discussed in the next chapter. The last chapter describes a collaborative project between three campuses called the Pathway Program, and consequently, how they came to reconceptualize the delivery of social work education.

One of the pitfalls of any book about distance education is that our collective knowledge about technologies and their uses, as well as the development of new technologies, advances rapidly every day. This book plays an important role in sharing empirical research about the use of distance

learning in social work; however, it also risks becoming obsolete in a short amount of time. It offers a breadth of empirical research in many areas of online education. I would have liked to have seen studies about the use of social media in social work education, especially related to macro social work.

I would urge social work educators to read this book. First, it takes the pulse of how we are

currently using online education in social work, but it also offers a springboard for other programs to build upon. One thing that is clear is that online education not only offers flexibility to students, but also to social work programs. The social work programs discussed in this book have each used online learning in a distinctly different way, and I think both BSW and MSW programs will find something in it that resonates with them and inspires them to adopt strategies for their own programs.

## Book Review

Reamer, F. G. (2015). *Risk management in social work: Preventing professional malpractice, liability, and disciplinary action*. New York, NY: Columbia University Press.

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Frederic G. Reamer, Ph.D., is a professor of social work at Rhode Island College. He has published extensively in the areas of social work ethics and competent, ethical practice.

The book discusses the many ways social workers may face malpractice suits and/or licensing board charges. It presents both the issues that may lead to charges and the best ways to avoid the risks. The final sentences summarize the issues well. "In the final analysis, however, skillful and ethical practice is the most effective way to prevent and manage risk. This is also the hallmark of a professional" (p. 310).

As Dr. Reamer notes in the preface, relatively few social workers face malpractice charges. It is, however, important for social workers to be cognizant of the risks, and to remind themselves from time to time of the importance of competent, ethical practice.

Chapter 1: "Professional Risk Management: An Overview" provides definitions of malpractice and related terms. It stresses the importance of being knowledgeable of laws, policies and ethics governing practice. It is important to know state laws. The chapter emphasizes the importance of seeking consultation if in doubt.

Chapter 2: "Confidentiality and Privileged Communication," discriminates privacy and confidentiality. Privacy is the right to self-determination through noninterference. Confidentiality is the responsibility to not disclose information gained in serving another. This chapter discusses the

conditions under which confidentiality may not apply. It stresses the importance of consulting with others in cases that may not be clear. It is important to document consultations. The chapter also discusses accidental or inadvertent disclosures and the importance of guarding against these. Finally it stresses the importance of informed consent to release information. It is very important that social workers and agencies develop clear policies regarding confidentiality and communicate these to clients.

Chapter 3: "The Delivery of Services," deals with clients' rights to service, access to records and involvement in service planning. It stresses "informed consent" and the conditions necessary for informed consent. Consent must be obtained without coercion or undue influence. Clients must understand the proposed treatment, alternatives available and their right to refuse and/or withdraw. The chapter also addresses involuntary commitments, dual relationships, boundary issues, and issues related protective services. Of interest and importance, and perhaps new to many social workers, is the discussion on concerns raised by the use of cyberspace in social work. Many issues here are not yet settled.

Chapter 4: "Impaired Social Workers," deals with several problems that may occur for individual social workers and agencies when a social worker is practicing while impaired. Impairment may be due to the use or abuse of chemicals or due to the social worker's life situation. The expectation is that

a social worker will avoid any situation in which a client might be harmed. Further, it is the duty of other social workers to identify impaired social workers and protect clients. Of specific importance is avoiding sexual contact with clients and with those close to clients during and after the therapeutic relationship. Of interest, is the report that social work has done very little research on the incidence of impaired social workers or approaches to helping impaired workers. It is hoped researchers will take up the challenge.

Chapter 5: "Supervision," discusses the importance of supervisors assuring that staff are competent and are performing in competent ways. It is especially important that volunteers be supervised and not perform duties for which they not competent. Social work interns present a special case. Clients must be informed that they are working with an intern. Interns must be supervised regularly. In all cases, supervision must be clearly defined and documented.

Chapter 6: "Consultation, Referral, Documentation, and Records," discusses the liability issues in each area. Consultation is crucial to maintaining a social worker's functioning and in all cases where a social worker is working in an area in which he or she is not competent. Consultation should be sought if medical issues arise, if the social worker has ethical concerns, or if legal issues arise. Referral is common in social work, especially if workers find they are confronted with a situation for which they are not competent or where other expertise is needed. Documentation and record keeping is a crucial part of social work, both for good practice and if the worker is charged. Records should be clear and concise and respond to legal and agency standards. Electronic records must be properly encrypted and protected. Records should be supplied to third parties only with proper informed consent and within applicable legal guidelines. Social workers should supply only the minimum necessary information.

Chapter 7: "Deception and Fraud," deals with those cases where a social worker intentionally deceives. This often relates to third party billing and the desire for reimbursement. In some cases, social workers have been part of schemes to bill for services not provided. For example, the worker uses a wrong diagnosis to gain insurance coverage for the client. In some instances, social workers have taken advantage of clients to gain personal advantage. In no case is deception or fraud acceptable.

Chapter 8: "Termination of Services," discusses two major issues in termination: failure to terminate and premature termination. Clients may terminate at any time because social work supports self-determination, but if the client may be dangerous there may be liability. Social workers have the responsibility to plan termination and to do it at the appropriate time. There can be liability for terminating too early and/or too abruptly. There may be exploitation if a social worker keeps a client in service longer than is necessary.

Chapter 9: "Responding to Lawsuits and Ethics Complaints," provides advice on how to deal with being sued or charged with an ethics violation. It is crucial to retain an attorney to advise and represent you. The chapter provides advice on how to respond in a deposition and in court. It discusses many things to do to avoid these situations.

The book is dense and covers a large number of risk situations. Each chapter provides relevant court cases, ethical statements, and strategies to be certain that one is providing service within legal and ethical rules. Every social work student should read this book, and every social worker should have it as a reference to remind them of the issues, when reviewing their practices, and as a reference, should they face a suit of ethical charge.

## Book Review

Roth, W., & Peters, S. J. (2014). *The assault on social policy. (2nd ed.)* New York, NY: Columbia University Press.

Reviewed by Peter A. Kindle, Ph.D., CPA, LMSW  
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William Roth, Vincent O’Leary Professor Emeritus at SUNY-Albany, and Susan J. Peters, associate professor emeritus at Michigan State University, have attempted to interpret contemporary trends in social welfare policy through a progressive and liberal lens for those already knowledgeable about the history and basics of the American mosaic that is our welfare state. This second edition has been updated with a chapter on education that was added to those on poverty, welfare, disability, Social Security, health, children, and outsiders. A concluding chapter proposes radical democracy as the only corrective against corporate domination. The book ends with 264 endnotes and a useful index of terms, but just over 100 of the footnotes are dated since the first edition, with most coming from newspapers.

The short introduction warns the reader that the basic understanding is that social welfare policies have been under assault during the last decade, which has resulted in a crisis that requires “realistic, ‘big’ thinking” accompanied by “side trips, critiques, even ethical outrage” (p. xix). The reader will find that this book is more akin to a jazz riff than a carefully constructed evidence-based argument. The central recurring theme is that the rapid capital flows made possible by technological advances and deregulation of the financial services industry have empowered transnational corporations and disempowered nation states, leading to the decline in support for social welfare policies that require taxation. Corollaries associated with the theme include the beliefs that the haves are waging class warfare on the have-nots, that deification of markets has

commoditized almost everything and everyone, and that a form of newspeak has evolved in the media to persuade the have-nots that eviscerating social welfare programs through devolution and privatization is the American Way.

The first chapter introduces the idea of policy, but eschews defining the term. The main theme is that policy cannot be understood apart from politics, and that politics cannot be understood without understanding power dynamics and economics. Policy is both public (government) and private (corporations and institutions). Both are largely shaped by the haves in opposition to the have-nots with a focus on maintaining markets from which the haves can sustain profits. Neither haves nor markets are demonized since both can potentially structure policy to improve the life of the have-nots; however, corporations are largely demonized as autocratic – dominating private policy, coopting public policy, and manipulating have-not thinking through the media. In general, this chapter aims to convince have-nots to claim and assert democratic power by organizing.

The second chapter is a bit complex. It requires some familiarity with economic history and the workings of international law and global trade to be able to understand everything that is presented. The authors assert that free markets are not naturally occurring, but depend on legal structures. The rise of transnational corporations is linked historically to the U.S. creation of limited liability corporations, corporate personhood, and the free movement of capital worldwide. The power accruing to the trans-

national corporations has weakened the political, economic, and legal power of nation states, who must comply with corporate demands for dismantling social policy, labor organizing, and taxation.

The next eight chapters are where the jazz riff takes off as the authors play with the theme and corollaries. To illustrate, the third chapter links contemporary poverty directly to the private, corporate policy that promotes redistribution upward, higher disparities in wages and wealth, and low taxes. Along the way Roth and Peters digress to describe the expansion of lobbying, the cooptation of the nonprofit sector by the haves, the merged corporate-public neoliberal agenda to privatize or devolve social welfare programs, and the cause of the female wage gap (patriarchy) that minimizes female Social Security receipts. Their version of history following World War II illustrates the public investment in the Interstate highway system as a boon to corporations (oil, auto, and housing) and a means of segregating urban poverty in jobless ghettos. By the end, the reader may wonder why this chapter was titled "Poverty."

The riff continues in "Welfare" that explains how, to the haves, the problem is the redistribution of resources that is welfare. Welfare reform, accordingly, becomes welfare dismantlement, devolution of power to the states, and the beneficial shrinkage of the federal government. The authors then explain side issues such as the corruption of the electoral process by corporate money and the shift from positive reinforcement in social policy to a harsher and more efficient punishment approach in both TANF and law enforcement.

"Disability" policy has paternalistic roots in the national obligation to take care of those wounded during military service as far back as the American Revolution. The deeper consideration of civil and human rights for those with disabilities is much more recent, and as a result of Supreme Court decisions, an ongoing conflict. Access to public accommodations has improved since the Americans with Disability Act (ADA, 1990), but the conflict

between the promotion of employment in ADA and the unemployable eligibility criteria for Social Security Disability Insurance (SSDI) shows the innate confusion of disability policies. The authors trace the cause of this confusion to corporate interests who prefer the interchangeability of labor units to the special accommodations required to employ people with disabilities. Corporate resistance to taxation is also perceived to be the prime opposition to increases in SSDI, special education, and vocational rehabilitation. Private charity only reinforces the paternalism, heightens the distinctions between worthy and unworthy recipients of services, and is defined by the private policy categories defined by the haves and corporations.

In "Social Security," the authors avoid the customary distinctions between public assistance and social insurance in this chapter, understanding the retirement benefits associated with Social Security as different from the insurance aspects (SSDI and survivors benefits). Strangely, they consider Aid to Dependent Children (now TANF) to be part of this insurance role. They perceive the retirement aspect of Social Security to be a pact between generations rather than as an earned entitlement. The graying of America has fueled the class warfare being waged, in the authors' view, by the haves against the have-nots that takes form in media portrayals of the looming insolvency of the Social Security Trust Fund, references to the mythology of greater efficiency of and improved rates of return in the private sector, and speculations that the transfer of resources from younger to older is unsustainable. Privatization, of course, is the corporate desire because the trust fund would flood capital markets.

In "Health" the authors espouse a belief that only a single payer health care system can effectively address the market inefficiencies of the dominance of corporations today. When once haves were vested in the public healthiness of the have-nots to avoid contagion, the improvements in medical care (vaccinations and antibiotics) have removed support for have-not health that is not contagious (obesity



and diabetes). Patient access to the highest quality of health care is determined through social networks while the have-not patient-as-consumer myth has fallen prey to the corporate-to-corporate negotiations between managed care companies, provider organizations, and insurance companies. Even government, despite the growth of Medicare and Medicaid, takes second place to the corporations, eroding individual freedom of choice in a system of technological complexity and sketchy access to information. Even physicians become subservient to the private policy of corporations; however, the authors interpret this trend as a hopeful sign pointing toward democracy as the American Medical Association advocates for unionization of medical providers.

“Children” includes a riff against the imprecise use of *role model* to promote child indoctrination into the corporate values of insatiable consumption and ever-increasingly more efficient productivity. This chapter is also a lamentation against the inadequate redistribution of money in support of families with children and the escalation of violence toward children in our society including, for some reason, the harmful effects of war on children. “Education” misinterprets the history of public education in America as an egalitarian exercise in democracy and freedom, denies the narrowing of the black-white achievement gap, denounces standardized tests of educational achievement in No Child Left Behind, and decries the disparity of educational resources between wealthy and poor local school districts. For-profit higher education and corporate infiltration into public education are soundly condemned. The reader may be left wondering how educational progress is to be measured without testing and question the wisdom of decentralization of standards when local control of public education created the perceived deficiencies now being addressed.

“Outsiders” includes a riff on the objective/subjective debate over social categorization, but quickly descends into a critique of incarceration and the overlapping categories of homelessness, drug use,

addiction, and mental illness that comprises the incarcerated population. Profits before people results in warehousing rather than rehabilitation. Opposition to immigration is contextualized as a nativist analogy to Nazism.

The concluding chapter, “Democratic Change,” is a quixotic proposal for “direct rule of civil society exercised by and for the people” (p. 188) which is interpreted to require rejection of unfettered free markets and the two-party political system dominated by the corporations. Because both corporations and bureaucracies have become totalitarian, in the authors’ view, then the proposed solution tends toward a form of market socialism in which workers control the markets and means of production.

This is a book that may find a degree of ready reception among many social workers and social work educators who have already rejected capitalism, value egalitarianism, interpret human nature as inherently empathic, and imagine that there is an alternative to social structures endowed with power and authority. Although I readily agree with the authors’ critique of corporate dominance and long for the repeal of the mythology of corporate personhood, I cannot bring myself to endorse this bleak and altruistic, but unrealistic, interpretation of social policy. In order to interpret the political and legal trends of the new millennium as an assault on social policy, the authors must ignore the advances made under Bush’s prescription drug program; improvements in civil liberties for people with disabilities, as well as gay and lesbian couples; the millions who have obtained health insurance due to the Affordable Care Act; the expansion of the Earned Income Tax Credit; and the expansion of SNAP. Corporate America does not speak with a single voice. Progress toward the expansion of human rights in this country may be slow and occasionally face a setback, yet that progress continues precisely through the mechanisms these authors attempt to claim uniquely for radical democracy – “community organization, genuine participation, skillful use of power, education, reason, and so on” (p. 193). May that work long continue.

## Book Review

Aggleton, P., & Parker, R.(Eds.).(2015). *Men who sell sex: Global perspectives*. New York, NY: Routledge.

Reviewed by Herbert I. Burson, Ph.D.  
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This edited volume, examining personal, cultural and social understandings of male sex workers, updates Aggleton's 1998 work on the same topic. Its 18 chapters cover a diverse range of topics, embracing a global perspective and a variety of methodologies and theoretical orientations. The editors set the tone for the volume with an introductory essay that describes its purpose, reviews relevant literature on the topic (including new methodological approaches), and provides a thematic overview of the book's varied and diverse topics. These include 1) "global transformations and the organization of sex work" and 2) the importance of gender roles and their social construction in various global and cultural contexts (p. 7).

This is an important work as it addresses a topic that has received relatively scant attention in the literature, and as the authors state, is often "conflated" with sex trafficking, which is not at all its primary focus. It therefore contributes to social workers' knowledge of the life paths of men who engage in sexual activity for money, across cultures and countries, providing an understanding of the personal, familial, and social factors that have had a direct influence on their lives, both currently and in the past. It also addresses the stigmatization, and often criminalization of male sex work, providing a more accurate lens through which to view such work and those who perform it, and, in keeping with social work values and ethics, reveal the strengths of these men, who are almost universally devalued, if not demonized.

While *Men Who Sell Sex* does have a limited focus (by design), that very limitation is also a strength.

It would be especially valuable for social work educators teaching diversity, human behavior, and professional practice courses, as Aggleton and Parker and the book's contributors encourage examination of governmental policies toward male sex workers, including the aforementioned criminalizing of their work, as well as the consequences of those policies.

Finally, by providing concrete information on the different ways in which sex work occurs, the contexts of such work, what male sex work means to both providers and consumers, and the implications of this work (including health issues), Aggleton and Parker's volume provides social workers with a knowledge base from which to engage in evidence-based practice, policy analysis, and policy formulation toward the goal of increasing understanding of the implications of male sex work for individuals, families and social institutions across the globe.

Peter Aggleton is Professor of Education and Health in the Centre for Social Research in Health and the University of New South Wales (UNSW) in New Zealand. He is also the editor of several peer-reviewed journals and holds visiting professorial positions in the United Kingdom

Richard Parker is Professor of Sociomedical Sciences and Anthropology at Columbia University, where he also directs the Center for the Study of Culture, Politics and Health. Dr. Parker has recently published manuscripts on health and sexuality, and public health, and is the editor of a peer-reviewed journal, *Global Public Health*.

## Book Review

Lambert, L. (2014). *Research for indigenous survival: Indigenous research methodologies in the behavioral sciences*. Lincoln, NE: Pablo Montana, Salish Kootenai College Press, distributed by Nebraska Press.

Reviewed by J. Porter Lillis, Ph.D.  
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In *Research for Indigenous Survival* (2014), Dr. Lambert presents a compelling argument for rethinking methodologies used to study Indigenous populations, "...the tribal people in independent countries whose distinctive identity, values, and history distinguishes them from other sections of the community" (p. 1). She emphasizes that to study an Indigenous population, that population must be an active partner in the research process. The community should be involved in creating and posing the research question, should be shared the results, and perhaps even share ownership of the data itself.

Historically, Western approaches to the study of Indigenous populations are perceived by those populations as stemming from a cold, pessimistic academic mindset, and has been "research on Aboriginal people, rather than with" (p. 14). The problem with this approach is that Western academic methodologies make the researcher an authority over "objects," the people under study, ignoring the history and knowledge of the people, and even the people themselves. Researchers view one finite aspect of Indigenous people from the outside, without a nuanced understanding of the language, symbols, beliefs, and group psychology. This tradition of Western methodologies is seen to be a continuance of colonization, and the central thesis of this book argues for the decolonization of research.

The call for centering tribal culture in the research is the primary method for the decolonization of research on Indigenous populations. Ethnographic

research, which emphasizes talking and sharing between the researcher and members of the tribe, are paramount to decolonization. Decolonized research should "[d]o no harm to culture, language, or individuals. Do not exploit the research data. The research must move the community forward by asking a positive and strengthening research question" (p. 67). It is OK to ask the hard questions, but there are many ways to phrase them, optimistically with hope, or pessimistically with foregone conclusions.

Psychology and mental illness are also major themes in this book. "Soul wounds," and depression and addictions to fight those injuries are of great concern for Dr. Lambert. The author is "... motivated to understand mental health issues in Indigenous communities through the eyes and cultural paradigm of the people themselves. The method to do this is Indigenous psychology, also termed ethno-psychology, ...the scientific study of human behavior (or the mind) that is native, that is not transported from other regions, and that is designed for its people" (Kim & Berry, as cited in Lambert 2014, p. 42).

Attachment to and importance of places and stories and sharing both common and sacred knowledge are very important to understand Indigenous populations. The author reminds the reader (and researchers) that without giving these elements the consideration they deserve, researchers are not seeing the whole of Native reality. Western methodologies ignore or forget that the Indigenous

peoples they are studying have their own ways of learning and transmitting knowledge and have been studying the world around them and “re-searching” it themselves for generations. Ignoring the relationship between the land, animals, and the people does not allow for the researchers to “see” the whole experience. Folk wisdom and pathways of knowledge such as storytelling are much more important than Western researchers have ever given them credit for, and not all of the stories have been shared.

Dr. Lambert interviews 25 Indigenous persons who share their Native stories, thoughts, and feelings on research and researchers. These personal, firsthand narratives constitute a significant portion of the book and reflect the voices and concerns of Australian Aborigines, and Natives from Flathead Indian Reservation, Montana, and Churchill, Manitoba, Canada. They also share many of their own personal stories and worldviews from their unique historical and colonial perspectives.

The book ends with a conceptual framework that would frame research methods around tribal specific realities. For each new Indigenous group, a new framework is necessary to fully understand that “...Native/Indigenous knowledge or epistemology is tribal and place specific...” (p. 202).

The author makes an argument that seems almost inimical against traditional Western methodologies and investigation by outsiders who use these techniques. The arguments and framing of the rationale are well made and very persuasive. Indeed, the author makes a great case that outside researchers will never see the whole picture (or even have the picture shared with them) if they do not work with and share with the Indigenous population under study. That means taking place and inherent teaching and learning systems, such as nature and the animals (this includes the coyote and platypus), as real and of scientific importance. This book would be well used in any research methods class to provide a great example of ethnomethodology and the importance of culturally sensitive research. The text would fit perfectly in any course on Indigenous or Native studies to illustrate the importance of community involvement and the ethics of research questions and research outcomes.

“Responsible research means staying for tea” (p. 13. University of Alaska Fairbanks, Center for Alaska Native Health Research, n.d.).

## Book Review

Anderson, S. (2014). *New strategies for social innovation: Market-based approaches for assisting the poor*. New York, NY: Columbia University Press.

Reviewed by Ottis Murray, Ed.D.  
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A continuing question for activists, social scientists, governments, corporations and the general public has been “how do we assist the poor?” This question continues to seek a viable response. Enter Steven Anderson’s new book, *New Strategies for Social Innovation: Market-Based Approaches for Assisting the Poor*. Dr. Anderson, director of the Michigan State University School of Social Work, teaches social program development and welfare policy. He is particularly interested in policies and program strategies to improve access for the poor and positive outcomes for social programs. As Anderson explains, he seeks to “describe and assess an important set of social development approaches that have emerged largely outside the scope of governmental provision in recent years.” As such, this book is an important departure from a more general focused approach on the role and performance of governments in assisting the poor. Acknowledging government action is crucial; however, given its uneven history and performance, the author elects to take us on a journey to review and explore four market-based social change models (i.e., corporate social responsibility, social entrepreneurship, private sustainable development, and fair trade) that may prove to be viable options in assisting the poor.

In the first chapter, the reader is quickly familiarized with market-oriented social development approaches. Following an overview of significant challenges (e.g., relationships between market-oriented approaches and governments, globalization, the spe-

cial role of consumers, welfare retrenchment, and the rise of both the corporate and nonprofit sectors), the reader is encouraged to consider this as a wonderful time for “social innovation,” as society has undergone tremendous advances in new communication technologies, sources of ideas, and resources. Perhaps, this could be summarized as “hope springs eternal.”

In Chapter Two, seeing gaps in theorizing and comparing social change models, the author develops a basic conceptual framework to aid in understanding and analyzing these models. In addition to a discussion of broad issues in constructing and assessing social change approaches, the author provides some basic terminology; more importantly, he outlines a general framework for analyzing these approaches. This framework consists of the following nine attributes: beneficiaries, change agents, intermediaries, benefits, innovation, sustainability, scaling, political interactions, and management.

Over the next four chapters, using the suggested conceptual framework, the author explores social change models in terms of corporate social responsibility, social entrepreneurship, private sustainable development, and fair trade. Each chapter provides the historical development or operational context of each model. It is accompanied by helpful charts/figures, which greatly aid the reader in working through each model’s development process, benefits, and intended outcomes.

The final chapter provides an analysis of the market-based social change models using the previously identified “attributes” of the conceptual framework. In a different context, while one could easily skip to this chapter, I echo the author’s admonition, “not drawing lessons from these approaches is irresponsible, because change agents who are deficient in skills stressed in these models are likely to forego useful knowledge for impacting the groups they wish to serve.”

This book deserves to be read, pondered, widely debated, and can become a useful model upon which to build. Why? According to the Christian writings, “the poor you will always have with you,” but with dedication, focus, knowledge, insight, and determination, we must believe and feel that collectively we can make a difference. Thanks to Anderson’s work, tomorrow may begin a new day in analysis, contemplation, and exploration through discussion, debate, and vision!

## Book Review

Quaranta Morrissey, M. B. (2015). *Suffering narratives of older adults: A phenomenological approach to serious illness, chronic pain, recovery and maternal care*. New York, NY: Routledge.

Reviewed by: Stephen M. Marson, Ph.D.  
Editor, *Journal of Social Work Values and Ethics*

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The biggest problem in social gerontology is the lack of a theoretical foundation. With great naivety, I found this statement to be very controversial. The last time I made such a statement, another gerontologist lost his temper. However, each edition of *The Handbook of Theories of Aging* begins with the assertion that social gerontology is theoretically barren. In the most recent edition, the authors suggest that editors of social gerontology journals dismiss theory in favor of number crunching. Like it or not, in social science, number crunching is envisioned as “science” while qualitative methods are employed by those who lack the intellectual ability to employ inferential statistics. NOW, you will not find a single author of any research methods textbook who supports this position! Nevertheless, this position is an accurate portrayal of the reality within the social science community.

In our study of research methods, we are taught that qualitative methods are the primary avenue to construct concepts that are operationalized to enable “real” social scientists to test hypotheses. It has been only recently that gerontologists are jumping into qualitative analysis for the purpose of theory construction. Morrissey’s *Suffering Narratives of Older Adults: A Phenomenological Approach to Serious Illness, Chronic Pain, Recovery and Maternal Care* is an excellent example of employing qualitative methods to advance the study of social gerontology. Although her intended audience includes practitioners

(social workers and psychologists), I see a greater contribution in the academic arena of teaching theory construction. Through the use of phenomenology, Morrissey does a masterful job in taking concepts that emerged from her interviews and moving toward a sound theoretical foundation. The content of Morrissey’s work is very similar to Komesaroff’s book *Experiments in Love and Death: Medicine, Postmodernism, Microethics and the Body* (a review can be found at <http://www.jswvearchives.com/content/view/116/68/>). In both of these books I found myself reading with two different minds. The first is an emotional one. I had to conduct my reading in short bursts of time. The subject matter is a reminder of our own mortality and the pain we may experience toward the end of our lives. Reading this book is a sure-fire path to depression. The second mind is that of an intellectual. The author brings forth fresh ideas and concepts that lead us to a better understanding of end-of-life suffering.

Two important points can be made about this work: One is a strength while the other is a weakness. First, the strength of this work is Morrissey’s skillful employment of qualitative methods. As noted earlier, quantitative methods are held in high esteem. However, although many gerontologists are reluctant to admit it, many aspects of human inquiry are not amenable to number crunching. *Suffering Narratives of Older Adults* is an excellent example of the strength of qualitative analysis where a quantitative inquiry

would lead to a dead end. One particular feature of Morrissey's findings is quite remarkable. She contends that she uncovered no pattern, no commonality, and no shared strategy in addressing suffering among her sample. Quantitative methods uncover patterns, while qualitative methods offer us depth. For years, I have been reading criticisms of Kübler-Ross' work *On Death and Dying*, in which critics would question Kübler-Ross' typology. Most of the critics were not taken seriously. Frankly, their arguments were weak. The major strength of Morrissey's work is that she provides very strong evidence to propel scholars to rethink Kübler-Ross' work *On Death and Dying*.

For a conceptual framework to conduct the interviews and interpret meaning from the interview data, Morrissey turns to the tradition of phenomenology. I have always envisioned phenomenology as having an unnecessary use of obscure and esoteric language. Here lies the weakness of Morrissey—her jargon. Simply stated, Morrissey has a tendency to use 50 cent words when nickel words would work just as well. For example, I was perplexed with Morrissey's discussion of a "paradox" on pages 45–46. I had to read and reread it and failed to identify the "paradox." As a result, I contacted a friend who has a strong background in phenomenology. We discussed this particular passage for about 20 minutes. He agreed with my assessment of the writing style. Academicians are likely to find this reading thoughtful and filled with theoretical insight; however, practitioners will be frustrated with phenomenology as the conceptual framework.

Reading the book is an unnecessarily cumbersome task.

Morrissey's work is an important contribution not only to her intended audience, but also to students of theory construction. It is an excellent example of the contribution that qualitative methods can make in the advancement of theory in gerontology. I highly recommend this book for gerontologists who focus on end-of-life issues, students of theory construction, and those who are seeking good examples of sound qualitative methodologies. All academic libraries should adopt this book.



# Book Review

Rubin, A., Weiss, E., & Coll, J. (Eds.). (2013). *Handbook of military social work*. Hoboken, NJ: John Wiley and Sons.

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## Introduction

*The Handbook of Military Social Work* is edited by Allen Rubin, Eugenia L. Weiss; and Jose E. Coll and 48 additional contributors, who have a vast array of experience in either academic and/or social work practice. The publication addresses social issues concerning active duty, Reserve/National Guard members, veterans, and family members (from here on known as *the population*). There is an adage in academia that says “Publish or Perish.” This publication is an example for a new adage: “Publish and Educate”. Readers who use this book will find it informative, educational and stimulating. The book is useful for readers needing information on military and veteran issues. The field of readers can range from social workers, mental health care providers, medical care providers, staff at veterans service organizations (VSOs), educators, providers of employment or family services, clergy, short- and long-term care providers, volunteers or individuals seeking information. As a Masters in Social Work (MSW) student, disabled veteran, and former Disabled Veteran Outreach Program Specialist (DVOP), I found the book, informative, direct, and easy to retrieve and cross-reference the information and resources.

The subject material addresses current policies on caregiving to the population and addresses the need to adjust policies in the future, including women’s need for care, confidentiality, treatments and therapies for post-traumatic stress disorder

(PTSD), traumatic brain injury (TBI), substance abuse, suicide risks and preventions, homelessness, transitioning to civilian life, effect of deployments on the population, and diverse family issues. The text provides an excellent and broad introduction to issues and concerns addressing this population. Also addressed are competencies for core military social work per the Educational Policy and Accreditation Standards (EPAS) for the Council on Social Work Education (CSWE).

## Book Layout

The book consists of 608 pages, broken down into 4 well-defined parts, composed of 26 chapters, including vignettes and discussion questions. The references are well organized to provide effective research on a higher level. The Appendix has a list of VSO’s and military family resources (there is a disclaimer to always research your sources). For those individuals without a military background, the Glossary of Military Terms provides a good start to understanding military terminology to understand and work with the population more effectively. We need to understand military culture just as well as other cultures in order to serve them better. The Author and Subject Indexes are worthwhile tools.

## Part I

Part I contains the first five chapters, which introduce readers to military social work. Military social work started during the Civil War but did not

become recognized until World War II as a social work discipline. Military culture is addressed so caregivers can understand the population effectively. Issues such as PTSD, divorce, military sexual trauma (MST) and physical and biological needs are discussed as they specifically relate to women. Specific problems for caregivers of the population such as the predicaments that may be caused by conflicting professional codes of ethics and confidentiality versus the military's mission requirements are reviewed. The book also addresses secondary trauma to practitioners and methods for addressing it as they care for the population.

## **Part II**

Part II consists of chapters 6 – 14, addressing interventions for the behavioral health care problems of the population. The history of PTSD and the impact of models and interventions are explored. Treatments for PTSD discussed in this section include exposure therapy in cognitive processing therapy (CPT) and virtual reality (VR). VR therapy allows caregivers effective control of the triggers for traumatic input and monitoring of the psychological responses in the clients.

In order for caregivers to understand the effectiveness of medications in treating PTSD and associated disorders, the basics of psychopharmacological interventions are discussed and how to work in a multidisciplinary treatment team providing for the client. The treatments and psychosocial impact of TBI and associated disorders on the individuals and families are reviewed. We, as caregivers, need to understand TBI to assist clients with treatment and recovery.

Historically, there has been an issue of substance abuse in the military. Substance abuse, combined with PTSD and other co-occurring disorders, make the prospects of care even more complicated. Included in this section are effective treatments, prevention programs and long-term continuous care for substance abuse victims.

Suicide is a serious problem and is addressed in the book. Social workers need to understand the factors increasing the likelihood of suicide. The three primary factors mentioned that are linked with suicide are relationship, legal and financial problems. We need to counter the suicide issue by recognizing the factors involved with the individuals and detecting individuals at risk. A program mentioned in the book that is used by the military is Total Force Fitness (TFF). It is a model that combines medical, psychological, behavioral and social fitness as protective factors in preventing suicide.

## **Part III**

Veterans and their systems of care are addressed in Part III, which consists of chapters 15 – 17. These chapters discuss homelessness, care systems and transitions into civilian life for veterans. Care for the veterans who are homeless begins with a grassroots effort between case workers, volunteers, and the veterans themselves.

There is a beneficial introduction to the Veterans Affairs (VA) systems and procedures. The VA can be perceived as complex and cumbersome to not only the population, but also to caregivers.

Many veterans may have issues transitioning to civilian life, going from a firm, understanding, and supportive military society to the civilian world, where employment, housing, social adjustments, care, and education have to be addressed by the individuals or families without institutional support.

## **Part IV**

Part IV, consisting of chapters 18 – 26, is an overview of the effects of military service on families and discusses the roles of social workers. These issues include a brief history of military families and social work interaction since the Revolutionary War, effects of the stages of deployment cycles on families, and the differences in family support between active duty and Reserve/National Guard.

In addition, this section discusses providing for the Exceptional Family Member Program (EFMP), loss and bereavement, the effect military service has on children, and loss of benefits for families.

The Stress Process Model for long term care and effects of on caregivers and the population using theories for stress, appraisal and coping is reviewed. Clinical practitioners can use this model to assist the population in dealing with physical, mental and psychosocial health issues associated with long term care and other stressful incidents in their lives.

The final three chapters address family centered programs for children and youth, couples therapy, empirical theories, and practices being used for the families. Military service puts a unique pressure on the population. Understanding the issues and coping tools available to deal with the stresses is paramount to assisting the population.

## **Recommendations**

The book is well written and organized. The next publication could be updated and correlated to DSM 5 (Diagnostic and Statistical Manual of Mental Disorders 5). DSM IV was used during the writing of the first edition. The chapters are well labeled, but adding the chapter number to the pages will allow individuals quicker access to information.

The book does not address Complementary and Alternative Medicine (CAM) in conjunction with traditional western medical treatment, possibly because more empirical studies are needed. The VA is offering this treatment to veterans through Integrated Medicine. CAM treatments can consist of acupuncture, meditation, relaxation, yoga and other CAM mind-body practices (energy therapy for PTSD, Emotional Freedom Techniques (EFT), and Eye Movement Desensitization and Reprocessing (EMDR). More research definitely needs to be done about the usefulness of CAM in treatment.

## **Conclusion**

Anyone dealing with active military, Reserve/ National Guard members, veterans, and families will find the Handbook of Military Social Work an excellent resource and tool to have in their library. Not just professionals, but laypersons and students would appreciate this book as it is an informative and appropriate publication to be used in education and practice.

## Book Review

Cook, J.F., Alford, K.A., Uhrich, J., & Conway, P. (2015). *Rural families and reshaping human services*. New York, NY: Routledge.

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This book consists of 15 chapters, an introduction, and 14 articles. The articles were originally published in the *Journal of Family Social Work* in Volume 15, Issue 5, November 2012, and Volume 16, Issue 1, February 2013. In this book, the articles are grouped into four topics or sections: Rural Families and Their Needs, Disparities and Rural Families, Family Practice in Rural Communities, and Rural Human Service Organizations and Providers.

Myriad elements comprise the mosaic of diversity, including age, class, culture, disability, ethnicity, gender, gender identity and expression, immigration status, where ones lives, nationality, race, religion, sex, sexual orientation and political ideology. This book takes a look at one aspect of diversity that affects families and access to human services, living in rural areas. (p. 1)

And with this beginning, the remainder of the introduction consists of defining four terms (i.e., rural, human services, informal resources and family), two pages that briefly describe the “challenges and strengths” in terms of rural families and context of place, and chapter summaries (note: each article is identified as a chapter).

In each article (chapter) the reader will discover interesting research, challenges, innovative approaches and some thoughtful analysis/ conclusions. However, overall I was dismayed by the book’s organization and failure in preparing the reader. There are no introductions to topical sections (e.g., Rural Families and Their Needs), only the articles. The “chapter summaries,” which are in book’s introduction, are just that, summaries, and as such very cursory.

The book could have benefited from a more comprehensive article to introduce the sectional topics. This would have been helpful to the reader as one prepares to engage topic, research and information that follow. This would greatly improve the flow of the book and eliminate the necessity of flipping back and forth to chapter summaries for the situational framework and/or context. Each article suggests, even begs well-deserved consideration, thought and perhaps at least a word or two from the authors. And yet, the reader is left hanging and moves along to the next article as one might do in randomly selecting songs from a jukebox.

The articles are worthy of reading, consideration and discussion. The authors fail in their obligation to provide a meaningful, overall framework to excite and drive such considerations and discussion. Perhaps there is a blind trust or hope

the reader will weave a suitable commentary that links and provides understanding to the changes and challenges involving rural families and the reshaping of human services. However, there are doubts. As an example of this trust, the final article (chapter) in the book, "Better Together: Expanding Rural Partnerships to Support Families," ends with the following excerpt:

This strategy can be especially effective in rural and small town communities where cooperative extension and community nursing have such long roots in the community and can provide a natural community, and can provide a natural complement to social work philosophy and practice. (p. 222)

And so ends the book. That's it. No final word from the book's authors, no commentary, words of wisdom, summary, or conclusions. In the beginning we are promised, "This book takes a look at one aspect of diversity that affects families and access to human services, living in rural areas" (p. 1). This book fails in its mission. Too often, blind trust is just that.