

# Contents

THANK YOU!!!!!!!!!!!!!! 2  
*Stephen M. Marson, Ph.D., Editor*

Editorial: Social Workers Must Carry a Gun 3  
*Stephen M. Marson, Ph.D., Editor*

## Feature Articles

**Investigating Membership on University Institutional Review Boards: The Case for Social Work** 5  
*Clare Cannon, Ph.D. Candidate, and Fred. Buttell, Ph.D.*

**The Value Contradictions in Social Work** 12  
*Dinata Čepulionytė, BSW, and Eugenijus Dunajevs, Ph.D.*

**Moral Dilemmas in Care for the Homeless: What Issues Do Professionals Face, How Do They Deal With Them, and Do They Need Ethics Support?** 22  
*Ruth P. Spijkerboer, Ph.D. Candidate; Guy A. M. Widdershoven, Ph.D.; Jaap van der Stel, Ph.D.; and Bert Molewijk, Ph.D.*

**Personal and Professional Values: Relationships Between Social Workers' Reproductive Health Knowledge, Attitudes, and Ethical Decision-Making** 35  
*Virginia Ramseyer Winter, MSW, Ph.D.; Shanna K. Kattari, M.Ed., ACS; Stephanie Begun, MSW, Ph.D. Candidate; and Kimberly McKay, Ph.D., LSW, M.Ed.*

**Brown Lettuce and Rodent Traps, Granola and Trees: A Qualitative Study of an Experiential Teaching Tool to Promote Socially Just Practice** 47  
*Alicia L. Dailey, Ph.D., MSW; Karla T. Washington, Ph.D., MSW; and Kirsten Havig, Ph.D., MSW*

**Using the Critical Incident Technique (CIT) to Explore How Students Develop Their Understanding of Social Work Values and Ethics in the Workplace During Their Final Placement** 56  
*Eleni Papouli, Ph.D.*

## Book Reviews

van den Hoonaard, W.C., & Hamilton, A. (Eds.). *The ethics rupture: Exploring alternatives to formal research ethics review*. Toronto, ON, Canada: University of Toronto Press. 73  
*Reviewed by Graham Cohen & Elena Delavega*

Bryan, V., Sanders, S., & Kaplan, L. (2016). *The helping professional's guide to ethics: A new perspective*. Lyceum Books. Chicago, IL 76  
*Reviewed by Wayne C. Evens, Ph.D.*

Bodenheimer, D. R. (2016). *Real world clinical social work: Find your voice and find your way*. Harrisburg, PA: The New Social Worker Press. 78  
*Reviewed by Peggy Proudfoot Harman, MSW, Ph.D.*

Davis, Larry E. (2016). *Why are they angry with us? Essays on race*. Oxford University Press (formerly Lyceum Books, Inc.) 80  
*Reviewed by J. Porter Lillis, Ph.D.*

# THANK YOU!!!!!!!!!!!!!!

Dear Readers,

Because of the confidentiality requirement associated with rules for blind reviews, I am not permitted to list members of our editorial board who volunteered their services to assess and screen manuscripts. However, you may see the list of our board members at <http://jswve.org/editorial-board/>. They did a great deal of work. Most of these board members have been associated with *The Journal of Social Work Values and Ethics* for the last 14 years. They freely offer their time in screening manuscripts. It is a “thankless job” because, in fact, they may not be publicly thanked.

I must acknowledge the passing of my good friend and member of our editorial board Dr. Harris Chaiklin. Harry was a great guy and a very hard worker. I miss him greatly.

Starting with this issue, we announce the addition of new board members:

## **POLICY BOARD**

Colleen Galambos, Ph.D.  
University of Missouri-Columbia

Angie Napier, Ph.D.  
Technical Advisor  
Indiana State University

## **MANUSCRIPT EDITORIAL BOARD**

Samta P. Pandya, Ph.D.  
Tata Institute of Social Sciences, Mumbai

Jan Pascal, Ph.D.  
Bishop Grosseteste University, UK

Gillian Buck, Ph.D.  
University of Chester, UK

Peter A. Kindle, Ph.D, CPA, LMSW  
University of South Dakota

Prospera Tedam, DProfPrac  
University of Northampton, UK

Melinda W. Pilkinton, Ph.D.  
Mississippi State University

## **COPY EDITOR BOARD**

Jane Rockwell Summerson, Ph.D.

Helen Chavis, BA  
Retired

Alison MacDonald, Ph.D.  
Retired

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

# Editorial: Social Workers Must Carry a Gun

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

*The Journal of Social Work Values and Ethics*, Volume 13, Number 2 (2016)  
Copyright 2016, ASWB

This text may be freely shared among individuals, but it may not be republished in any medium without express written consent from the authors and advance notification of ASWB.

Every morning from 5 a.m. to 7 a.m., I meet with a highly diverse group of men at the gym. Our diversity includes: Race, socioeconomic status, religion, politics, and most importantly – attitudes toward gun control. In fact, we share only one life experience: Heart surgeries and strokes forced all of us to look into the eyes of death. Flirting with death has a strange impact on one's definition of social reality. With our diverse views but shared social reality, we meet for coffee and watch the morning news. The June 12, 2016, massacre in Orlando became the centerpiece of our morning discussion of current events.

One member of our group is a retired Special Forces sniper. He is a kind man with a seemingly gentle soul. In response to the Orlando massacre, he commented, "If everyone in the bar was required to carry a gun, there would have been many more survivors and the shooter would have been neutralized much sooner." I have heard people make such a comment only on Fox News and was surprised to hear a real human being utter such a statement. He followed up with: "Teachers and social workers should be required to be armed." At that point, I had to speak up: "Some people are too grossly incompetent to have a gun." He was extraordinarily surprised to hear such a statement. Firing a gun with great accuracy is second nature to him, but not to me.

Here is my embarrassing story. I became interested in social work as a result of volunteer work with legally blind teenagers during my high school years. Although I was never legally blind, I did have serious depth perception problems. This information lays the foundation for my story about a camping trip with a legally blind teenager

and a teacher who specialized in teaching visually impaired students. We had a .22 rifle with us and planned to shoot targets, which consisted of soda cans sitting on a log. The blind teenage never missed his target. As for me, I missed every single can. The blind boy was a better shot than the sighted boy!

This is nothing to brag about, but I am grossly incompetent with a gun. In fact, I think there should be a law prohibiting gun ownership for people like me. Marksmen and members of the National Rifle Association (NRA) do not understand that many people cannot develop the skill to successfully aim a gun. The experience of gross gun incompetence is clearly out of their element. Frankly, I believe that if the president of the NRA and I went target shooting, he would be so shocked with my gun incompetence that he would pee in his pants for fear that someone like me could legally be on the streets with a loaded gun. Gun advocates simply do not understand that many people cannot handle guns.

Within the arena of politics and gun legislation, I propose that we are asking the wrong question. It is not a constitutional question. With our Constitution, there is no such thing as an absolute right. The question we must ask is: What type of error do we want to make? The options are best illustrated in the figure on the following page.

There are two types of people; those who are good with guns and those who are not. There are two governmental options: to allow gun ownership and to prohibit gun ownership. The cells represent the possible outcomes.

In cells A and D, the correct policy decisions are made. That is, in cell A people who are good with guns have their guns, while in cell D, people who are bad with guns may not have them. The fact

is simple: The type of gun regulation we have is irrelevant. There will be unavoidable error.

The ultimate truth can be found in the troublesome B and C cells. They represent policy or statutory errors. Cell B suggests that people who should not own guns have them; while cell C represents people who have been prohibited from owning a gun but should own guns. Cells B and C are symbiotic. That is, as a policy or statute increases the number of people in cell B, the number of people in cell C decreases. The inverse is also true. As C increases, B decreases. Thus, the correct gun policy question to ask is: “As Americans, what type of error do we want to make?” When

we calibrate our laws to decrease gun ownership among “bad” people, there will be a corresponding number of “good” people who will not have access to guns. When we calibrate our laws to increase gun ownership among “good” people, there will be a corresponding number of “bad” people who will not have access to guns. The policy decision is an issue of balance. All gun legislation will produce one of these errors. We must ask, “Which error is worse?”

As for me, I belong in cell D. Email [smarson@nc.rr.com](mailto:smarson@nc.rr.com) and let me know what cell you belong in!

### What type of error do you want?

Type of Gun Law	Types of people	
	Good with guns	Bad with guns
Allow	A) Correct Decision	B) INcorrect Decision
Prohibit	C) INcorrect Decision	D) Correct Decision

# Investigating Membership on University Institutional Review Boards: The Case for Social Work\*

Clare Cannon, Ph.D. Candidate  
Tulane University  
[ccannon3@tulane.edu](mailto:ccannon3@tulane.edu)

Fred. Buttell, Ph.D.  
Tulane University  
[buttell@tulane.edu](mailto:buttell@tulane.edu)

\*This research was funded by the Wisner Center at the Tulane School of Social Work

*The Journal of Social Work Values and Ethics*, Volume 13, Number 2 (2016)  
Copyright 2016, ASWB

This text may be freely shared among individuals, but it may not be republished in any medium without express written consent from the authors and advance notification of ASWB.

## Abstract

The mission of institutional review boards at universities is to protect human subjects. Social workers, given their professional obligation to ethical and just research along with their holistic training, are well-suited to address these ethical responsibilities. Additionally, this provides insights into communities from which social workers can promote macro advocacy.

*Keywords:* ethically responsible research, social work, institutional review boards, higher education, macro advocacy

## Introduction

In this article we review the origins of institutional review boards (IRBs), citing their necessity in regulating the production of ethical research. We examine the number of social work researchers that serve on social-behavioral IRBs at all universities in the U.S. designated as “very high research activity (VHRA)” by the Carnegie Foundation. All research with human subjects performed in association with universities must have IRB approval prior to the commencement of

research activities in order to ensure the protection of the physical/mental health, rights, and privacy of participants. Since VHRA universities are by definition the most active research universities and therefore institutions in the U.S. (and a great deal of this research involves human subjects) it is important to understand who serves on the board that determines what responsible, safe, and ethical research is. Furthermore, as researchers have noted, what constitutes risk, harm, and ethical differs depending on whether research falls under biomedical or social-behavioral lines (Labott & Johnson, 2004). By ethics, we mean the rules by which people discern right from wrong, and which govern research behavior (Olen & Barry, 2010). We argue that for several reasons, namely a professional obligation to advancing human rights, a commitment to enhancing social and economic justice, and a profession-wide Code of Ethics (NASW, 2008), social workers are uniquely suited to apply their expertise in producing rigorously ethical scholarship to university research through their involvement in social-behavioral IRBs. At the same time, serving on IRBs can alert social workers

to the needs of the community so that they may be better able to serve their communities.

## **Background**

Institutional review boards (IRBs) were created to protect human subjects and to ensure ethical integrity in academic research. Established in reaction to a series of infamous research studies, IRBs were created by the U.S. federal government through the *National Research Act* (1974) to prevent such abuses in future research. This included instances such as the Nuremberg trials, the Tuskegee experiment, Stanford prison experiment, and the Milgram experiment, which perpetrated gross ethical and harmful violations of human participants. The Nuremberg trials (1947) revealed the atrocious experiments Nazis performed on humans, which resulted in the Nuremberg Code, in which judges codified ethical requirements and human protections for conducting research. This code is regarded as the first international standard for protecting human research subjects. In the Tuskegee experiment (1932–1972), a group of African-American men with syphilis were given free medical exams but not informed of their medical condition, and even when a cure became readily available in the 1950s, they were not treated with it. Several of the men died due to complications associated with the disease (Heintzelman, 2003). In the Stanford prison experiment (1971), a group of Stanford students were assigned to be either guards or inmates in a mock prison that resulted in trauma for all participants created by the brutal treatment of the students-as-guards directed toward the students-as-prisoners. In the Milgram experiment (1961), which sought to study the obedience of participants, the participants were told to shock another person if that person answered a question incorrectly. Although the experiment was staged and no one was shocked, participants were led to believe they were, in fact, shocking another person, which caused them psychological harm. Taken together, these experiments raised professional, safety, and ethical concerns over the twin needs of protecting human subjects from such abuse and creating a process of

informed consent whereby participants understood the nature of the research they were being asked to participate in.

In order to prevent such ethical violations and abuse in future research and to ensure the rights of participants, IRBs were created to maximize the responsibility of the researcher to conduct research with minimal harm to participants. The passage of the *National Research Act* (1974) created the *National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research* to study and generate U.S. federal guidelines on performing ethical biomedical and social-behavioral research. This commission established IRBs as the responsible party that provides oversight to ensure protections of human subjects and created extra protections for vulnerable populations (e.g. prisoners, pregnant women, and children). To that end, this commission also sponsored the *Belmont Report: Ethical Principles and Guidelines for the Protection of Human Subjects of Research* (1979), which continues to provide ethical and practical guidance for the protection of human subjects involved in all research that receives federal funding, including universities. Emphasizing the values of justice, beneficence, and respect, it does so through the use of informed consent, assessment of risks and benefits, and subject selection, respectively.

The *National Research Act* requires all U.S. institutions which receive federal funding and conduct research with human subjects (e.g. universities, hospitals, foundations) to have an IRB. IRBs are comprised of both members from the institution and non-affiliated community members. The community members must include both lay people and professionals to ensure that the full range of views of community residents are being adequately represented and voiced in research decisions. For example, any proposed research being conducted on prisoners must have a prisoner representative from the community (a former prisoner) participate in the decision-making. For many academic institutions review boards are typically divided into bio-medical and social-behavioral. Bio-medical review boards

tend to oversee research conducted in the medical sciences, while social-behavioral review boards tend to manage participant protections within research conducted in the social sciences. In order to conduct research on human subjects, researchers must obtain IRB approval for their proposed study prior to conducting research activities.

Very high research activity universities (VHRA), formerly referred to as Research-Intensive, or R-I, according to the Carnegie Foundation, were selected as the sample for this study because they generate a great deal of research in the U.S. Further, as members of the social work field and as one author serves on a socio-behavioral IRB at a VHRA university, who reviews applications for ethical considerations, we sought to investigate to what degree members of social-behavioral IRBs come from social work. We focused on this question for three main reasons. First, given social work is governed by its own Code of Ethics (NASW, 2008) that has a professional obligation to conduct research that advances human rights, it stands to reason that there would be many IRB members from social work. This would also seem logical given social work training is holistic at the micro, mezzo, and macro levels, which provides a broad range of experiences with diverse research populations. Second, such training and clinical experiences have obvious benefits in the oversight of such wide-ranging submissions as the IRB receives and the varied ethical considerations these diverse submissions require. Finally, serving on IRBs would give social workers insight into what projects are going on in their communities. Such information could help guide social workers in their advocacy for macro changes in policy and treatment development.

## **Methods**

Of the 108 VHRA research universities in the U.S. listed by the Carnegie Foundation, we have data for 104 universities, or 96% of the total cases. Data was collected in two ways. First, we contacted the Federal Office of Human Research Protections, the regulatory office of the federal government that

provides oversight and assistance for research with human subjects, and obtained the current roster of IRB members for every IRB filed with that office (over 79,500). From this data we determined the discipline of members of the social-behavioral IRBs for 103 VHRA universities. For our second means of data collection, we gathered information from the social-behavioral IRB websites of the missing schools and emailed schools for which rosters were not immediately available. One university keeps IRB members confidential. Using these methods, we were able to collect 104 of the 108 VHRA universities. Given every member was listed by what field they were apart of (e.g. Medicine, Psychology, Anthropology, etc.), we found only 51 of 1,946 members of socio-behavioral IRBs at VHRA universities, or 2.6%, come from social work (A note on methodology: in the cases that there was only one IRB, data were analyzed to include social workers in order to demonstrate the maximum amount of social work participation on IRBs at VHRA universities). Given this low percentage, we argue that universities can benefit from having more social work scholars serve on IRBs and social workers can benefit from serving on IRBs for several reasons elaborated below.

## **Discussion: Social Work Offers an Informed Ethical Perspective**

Social workers, as social workers, bring an important and unique perspective to IRBs in three main ways; (1) commitment to ethical standards; (2) a focus on social justice; and, (3) a holistic training. Furthermore, serving on IRBs provides social workers an opportunity to learn the needs of communities they serve. Doing so, they are better positioned to create and advocate for meaningful and important macro policies in addressing the needs of the communities they serve. Historically, social work began as a response in the form of evidence-based research and informed policy recommendations, to structural causes of poverty and injustice (Trottner, 1998). Professionally governed by a strict code of ethics (see National Association of Social Workers (NASW) Code of

Ethics, 2008), or a set of values and standards; these guidelines provide ethical standards for the responsibilities that social work professionals have to their clients, profession, and society (Hepworth et al., 2013). Similar to other professions with a code of ethics (e.g. psychology, clinical counseling, family therapy, etc.), such guidelines include engaging in research with careful consideration for the potential consequences of subjects; with informed, voluntary consent (that protects participants from any harm) and that is confidential (NASW, 2008). Given this ethical commitment to the wellbeing of individuals and society (NASW, 2008), universities could benefit from more social workers serving on social-behavioral IRBs because social workers bring a unique and informed perspective to the protection of human subjects and the conduct of ethical research.

### **Social Workers and Ethical Responsibility**

Social workers have a professional responsibility to justice, beneficence, and respect for clients and research subjects alike (Council on Social Work Education, 2006). These three values are the same principles IRBs are designed to protect. According to this profession-wide code of ethics, social workers have an ethical responsibility not only to advocate on behalf of clients but to evaluate structures and policies of society (i.e. welfare agencies, domestic violence laws, disaster relief policies, etc.). This code informs social workers' professional conduct in two main ways that are unique to social work. First, the NASW code dictates that social workers advocate for legislation and social policies that promote social justice and provide needed resources (Hepworth et al., 2013). Second, social workers have a professional and ethical obligation to advance human rights by studying forms and mechanisms of oppression and discrimination (Hepworth et al., 2013). Taken together, these aspects of the social work profession create a professional and ethical responsibility for social workers in conducting their research. Social work professors who serve on IRBs extend this professional and ethical responsibility, as well as

their experience in these matters, to research across their university.

### **Social Work Ethics' Importance to Accreditation**

In addition to the profession-wide code of ethics, the Commission on Accreditation board for the Council of Social Work Education, which is the body that governs accreditation of social work education, mandates high ethical standards in a number of key ways. First, accreditation dictates that practitioners be trained to treat problems across multiple societal levels, such as the individual, community, and macro levels, in order to make social work as a profession more responsive to the needs of oppressed groups (Hepworth et al., 2013:26). Second, social work curriculum requires students to learn the role of NASW Code of Ethics in their practice and research and to utilize four core ethical issues: self-determination, informed consent, professional boundaries, and confidentiality (Hepworth et al., 2013:57; NASW 2008). These four core ethical tenets are also essential in IRBs' protection of human participants. Lastly, social work professionals' first obligation is to the protection of human subjects (Hepworth et al., 2013). Such a professional orientation and obligation bodes well for university IRBs designed to protect human subjects in empirical research from ethical abuses, psychological and physical harm. Since social workers must abide by strict ethical commitments in accordance with their professional values, often termed responsible conduct of research (RCR), they are primed for overseeing ethical guidelines established and promoted by IRBs. This attitude extends not only to research but also to all professional responsibilities (Anastas, 2008).

### **Social Work and Social Justice**

Social work, with its emphasis on social justice (see Gasker and Fischer, 2014; Reamer, 2014), brings an important orientation to IRBs. This focus helps to ensure potential subjects are not only fully protected but also will have just and fair participation experiences. This is especially important given



the high remunerations that researchers may try to offer that often can be construed as coercive. This is also true for vulnerable populations (e.g. pregnant women, children, and prisoners) who require greater protection from possible research abuses. Social work teaching and research not only values culturally sensitive research but also works to discover and cultivate better ways of conducting sensitive research that are more beneficial for individuals (see Jackson, 2010; Bowles & Hopps, 2014). Such an orientation provides both skills and a vantage point with which to assist other members of the academic research community to develop more sensitive and just studies. In recognizing these major concerns in conjunction with social work's core values of beneficence, justice, and respect, the Council on Social Work Education (CSWE), the accrediting body for schools of social work, calls for social work researchers to join university bodies that design and distribute research regulations and policies (CSWE, 2006). Specifically, the CSWE calls on social work professors to join their local IRBs in order to protect the interests of human subjects (CSWE, 2006). Accordingly, social work researchers, through their professional experiences and obligations to beneficence, justice, and respect, have much to offer IRBs.

Importantly, it would be inaccurate to conceptualize these two governing bodies of professional social work, NASW and CSWE, as mutually exclusive. They are inter-related and both contain feedback mechanisms that guide and inform the policies of each body moving forward. For example, as the practice environment changes for NASW social workers in a clinical setting (e.g., changes to reimbursement policies of Medicaid), CSWE revises its educational policies of required material in accredited MSW programs to account for this new information. One of the most important requirements of CSWE, which enhances the benefit of having social workers serve on IRBs, is the CSWE requirement that faculty in accredited MSW programs must have at least two years of professional, post-MSW, practice experience in order to teach MSW practice classes (evidence of

policy adherence is most frequently demonstrated in CSWE accreditation reviews by being licensed to practice social work in the state where the faculty member is employed). We argue that this practical experience is essential in identifying subtle nuances of risk in studies that come before IRBs.

For example, in a recent study that came before our socio-behavioral IRB, a Principal Investigator was seeking to evaluate a trauma intervention for children exposed to gun violence by having the Informed Consent form for the study simply appended to the end of the form used by the agency for the trauma counseling service. Having worked many years as a social work practitioner with traumatized children, the social worker on the IRB pointed out: (a) how confusing this might be to parents, particularly those also dealing with trauma themselves; and, (b) that many parents would likely conflate the study with the counseling service, which would make them think they had to participate in both if they wanted their child to receive the counseling service. Had the social worker not been on the board, we believe the IRB would have endorsed the study as it was originally proposed, since it had a technically correct policy for both Informed Consent and Assent procedures and none of the other IRB members had registered any objections to it.

### **Social Work and Holistic Training**

Having training in theories and methods that address individual, family, and macro levels of analysis, social workers are exceptionally situated to have deep insight into a wide-range of research projects and topics. Doing so provides them valuable experience that could be used to address concerns faced by IRBs. For example, IRB submissions cover a wide range of academic, policy, and research concerns that must be adequately addressed for approval. Further, submissions to social-behavioral IRBs come from disciplines as diverse as anthropology and public health, which typically focus on different levels of society (e.g., individual and community) and utilize a wide-range of methodologies (e.g. ethnography and program

evaluation). Experiences and insights garnered by social workers from their training at multiple levels of analysis in multiple methodologies, ranging from ethnography to program evaluation to quantitative analysis, uniquely situates them to inform and guide the IRB process.

### **Social Work and Macro Advocacy**

Finally, serving on IRBs will provide social workers insights into needs of the communities they serve. IRB membership helps the university know what types of projects are taking place in a community, which has direct implications for our obligation for macro advocacy. Put another way, social workers are in a better position to advocate and protect community members since they know what kinds of things are happening in their communities and what researchers are asking of them. Creating such macro advocacy also fulfills another aspect of the stated code of social workers, which is to reveal systemic inequalities and develop policy that promotes a more equitable society (see Brueggemann, 2014; Payne, 2014). Developing informed macro social policy has ramifications across society and can improve treatment options for a range of issues many social workers face (e.g. substance abuse, intimate partner violence, family violence, etc.).

### **Conclusions**

We argue that social work academics are uniquely situated to provide ethical rigor to social-behavioral IRBs at VHRA universities due to their professional obligation to protect human subjects from harm, profession-wide code of ethics, and required educational training in conducting ethical research. Given this conclusion, our finding that only 2.6% of social-behavioral IRBs at VHRA universities are made up of social workers is distressing. With their commitment to high ethical standards, central focus on social justice, and holistic training, social workers are well suited to extend their expertise to university scholarship by participating in socio-behavioral IRBs. Furthermore, serving on IRBs fulfills the ethical obligation put

forth by social work associations, Council on Social Work Education and National Association of Social Workers. Finally, serving on IRBs will provide insights into community needs from which social workers can develop macro policies and treatments. Social workers' leadership and guidance will have significant benefits to research subjects, especially vulnerable populations, and their commitment to social justice will increase the probability that "bad" or "unethical" research practices can be avoided. Lastly, we encourage social workers at VHRA universities, then, to contact their IRBs to figure out how they might be able to serve on these important research regulatory boards. Social workers not attached to VHRA universities may also be able to serve as community members to boards and serve in advisory roles in order to use their professional skills and ethical commitments to bettering academic research and ensuring human participant protections.

### **References**

- Anastas, J. W. (2008). Ethics in social work research. In T. Mizrahi and L. E. Davis (Eds.), *The Encyclopedia of Social Work* (pp. 151–158). Washington, DC: National Association of Social Workers.
- Bowles, D. D., & Hopps, J. G. (2014). The profession's role in meeting its historical mission to serve vulnerable populations. *Advances in Social Work, 15*(1), 1-20.
- Brueggemann, W. (2014). *The Practice of Macro Social Work*. Belmont, CA: Cengage. Carnegie Foundation for the Advancement of Teaching. (2014). *Very high research activity universities*. Retrieved from [http://classifications.carnegiefoundation.org/lookup\\_listings/srp.php?clq={%22basic2005\\_ids%22%3A%2215%22}&limit=0,50](http://classifications.carnegiefoundation.org/lookup_listings/srp.php?clq={%22basic2005_ids%22%3A%2215%22}&limit=0,50).
- Council on Social Work Education. (2006). *National statement on research integrity in social work*. Retrieved from <http://www.cswe.org/cms/17157.aspx>.

- Federal Office of Human Research Protections. (2014). *Institutional review board rosters* [Data file]. Received July 2014.
- Gasker, J.A. & Fischer, A. C. (2014). Toward a context-specific definition of social justice for social work: In search of overlapping consensus. *Journal of Social Work Values and Ethics*, 11(1), 42-53.
- Heintzelman, C. A. (2003). *The Tuskegee syphilis study and its implications for the 21<sup>st</sup> century*. Retrieved from [http://www.socialworker.com/feature-articles/ethics-articles/The\\_Tuskegee\\_Syphilis\\_Study\\_and\\_Its\\_Implications\\_for\\_the\\_21st\\_Century/](http://www.socialworker.com/feature-articles/ethics-articles/The_Tuskegee_Syphilis_Study_and_Its_Implications_for_the_21st_Century/).
- Hepworth, D. H., Rooney, R., Rooney, G. D., & Strom-Gottfried, K. 2013. *Direct Social Work Practice: Theory and Skills* (9th Ed.). Belmont, CA: Brooks/Cole.
- Jackson, K. F. (2010). Ethical considerations in social work research with multiracial individuals. *Journal of Social Work Values and Ethics*, 7(1), <http://www.jswvearchives.com/spring2010/5ethicalconsiderations.pdf>.
- Labott, S. & Johnson, T. (2004). "Psychological and Social Risks of Behavioral Research." *IRB: Ethics & Human Research* 26(3), 11-15.
- National Association of Social Workers. (2008). *Code of ethics*. Retrieved from <http://www.socialworkers.org/pubs/code/default.asp>.
- Olen, J. & Barry, V. (2010). *Applying Ethics* (10th Ed.). Belmont, CA: Wadsworth Cengage.
- Payne, M. (2014). *Modern social work theory*. New York City: Palgrave Macmillan.
- Reamer, F. G. (2014). The evolution of social work ethics: Bearing witness. *Advances in Social Work*, 15(1), 163-181.
- The National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research. (1979). *The Belmont report: Ethical principles and guidelines for the protection of human subjects of research*. Retrieved from <http://www.hhs.gov/ohrp/policy/belmont.html>.
- Trattner, W. I. (1998). *From poor law to welfare state: A history of social welfare in America*. New York City: Free Press.

# The Value Contradictions in Social Work

Dinata Čepulionytė, BSW  
Vilnius University  
[dinata.cepulionyte@gmail.com](mailto:dinata.cepulionyte@gmail.com)

Eugenijus Dunajevas, Ph.D.  
Vilnius University  
[eugenijus.dunajevas@fsf.vu.lt](mailto:eugenijus.dunajevas@fsf.vu.lt)

*The Journal of Social Work Values and Ethics*, Volume 13, Number 2 (2016)  
Copyright 2016, ASWB

This text may be freely shared among individuals, but it may not be republished in any medium without express written consent from the authors and advance notification of ASWB.

## Abstract

The goals of the paper are to present the occurrence of value contradictions in social work and to propose a possible explanation of the fact that there are such contradictions. Value contradictions were revealed during the analysis of research data of social workers' attitudes toward abortion. A survey method was used to collect data and quantitative analysis techniques were used for data analyses. The survey was conducted in Lithuania and participants were social workers from various fields of social work. The second part of the paper is dedicated to an explanation of value contradictions in social work. The multiple self-theory was used for the construction of explanations.

*Keywords:* Value contradictions, multiple self, abortion, value conflicts, social work.

## Introduction

Social work is filled with different types of inner conflicts. There are disagreements and intellectual fights over the basic structural elements of social work. There are different views of social work practice and social work knowledge. Should it be a profession or not? Should it seek to become a science? (Gambrill & Pruger, 1992). The foundation of the conflicts is the difference in values. For example, some proponents of the social

work profession say that it is motivated by the value of social welfare: that the status of the occupation group directly correlates with the resources acquired from society and by the value of personal welfare. The critics of social work professionalization purport that more value is placed on the essential human relationship between social worker and client and professionalization is seen as an obstacle in this context.

According to Vohs et al. (2007), conflicts arise when beliefs, values or aims are held by one individual or group of individuals who have the same attitude to a certain situation and are frustrated by another individual or group of individuals who hold an opposite view. The notion of conflict implies that the participants in such situations must be aware of each other's actions and interests (Fisher, 2006). For example, there is no conflict if a social worker is unhappy with the salary he/she is paid when he/she doesn't complain about that to manager. When there is a clash between social worker and manager over the salary, then there is a conflict.

It is possible to identify at least two types of value conflicts in social work. The first type of value conflict springs from the duality of social work's identity. On the one hand society is the employer of social workers and seeks to *control* social problems, but on the other hand, social workers seek to *solve* social problems. This type of value conflict is clearly articulated by Howe (2009, 152): "Janus-like,

social work has always had to look both ways. It finds itself representing the individual to society (this is what it is like to be poor and vulnerable), and representing society to the individual (what society expects and what it can do for you). Both *care* of the weak and *control* of the unruly have defined social work from the beginning. It therefore seems inevitable that compassion and correction, welfare and justice are bound to give social work something of a split identity.” An example of this value conflict is in the study by Gallina (2010). The author explores conflicts between professional values and agency values. The second type of value conflict comes from the complexity of the person. For example, in the case of infanticide, a social worker might wish for the death penalty for the killer but demand the liberation of the killer in order to help him or her. These conflicts between personal and professional values are intensively analyzed in some of the literature (Gough & Spencer, 2014; Comartin & Gonzalez-Prendes, 2011).

Despite quite extensive research on value conflicts, there are only a few studies (Verplanken, Trafimov, Khusid, Holland & Steentjes, 2009) about the causes of value conflicts – the value contradictions. The goal of this paper is to fill this gap. The content of the paper is divided in two parts. The first part is dedicated to the presentation of research, where the value contradictions were revealed. An explanation of the value contradictions is outlined in the second part.

## **Research**

### **Sampling and data collection**

A survey method was used to collect data. The survey was taken by 92 social workers from various fields of social work. In order to be representative across the country, the questionnaire was distributed through the Internet to social work organizations. It was filled in by respondents from Lithuanian cities: Alytus, Biržai, Druskininkai, Gargždai, Kaišiadorys, Kaunas, Kretinga, Klaipėda, Marijampolė, Pagėgiai, Panevėžys, Šiauliai, Telšiai, Ukmergė, Utena, Nemenčinė and Vilnius.

The development of social work in Lithuania and other East European countries was different from the Western countries. Social work as a scientific discipline and profession started to form only after the break-up of the Soviet Union in 1990 (Bagdonas, 2001). The mechanical transfer of Western institutional and organizational structures was conducted in the process of post-communist transformation in Lithuania (Norkus, 2012).

There are at least three stages of social work development in post-communist Lithuania. The main characteristic of the first stage (1990–1992) was the adaptation of the existing social security system to new social risks (Bagdonas, 2001). The emergence of social work was the outcome of the process. The second stage (1992–2006) was characterized by the growth of social work. According to Bagdonas (2001), the establishment of the legal basis for social work, the spread of social work study programs across universities and colleges, the support from foreign development agencies, World Bank and Swedish International Development Authority, and primary certification of social workers were implemented in this stage. The quality of social work is the concern of the third stage (from 2006). Social workers are employed by state agencies. Law regulates the qualification of social workers and the quality of social service organizations.

The fields of social work and the number of respondents are presented in Table 1. The link for the questionnaire was sent to respondents' personal and organizational e-mails in order to achieve greater responsiveness.

### **Questionnaire**

The goal of the research was to investigate the values of social workers. The first thing to do was to conceptualize our main concept “value.” The problem is that there is no general definition of the concept and different meanings are attached. Hitlin & Piliavin (2004, 359) put it in this way: “When employed, the term ‘values’ has been used variously to refer to interests, pleasures, likes, preferences, duties, moral obligations, desires, wants, goals,

**Table 1.**  
The fields of social work and the number of respondents.

<b>Field of social work</b>	<b>Frequency</b>	<b>Percent</b>
Help for women	10	10,9
Work with children	13	14,1
Work with people having mental disabilities	3	3,3
Work with families at social risk	30	32,6
Work with elderly people	20	21,7
Work with addicted people	2	2,2
Work with the ex-convicts	2	2,2
Other	12	13
<b>Total</b>	<b>92</b>	<b>100</b>

needs, aversions and attractions, and many other kinds of selective orientations.” We define values as beliefs about desirable states of the social world. But not all researchers conceptualize values as beliefs. Hitlin & Piliavin (2004, 365) state: “Many researchers examine attitudes, beliefs, or opinions and categorize their work as a study of values.” Albarracin (2005, 3) defines attitude as “Judgment about whether objects, events, oneself, and others are favorable or unfavorable, likeable or unlikeable, good or bad.” Opinion is a statement about a particular thing. The concept *belief* represents the nature of knowledge – to know something as a fact where the knowledge is empirically tested or as a belief when the knowledge is not empirically tested. Because values are representing positive ideal abstract states of the social world, we categorize them as beliefs.

The second thing we had to do was to operationalize values. As Hitlin & Piliavin (2004) note, there are two ways to operationalize values: ranking and rating. Ranking means that respondents have to choose one value over another. In the process of rating the respondent is asked to rate values in the units of a chosen scale. The superiority

of rating over ranking is obtaining data about all values without the exclusion of any. In our case it was crucial to have data about all values.

Social workers were asked to evaluate the submitted values on a scale from 1 to 5, where 1 means “not important” and 5 means “very important.” This way was selected in order to avoid a neutral position. For instance, if the scale were constructed using words, not numbers, respondents could choose the position “have no opinion,” because this position for respondents is safe and comfortable. In our case, numerical scales helped to reveal a more precise approach.

In order to explore value contradictions in social work, we chose abortion as the general theme of our questions. Abortion is an important issue in social work and social workers are dealing with different aspects of abortion.

According to the literature analysis, there exist two approaches – *for* (positive) or “pro-choice” and *against* (negative) or “pro-life” (Pollitt, 2014). The question is – why do individuals maintain one or the other position? It depends on values (Stainton, 2011). For example, the Catholic Church defends the “pro-life” position and “pro-choice” is generally

defended by feminism. From a feminist point of view, abortion is good because it gives freedom to women to choose, to plan, to learn, to earn money and stay in the labor market as long as they want. It can be concluded that the preceding points are related to women’s rights. These rights are not only linked to a woman’s body, but include the right to live according to her own plan. Feminism asks – why do men always have the right to choose? This question arises from women’s feelings of unequal rights (Ślęczka, 2005). Therefore the right to end a pregnancy with an abortion seems to be a vital thing that could help to gain for women the right to live as free as men do. The opposite position that abortion is bad, maybe the worst thing a woman could do. One of the authors maintains, “aborting human beings is a moral horror” (Metaxas, 2013, 13). The proponents of the “pro-life” position argue that abortion causes long lasting psychological problems (Ziegler, (2013). For example, David C. Reardon states the existence of post-abortion syndrome (Dadlez & Andrews, 2010). According to the Catholic Church’s understanding of the miracle of birth, abortion is homicide and this leads to a deep feeling of sin for one’s entire life (Moore, 2006).

Ten values to evaluate were included in the questionnaire (Table 2). There are four “pro-life,” four “pro-choice,” and two neutral values. Respondents also were asked how they respond to

abortion situations among friends, in social work practice and in their own families.

**Data analysis**

With the assistance of frequency tables, how social workers assessed every value submitted in the questionnaire was determined. The most important values were obtained from the results. The values scored at the highest rate were considered as the most important. If the respondent assessed two contradictory values at the highest rate, then it was considered that he/she has contradictory values. For instance, in order to find out what percentage of social workers evaluated two contradictory values, “freedom of choice” (pro-choice position) and “life” (pro-life position), at 5 points, we selected cases when “freedom of choice” equaled 5 & “life” equaled 5. This way a new variable was created. Then, using frequency tables we found out that 65 out of 92 social workers evaluated “freedom of choice” and “life” at 5 points (very important). Thus, this is an example of how we were looking for value contradictions.

**Findings**

Social workers had to rate every value in the list and there were ten values to rate. Table 3 shows the percentage of social workers for each value and score.

**Table 2.**  
Values presented for evaluation in questionnaire.

<b>„Pro-choice“ values</b>	<b>„Pro-life“ values</b>	<b>Neutral values</b>
Woman’s right to her body	Life	Competence
Life planning and control	Woman's physical and mental health	Dignity and Worth of the Person
Career and education	Respect for the provisions of the church and honesty	
Freedom of choice	Natural family planning	

Table 3.  
Evaluation of values.

Value	Evaluation (percent)				
	1	2	3	4	5
Woman’s right to her body	4.3	1.1	9.8	17.4	67.4
Life planning and control	0	3.3	7.6	23.9	65.2
Career and education	1.1	2.2	21.7	41.3	33.7
Freedom of choice	3.3	1.1	3.3	16.3	76.1
Life	1.1	0	2.2	8.7	88
Woman's physical and mental health	2.2	0	1.1	12	84.8
Respect for the provisions of the church and honesty	7.6	13	31.5	25	22.8
Natural family planning	13	10.9	29.3	28.3	18.5
Competence	1.1	2.2	20.7	33.7	42.4
Dignity and Worth of the Person	2.2	0	5.4	12	80.4

The data analysis shows that six values are the most important for social workers - woman’s right to her body (67.4%), life planning and control (65.2%), freedom of choice (76.1%), life (88%), woman’s physical and mental health (84.8%), and dignity and worth of the person (80.4%). Three of six values are “pro-choice,” two values are “pro-life,” and one value is neutral. The results show that the same persons prefer both “pro-choice” and “pro-life” values. These contradicting values might lead to internal conflicts. For instance, imagine that a social worker rates life as high as freedom of choice and has to make a decision in a teenage pregnancy situation. “Pro-life” values lead to saving the fetus and “pro-choice” values lead to supporting decision-making by the teenager. What will be the actual decision made by the social worker?

Therefore there is a high possibility that social workers experience value conflicts in their daily work situations. Table 4 outlines the values between which contradictions arise.

Cases presented in the table show that the same individuals choose contradictory values as equally important. For instance, 65 social workers evaluated freedom of choice equally as important as life. Each value by the same individual is evaluated at the highest rating (5 points). 70.7% of social workers have value contradictions that can lead to experiencing value conflicts.

**Case study**

We will present a particular case for illustration. Social worker A expressed this position on abortions: “I believe that abortion is necessary



**Table 4.**  
The value contradictions.

Values with highest rates		Frequency	Percent
Woman’s right to her body	Life	55	59,8
Life planning and control	Life	52	56,5
Freedom of choice	Life	65	70,7
Dignity and Worth of the Person	Woman’s right to her body	54	58,7
Dignity and Worth of the Person	Freedom of choice	60	65,2
Woman's physical and mental health	Woman’s right to her body	57	62

for ... women with more than three children.” Let’s look at how social worker A rated the values. Woman’s right to her body - 5 points; life planning and control - 5 points; freedom of choice - 4 points; dignity and worth of the person - 5 points; woman’s physical and mental health - 5 points; and life - 5 points. It can be said that almost all the values were assessed at the highest score. Therefore the question in this case is how can a social worker maintain that abortion “is necessary” and at the time assess all “pro-life” values at 5 points, the highest value? Social workers are working with someone who has problems and they want to solve them. We can ask, “What reaction will the social worker have when faced with a client who is considering an abortion?” What position could the social worker who says that abortion “is necessary,” but also maintains that life and other values related with “pro-life” position are the most important for him/her?

This simple example confirms that contradictory values are evaluated at the same rate by a social worker. Therefore the possibility of values conflicts arises. This raises the problem - how can social workers in general perform the job well if they hold contradictory values?

### **Explanation**

#### **Self**

The concept of self was developed and widely used in the field of psychology. One of the founding fathers of modern psychology, James, in his principles of psychology (2010), stated that there are two aspects of self – I and Me. *Me* refers to everything answered to the question “Who I am?” *I* is that active agent who is thinking the Me or is asking the question. Different fields of science study these different aspects of self. Psychologists are interested mainly in the *Me*, and philosophers in *I* (Brown, 1998).

Although the concept of self was introduced into modern psychology more than one hundred years ago, the concept was excluded from the field of scientific psychology because of the dominance of behaviorism. The humanistic psychology movement kept the concept of self alive (Mayers, 2008), but was unable to keep it on the research agenda due to the lack of scientific research and the anti-scientific position. With the rise of cognitive science, the self came back into the scientific research agenda.

There are at least three groups of self-theories in contemporary science (Brinthaup

& Lipka, 1992). The first group defines self as narrative: “Given the fact that our memories occur in the present, an ever-changing present at that, how can we expect to look back on the same past? Doesn’t that same childhood change through the years, even if only in the slightest way? Indeed, might it not be that the identity of the self derives from the fundamentally different renditions of the personal past created in memory? If so, it must follow that one sensible way of studying the self is to study the changing narratives which people use to tell about who and what they have been and become” (Freeman, 1992, 21). The second group understands self as a multidimensional phenomenon and concentrates on the multidimensionality of the concept – the set of ideas about oneself (Marsh, Byrne & Shavelson, 1992). The third group of self-theories study self across the lifespan (L’Écuyer, 1992). The different streams of self-theory show that there is no unified conception of self.

### **Multiple self**

It’s common to talk about self as a single unit, but there are alternative theories, where multiple self is used in order to explain complex phenomena of human behavior. The multiplicity of self is discussed in psychology (Ainslie, 1989; Lester, 2012), in social sciences (Moldoveanu & Stevenson, 2001), and in interdisciplinary areas (Elster, 1987; Lynne, 2006; Bazin & Ballet, 2006; Teraji, 2008). The best-known theory of multiple self is the Freud theory of self. Sigmund Freud stated that there are three instances of our self: Ego, Superego and Id. The Ego represents rationality, the Superego – values, and Id – instincts. In Freud’s view, instances are interacting and compose the personality of the individual (Ainslie, 1989, 12-13).

There are a lot of multiple self-theories. For example, Moldoveanu & Stevenson (2001) identify two streams of multiple-self theories in social sciences. The first stream of multiple self-approaches treats multiple self-identities – there are different selves with different motivations within a single body. The other stream of multiple self-approaches explains self as an agency, where

one agent or groups of agents govern other agents representing different motivations.

The more sophisticated taxonomy of multiple self-theories is proposed by Elster (1987). Elster identifies ten sets of multiple self-theories: *loosely integrated self, self-deception and weakness of will, Faustian selves, hierarchical selves, successive selves, parallel selves, Freudian legacy, split brain, homo economicus and homo sociologicus, ‘no-self’ theory*. The taxonomy of the sets is based on three dimensions. The first dimension is similar to Moldoveanu & Stevenson – the theories differ according to the degree of self-integration. The second dimension is the partitioning of self. It can be partitioned in time and power (asymmetry between selves). The third dimension is the mode of interaction between selves - manipulation and deception.

All multiple self theories emphasize the interaction of different selves, except *loosely integrated self* and *split brain* theories. For example, in the case of *Faustian selves*, the person wants to smoke a cigarette and at the same time wants to be healthy. The desire to smoke and the desire to be healthy are in contradiction, but are experienced by the same person. Different sub-selves represent the wants and they are interacting in a similar manner to individuals – arguing, manipulating and so on. The self representing the desire to smoke is proposing the benefits of smoking – relaxation, the possibility of communicating with other smokers. The self representing the desire to be healthy is arguing the costs of smoking – cardiovascular problems, cancer and others. We think that there is no such inner discussion in our case and the best explanation of value contradictions comes from the *loosely integrated self* theories.

The *loosely integrated self* theory models the person as a unit, where sub-units are independent and autonomous in some degree and one sub-unit can operate with information that is different or unknown to other sub-units, and in spite of differences the operation of the unit is effective (Elster, 1987). The theory of loosely integrated self provides two lines of explanations.

In the first way, contradictions emerge because different beliefs are connected to different realms of social life. Everyone has beliefs and they are connected to different realms of social life. These beliefs can be contradictory. If contradictory beliefs do not face each other, they can exist within the same individual for a long time. For example, the person claims to be an atheist but is asking God for help in the face of critical situations. The atheism belongs to the realm of ordinary life and theism to the realm of critical situations.

The contradictions can be explained by the fact that our choices depend not only on the existing set of alternatives, but also on the way the alternatives are presented. For example, an individual is faced with two choice options: to receive 100 euro or 101 euro. If an individual is rational, the option of 101 euro will be preferred. But if the choice options are changed - 100 euro immediately or 101 euro in two weeks – there is high probability that the option of 100 euro will be proffered. The experiment shows that we react not only to the content of options, but also to the way they are presented. Let us explain value contradictions through the lenses of the *loosely integrated self* theory.

### **The loosely integrated social worker**

Values are beliefs and their contradictions can be viewed as a result of values dependency to different realms of social life. Every individual is a member of multiple realms of social life -- family, community, occupational group and so on. In our case, the individual is a member of the occupational group of social work and a member of other forms of social organization. Social work sustains a concrete belief system and it is expressed in codes of ethics. For example, the code of ethics of the National Association of Social Workers (NASW) defines behavior, moral boundaries and values of social work. The actions of individual social workers have to be consistent with the behavior, moral boundaries, and values expressed in the code of ethics. The biggest collective bodies of social work, the International Federation of Social Workers (IFSW) and NASW, support the right to

access abortion services for clients (Gretchen, Flaherty, Akers & Noland, 2012; Pardeck & Meinert, 2007). It is likely that an individual as a social worker will be pushed to express the values of abortion and choice. The same individual as a member of a family or community will express the values sustained in the family and community. These values might force the individual to accept the pro-life position. From this point of view the value contradictions documented in respondents' answers are manifestations of the individual's social realms. But this answer is not satisfactory. Is it possible that the individual is switching his/her allegiance to social realms that fast (from question to question)? There is no clear answer. The other problem is that the questionnaire was addressed to the social worker as a professional and the realms of family and community were excluded.

The other line of explanation is based on framing or the way in which the choice options were presented. The documented values contradictions can be explained as a variation in the presentation of choice options. It is possible that some formulations of questions directed respondents toward the pro-choice position, while others tended toward the pro-life position. In this case it's not a problem of the value contradictions in social work at all. It is a problem of the formulation of the questions. The respondents were asked to evaluate values (table 3) in the context of abortion. The questionnaire was built with the intention of minimizing the effects of framing or any other form of suggestion.

Lastly, there is a third explanation. Both mechanisms are working together. In other words, questions activate different realms of one's social world and frame the direction of each answer. The third explanation is weakest, because we do not know how the two mechanisms are interacting or the relative weight of each.

### **Conclusion**

The goal of the paper was to present the value contradictions that were revealed in our research. We also propose the possible explanations of the documented facts. The most relevant

explanation can be derived from the *loosely integrated self* theory – the subset of multiple self theories. According to the best explanation, the value contradictions occur as a result of the activation of different social realms. The goal of the research was not to test any theoretical statement or theory in general. The theory of multiple self was used *ad hoc* in order to provide the explanation. We think our work provides a good starting point for other researchers who are eager to study value contradictions in social work.

## References

- Ainslie, G. (1989). Freud and Picoeconomics. *Behaviorism*, 17(1): 11-19.
- Albarracín, D., Johnson, B. T., Zanna, M. P. & Kumkale, G. T. (2006). Attitudes: Introduction and scope. In D. Albarracín, B. T. Johnson, M. P. Zanna & G. T. Kumkale (Eds.), *The Handbook of Attitudes* (pp. 3-21). Lawrence Erlbaum Associates.
- Bagdonas, A. (2001). Practical and Academic Aspects of Social Work Development in Lithuania. *Socialinė teorija, empirija, politika ir praktika*, 1: 35-48.
- Bazin, D. & Ballet, J. (2006). A basic model for multiple self. *The Journal of Socio-Economics*, 35: 1050-1060.
- Brinthaup, T. M. & Lipka, R. P. (1992). Introduction. In T. M. Brinthaup & R. P. Lipka (Eds.), *The Self: Definitional and Methodological Issues* (pp. 1-14). State University of New York Press, Albany.
- Brown, J. D. (1998). *The Self*. Boston: McGraw-Hill.
- Comartin, E. B. & Gonzalez-Prendes, A. A. (2011). Dissonance between personal and professional values: Resolution of an ethical dilemma. *Journal of Social Work Values and Ethics*, 8(2).
- Dadlez, E. M., Andrews, W. L. (2010). Post-abortion syndrome: creating an affliction. *Bioethics*, 24(9): 445-452.
- Elster, J. (1987). Introduction. In J. Elster (Ed.), *The Multiple Self* (pp. 1-34). Cambridge: Cambridge Univ. Press.
- Ely, G. E., Flaherty, Ch., Akers, L. S. & Noland, T. B. (2012). Social work student attitudes toward the social work perspective on abortion. *Journal of Social Work Values and Ethics*, 9(2).
- Fisher, R. J. (2006). Intergroup conflict. In M. Deutsch, P. T. Coleman & E. C. Marcus (Eds.), *The Handbook of Conflict Resolution: Theory and Practice* (pp. 176-196). San Francisco, CA: Jossey-Bass.
- Francis, P. & Dugger, S. M. (2014). Professionalism, ethics, and value-based conflicts in counseling: An introduction to the special section. *Journal of Counselling & Development*, 92(2): 131-134.
- Freeman, M. (1992). Self as Narrative: The place of life history in studying the life span. In T. M. Brinthaup & R. P. Lipka (Eds.), *The Self: Definitional and Methodological Issues* (pp. 15-44). State University of New York Press, Albany.
- Galina, N. (2010). Conflict between professional ethics and practice demands: Social workers' perception. *Journal of Social Work Values and Ethics*, 7(2).
- Gambrill, E. & Pruger, R. (1992). *Controversial Issues in Social Work*. Boston: Allyn and Bacon.
- Gough, J. & Spencer, E. (2014). Ethics in action: An exploratory survey of social worker's ethical decision making and value conflicts. *Journal of Social Work Values and Ethics*, 11(2): 23-40.
- Hitlin, S. & Piliavin J. A. (2004). Values: Reviving a dormant concept. *Annual Review of Sociology*, 30: 359-393.
- Howe, D. (2009). *A Brief Introduction to Social Work Theory*. Basingstoke: Palgrave Macmillan.
- James, W. (2010). *The Principles of Psychology*. Digireads.com.
- L'Écuyer, R. (1992). An experiential-developmental framework and methodology to study the transformations of the self-concept from infancy to old age. In T. M. Brinthaup & R. P. Lipka (Eds.), *The Self: Definitional and Methodological Issues* (pp. 96-136). State University of New York Press, Albany.

- Lester, D. (2012). A multiple self-theory of the mind. *Comprehensive Psychology, 1*: Article 5.
- Lynne G. D. (2006). On the economics of selves: Toward a metaeconomics. In M. Altman (Ed.), *Handbook of Contemporary Behavioral Economics: Foundations and Developments* (pp. 99-124). M.E. Sharpe, Inc.
- Marsh, H. W., Byrne, B. M. & Shavelson, R. J. A (1992). Multidimensional, hierarchical self-concept. In T. M. Brinthaup & R. P. Lipka (Eds.), *The Self: Definitional and Methodological Issues* (pp. 44-95). State University of New York Press, Albany.
- Metaxas, E. (2013). The war on the unborn. *Human Life Review, 39*(3): 13-19.
- Moldoveanu, M. & Stevenson, H. (2001). The self as a problem: The intra-personal coordination of conflicting desires. *Journal of Socio-Economics, 30*: 295-330.
- Moore, R. D. (2006). Sinners together. *Touchstone: A Journal of Mere Christianity, 19*(1): 3-4.
- Myers, D. G. (2008). *Exploring Psychology*. Worth Publishers.
- National Association of Social Workers. (1996). *NASW code of ethics*. Washington, DC: Author.
- Norkus Z. (2012). *On Baltic Slovenia and Adriatic Lithuania. A Qualitative Comparative Analysis of Patterns in Post-communist Transformation*. Vilnius: Apostrofa/CEU Press.
- Pardeck, J. T. & Meinert, R. (2007). *Should abortion rights be an accepted social work values*. In H. J. Karger, J. Midgley, P. A. Kindle & C. B. Brown (Eds.), *Controversial Issues in Social Policy* (pp. 157-163). Pearson Education.
- Pollitt, K. (2014). Abortion: No more apologies. *Nation, 299*(19): 12-17.
- Stainton, R. W. (2011). *Social Psychology*. Maidenhead, Berkshire, England: McGraw Hill Open University Press.
- Teraji, Sh. (2009). The economics of possible selves. *The Journal of Socio-Economics, 38*: 45-51.
- Ting-Toomey, S. & Oetzel, J. G. (2006). Introduction to interpersonal conflict. In S. Ting-Toomey & J. G. Oetzel (Eds.), *The SAGE Handbook of Conflict Communication: Integrating Theory, Research, and Practice* (pp. 99-105). Thousand Oaks, Calif : SAGE Publications.
- Ślęczka, K. (2005). *Feminizmas*. Vilnius: Mintis.
- Ziegler, M. (2013). Women's rights on the right: The history and stakes of modern pro-life feminism. *Berkeley Journal of Gender, Law & Justice, 28*(2): 232-268.
- Verplanken, B., Trafimov, D., Khusid, I. K., Holland, R. W. & Steentjes, G. M. (2009). Different selves, different values: Effects of self-construals on value activation and use. *European Journal of Social Psychology, 39*(6): 909-919.
- Vohs, K.D. & Baumeister, R. F. (2007). *Encyclopedia of Social Psychology*. Thousand Oaks, Calif: Sage Publications.

# Moral Dilemmas in Care for the Homeless: What Issues Do Professionals Face, How Do They Deal With Them, and Do They Need Ethics Support?

Ruth P. Spijkerboer, Ph.D. Candidate  
Leiden University of Applied Science  
[spijkerboer.r@hsleiden.nl](mailto:spijkerboer.r@hsleiden.nl)

Guy A. M. Widdershoven, Ph.D.  
Institute for Health and Care Research, Amsterdam  
[g.widdershoven@vumc.nl](mailto:g.widdershoven@vumc.nl)

Jaap van der Stel, Ph.D.  
Leiden University of Applied Science  
[stel.vd.j@hsleiden.nl](mailto:stel.vd.j@hsleiden.nl)

Bert Molewijk, Ph.D.  
Centre for Medical Ethics, University of Oslo, Norway  
[a.molewijk@vumc.nl](mailto:a.molewijk@vumc.nl)

*The Journal of Social Work Values and Ethics*, Volume 13, Number 2 (2016)  
Copyright 2016, ASWB

This text may be freely shared among individuals, but it may not be republished in any medium without express written consent from the authors and advance notification of ASWB.

## **Abstract**

This qualitative study investigates/describes moral dilemmas faced by professionals working in care for the homeless in the Netherlands. It shows that moral dilemmas are related to rules, professional guidelines, care for the client's autonomy, coercion and maintaining the client's trust. Rules and guidelines also help professionals deal with their dilemmas, as does deliberation, individually or in consultation with others. The professionals are interested in ethical support.

*Keywords:* moral dilemmas, dealing with dilemmas, need for ethics support, care for the homeless, homeless youngsters, ethics support services

## **Introduction**

Professionals in care for the homeless face, as in other care and service domains, various moral issues (Banks, 2012; Hem, Molewijk & Pederson, 2014; Kanne & Keinemans, 2013; McGrath & Pistrang, 2007; Renedo, 2013; Timms & Borrell, 2001). Often these issues take the form of moral dilemmas (Banks & Williams, 2004; Kanne & Keinemans, 2013). A dilemma is a situation in which a professional experiences the necessity to choose between two options, both with damage as a result and coupled with feelings of regret, guilt or remorse (Banks & Williams, 2004; Macintyre, 1990; Nussbaum, 1986). It is insufficiently clear which dilemmas professionals face in care for the homeless and how they deal with these dilemmas. The present research attempts to fill this gap by describing the dilemmas professionals in a Dutch institution for care for the homeless encounter, how the professionals deal with the dilemmas and whether ethical support is needed.

Homeless people often are confronted with multiple problems: psychiatric diseases and/or mental retardation, addiction, behavioral and financial problems and are seen as troublesome care avoiders (McGrath & Pistrang, 2007; Renedo, 2013; Schout, 2007). In addition, they rarely have a good family or other support network (McGrath & Pistrang, 2007). Homeless youths between 18 and 27 years old, sometimes bearing responsibility for their own young children, are seen as a difficult group to help (McGrath & Pistrang, 2007). They try to stay out of reach of tutelage of (sometimes forensic) youth care, while, at the same time they are unable to meet the challenges and responsibilities related to adulthood. Despite initiatives to solve this problem, care institutions do not seem to be able to reach the homeless youths. Some authors doubt whether homeless youths are adequately helped with problems in the field of mental health, substance use and physical/sexual abuse (McGrath & Pistrang, 2007; Steketee, Vandenbroucke & Rijkschroeff, 2009).

In caring for the homeless in general and homeless youths in particular, professionals experience dilemmas on the cutting edge, caught between human compassion and statutory demands (Banks, 2010; Renedo, 2013). One example of the many dilemmas: should care be given to a homeless boy, who will be exposed to contact with other, addicted, homeless adults, staying in the institution that night or not? Or should he be sent back to the streets, where other dangers may threaten him?

Two recent developments in the organization of Dutch care can change and even increase the moral dilemmas that professionals face. First, two new laws, the WMO (Social Support Act) and the Youth Care Act, came into force in 2015. This means that emphasis is and will increasingly be on recovery, empowerment, client-centered care and informal care. In addition, cuts in expenditures sharpen the conflict between striving to achieve good quality care and at the same time meeting the requirement of cost efficiency. This conflict may put professionals under increasing pressure, as is the case in the UK (Banks, 2010; McGrath & Pistrang,

2007). Second, at the same time organization of (youth) care is decentralized in order to make care tailor made. New methodological guidelines and organizational changes will force professionals of different disciplines and different organizations, with different views and methodological experiences and preferences, to adopt more outreaching roles. The professionals will have to cooperate in order to provide the most appropriate care. New professional roles and the need for multidisciplinary cooperation will likely confront them with additional dilemmas.

Codes of conduct and guidelines are supposed to help professionals perform their new roles in the current circumstances and in dealing with the moral dilemmas they face. Recently, the Dutch professional behavioral code for social professionals was reformulated (Beun & Groen, 2013). Guidelines, protocols and evidence-based methods aim to make professional action transparent and controllable and in line with the increasing demand for accountability from both government and clients. However, some challenges remain. Behavioral codes and guidelines do not suffice in preventing professionals from encountering dilemmas and can even cause new dilemmas (Banks, 2011; Timms & Borrell, 2001). Empowerment through strengthening the client-support network can, for instance, cause a dilemma for the concern for the client's well-being, when the family's readiness to support this client is questionable. Methodical guidelines, institutional or governmental rules and protocols are not applicable to every individual situation. Moreover, evidence-based practices are themselves value-loaded (Hopman, 2012; see also Putnam, 2002) and are seen by some as more prone to control life than to try to understand clients in the different and various circumstances in which they live. Evidence based practices can therefore not provide absolute guidelines for every single situation. As a result, dilemmas can be seen as inherently linked to professional work. Consequences of moral dilemmas can be uncertainty, disharmony in teams and moral distress, as shown by nurses' experiences in health care (Silén, 2011).

Recently, various kinds of clinical ethics support services have been developed in other social welfare and health care domains in order to support professionals in dealing with moral issues. Democratic and dialogical views of professional ethics and ethics support service such as moral case deliberation are advocated (Lindemann, Verkerk & Walker, 2009) and implemented (Molewijk, Zadelhoff, Lendemeijer & Widdershoven, 2008; Weidema, Molewijk, Widdershoven & Abma, 2012). These approaches are based on the assumption that professional practices and dilemmas professionals face are context-sensitive. Paying attention to and supporting the development of morality and wisdom in professionals' practice is useful, according to these views in addition to more top-down, principle-driven ethics support (Banks & Williams, 2004; Borry, Schotsman & Dierickx, 2008; Lindemann, Verkerk & Walker, 2009; Musschenga, 2005). This is in line with Aristotle's ethics (Aristotle, 2008) which focuses on experiential knowledge and practical wisdom.

From an Aristotelian perspective, dilemmas can be regarded as inevitable tragic events (Nussbaum, 1986), which serve as wake-up calls and starting points for reflection and normative dialogue. In order to be able to provide responsible and accountable care, dilemmas urge professionals to investigate and reflect on presuppositions that play a role in their normative stances. This is consistent with ethical reflection as advocated by Banks and Williams (2004) who plea for ethical reflection as part of professionalism, in order to help professionals to reflect on normative issues concerning good care in concrete situations.

Assuming that professionals face dilemmas, and that dilemmas are starting points for practical moral learning, it is therefore important to learn about the dilemmas professionals face and how they deal with them.

Thus, when the management of a Dutch institution for care for the homeless asked the first author to think along with them on possible ethics support services, it was mutually agreed upon to first explore the context. The present study presents

the findings of this investigation. Three research questions will be addressed:

1. Which moral dilemmas do professionals in care for the homeless face?
2. How do professionals deal with the moral dilemmas they face?
3. Do professionals need support in dealing with the moral dilemmas they face?

In this article first the organizational context, then the methodology and results are described, after which results are discussed and conclusions are drawn.

## **Method**

### **Context/background of the study**

The institution for care for the homeless under study is located in the Western part of the Netherlands and provides ambulatory, crisis- and residential care to homeless people or people who might become homeless. Approximately 100 professionals work both as residential and ambulant social workers (next to managers, team coordinators, and workers with facilitating and advisory functions).

The research took place in the first half of 2012.

### **Research design, methods**

Semi-structured interviews (Mertens, 2010) of 45-60 minutes each were conducted. Under the guidance of the researcher/first author, two student researchers, having finished their one-year traineeship in social work and doing the research as part of their final year in social work education, conducted the interviews. A total of 16 interviews were conducted; 15 of the 16 interviews were transcribed. For the 16<sup>th</sup> interview, notes were made immediately after the interview, because it appeared that the voice recorder had not functioned.

After having sent a call for participation by email, 16 professionals (see Table 1) voluntarily signed up as respondents. After having asked what



the respondents meant by the concept dilemma, in order to learn about the meaning they gave to the concept, a definition was given (a situation that leaves one with two choices which cannot be chosen at the same time, both of which have a negative impact), to ensure mutual agreement between interviewer and interviewee on the meaning of the word during the rest of the interview. Next, professionals' experiences of and dealing with dilemmas were openly questioned. After the specific topics concerning the kind of dilemmas (presupposed areas of conflicting values), the way professionals dealt with them were further investigated. Topics were based on (student) researchers' and seven other students' own experiences in social work with dilemmas as former professional (first author) or one-year trainee (students) in different social-work contexts. The topics were: experiencing moral

dilemmas; which dilemmas (possible items: rules, client (system), cooperation); how often, weight of dilemmas (quantitative: 1=not serious, 10=very serious); currently dealing with these dilemmas (possible items: formal/informal consultation, rules); interest in support/support needed (see appendix: Interview questions).

In order to ensure anonymity for the interviewees, the student researchers signed statements of confidentiality. The student researchers were trained in two sessions in various interview techniques such as asking open-ended questions.

**Participants**

Participants differed in educational background, years of experience and age (Table 1).

*Table 1: Background of participants*

<b>16 professionals</b>	<b>Education</b>	<b>Social Work: residential (4), ambulant (9)</b>  <b>Psychology (1)</b>  <b>Pastoral work (1)</b>  <b>Management (1)</b>
	<b>Level</b>	<b>Master (1)</b>  <b>Bachelor (12)</b>  <b>Lower education (3)</b>
	<b>Experience</b>	<b>6 months-10 years</b>
	<b>Age</b>	<b>22-57 years</b>

### **Analysis**

Coding was done in an open way (Mertens, 2010) by former social work professionals, (student) researchers and supervisors.

Codes were first individually identified and described.

The first author collected the individually described sub-codes, compared them with each other and identified differences in views with the help of Atlas.ti. These differences were discussed, after which the final code list was determined.

Dilemmas, whose experienced seriousness was scored by respondents with  $\geq 8$ , or that for instance were described by them as serious or troublesome, were considered as serious dilemmas. Dilemmas, scored with  $\leq 5$ , or for instance described as “not so serious”, were labeled as less serious dilemmas.

### **Research ethics**

No IRB was required for this research. Participants were orally informed of the research goal, that anonymity of the data would be respected and that data would be anonymously stored. All gave their oral consent beforehand to use the questionnaire data for research. Interview respondents gave written consent. In order to respect respondents’ anonymity, tasks or functions of respondents are not mentioned in this article.

### **Results**

The following section describes the dilemmas professionals face, the way they deal with them, and the perceived need for support.

#### **Which moral dilemmas do professionals face?**

##### *Respondents’ definitions of a dilemma*

Respondents gave different definitions of a dilemma. Half of respondents mention a difficult choice as characteristic of a dilemma. Others describe a dilemma as a problem, something related to emotions, something difficult, something that is not quickly solved, or something that one does not know how it should be dealt with. Half

of respondents doubt if dilemmas always cause damage. Some of the respondents see dilemmas as solvable by a creative solution, or think that causing damage is part of the treatment and can, in the end, bring positive results. Refusing care to a boy can result in the fact that:

*.....he seeks contact with his parents, reason why in the end he will be better off. (R4)*

Others relate dilemmas to feelings of discomfort in themselves:

*...that they both cause damage? Sometimes I have a dilemma from within. That you are in a dilemma yourself. (R6)*

##### *Themes and opposing values*

Respondents mentioned just over one hundred dilemmas. Two-thirds of these dilemmas met our definition. The issues that did not meet our definition related to how to deal, for instance, with difficult behavior, or to a situation in which the respondent expressed unease and strongly disagreed with the state of affairs. These issues were *not* further explored in the interviews.

Themes that played an important role in the dilemmas were experienced differently. Whereas some respondents mentioned specific themes, others reported having no problems with the theme.

Often occurring dilemmas concern money (should I give the client extra money or not?), allowing use of alcohol or drugs, and giving or withdrawing care. Half of the respondents mention dilemmas in which young people or little children are involved. In the next section, dilemmas are described in categories referring to conflicting values. This does not mean that categories are mutually exclusive; some dilemmas can be placed in more than one category.

- i. Following existing law/rules/guidelines/protocols or not.*

Many of the respondents feel dilemmas when institutional indication criteria force them to

do things that are, in their opinion, against the well-being of the client. A youngster's situation is often bad enough to cause concern, however, according to the rules, not bad enough to justify an indication for care. In the case of a boy, having no job and no money, sleeping on the streets, but not suffering from addiction and having no particular mental health problems, a respondent told he wanted, but was not allowed, to let the boy in for help:

*....a youngster has many problems, and you see him slide down, but as an institution we cannot do anything. The [institutional] criteria state that he has to be really homeless [before letting him in], and there have to be other problems. (R3)*

Another respondent reports the dilemma of being compelled by governmental provisions to send clients to daytime activities, although clients do not want to go there:

*..... you can't say to someone, off you go into a day activities project.....  
The moral thing is: can you force someone to go to such a project for no reason? (R4)*

A third respondent reports that she has the duty to report dangerous situations to the youth-care authorities. However, at the same time, she feels the duty to protect the safety of a child's life. In her view, reporting and giving the address of the mother to these authorities could create precisely this danger, because the address could be given to the dangerous father with parental rights.

Some respondents feel caught between their duty to keep clients abiding by the rules, when they want to stay in their temporary accommodation, and their concern for the client's well-being when the client does not succeed in doing so.

*ii. Respecting or overruling autonomy.*

A point of great concern for many professionals is preserving respect for client's

autonomy. A respondent reports about a client with a light intellectual disability:

*....she rather suffers from mood swings, [.....], she wants to hold off everything [care], [.....], that is a dilemma. On the one hand, I think, if she doesn't want it, I should not do it [give care], because I can't force her to stay in care, but that would mean that she has to do it all by herself, she would be back to square one. On the other hand, it is her choice. (R13)*

*iii. Maintaining or harming trust.*

Professionals express concern for maintaining a client's trust, which is essential in order to maintain the client's motivation and for the treatment to be successful. A respondent, describing the dilemma between allowing a light mentally disabled woman to refuse help with her financial problems, or forcing her to accept help, says:

*If I force this decision, it can harm her trust, so that is a pretty big problem. (R13)*

A respondent, dealing with a client suspected of having committed a crime, asks himself if he has to report the crime:

*We are not here to play the policeman, it depends on the seriousness of the offence, are you going to do this, with someone who trusts you, or not? (R6)*

*iv. Entering possible conflict with colleagues or not.*

Some professionals describe dilemmas when confronted with disagreements with colleagues: "Shall I keep the issue silent or take the initiative to discuss the disagreement?". Others mention dilemmas related to cooperation with other institutions.

Some give clear examples of dilemmas in cooperation with institutions that work with different visions and regulations from their own. Mental health care institutions, bound to privacy regulations, sometimes will not give the necessary information the respondent wants in order to be able to provide “good care”. Another respondent clashes with a mental health care institution, because the institution only takes care of clients who are able to formulate a clear request for help. She feels torn between doing nothing (harm for the client) and appealing again to the fellow institution (endangering cooperation).

#### *Experiencing of dilemmas*

Respondents experience dilemmas differently. Some see dilemmas as serious, others regard the same dilemmas as daily matters, by which they are not very affected. Some consider a dilemma as more serious when it occurs more often, while others think that a dilemma is less serious when it occurs more often, because they got used to it.

Dilemmas experienced as serious are often related to the well-being of the client. Some respondents mention situations in which the client’s self-destructive behavior (sexual or addictive behavior) causes a dilemma. Dilemmas in which the professional feels obliged to refuse care or to send a client away are also felt as serious, especially when young children are concerned:

*Yes, most of our clients have a bad network, so they count very much on your support, with some clients you can let it go easier than with others. This is rather a young boy, with little experience. You would like to take him home under your arm and give him the feeling that he is safe. That is why, with such a boy, that weighs a little heavier than with someone older, who can see things more in perspective. (R13)*

When a client’s life is at stake, the seriousness of a dilemma is felt very strongly:

*We cannot do anything. We have talked it over with him, but in the end it is his own choice to drink himself to death. [.....] I really would like to let him be admitted, a mandatory admission or such, because he endangers himself. [.....] These kind of things, I take home with me. (R5)*

Less serious experienced dilemmas are dilemmas related to material problems of the client: should the professional give the agreed amount of money, or more, when the client asks for it?

#### **How do professionals deal with dilemmas?**

##### *i. Rules as a help.*

While some respondents mention protocols and rules as the cause of dilemmas, many of the respondents also mention protocols and rules as helping them to deal with dilemmas.

Some explicitly think it is necessary to keep the rules:

*When you face so many dilemmas, you have to think far too much about all the things you do. That is not good for any one, [.....] but when you have to make these considerations daily, it drives me mad, that is impossible. There are protocols designed for [this], anyway, right? (R 1)*

##### *ii. Method as a help.*

When dealing with a dilemma, a methodical way of asking questions to clients may help. When hesitating to ask further questions to a client who is clearly embarrassed to express himself, a respondent says:

*The solution is in the way of asking questions. (R3)*

Such an approach apparently helps the client to overcome his embarrassment.

Some respondents take refresher courses such as “How to deal with aggression,” offered by the institution, and express that these methods help them learn to deal with dilemmas.

*iii. Deliberation with colleagues.*

Many respondents mention discussing their dilemmas with colleagues in formal or informal meetings. They put dilemmas on the agenda of multidisciplinary meetings, interventions<sup>1</sup>, or when transferring information to their colleagues. Some prefer to discuss their dilemmas with their superiors, or want their superiors to be responsible. Sometimes information is obtained from another institution, and such information is used as advice in dealing with the dilemma at hand. It is not clear whether all these kinds of consultations are especially aimed at dealing with dilemmas. Some respondents say explicitly it is important to hear what others would have done in their place.

*iv. Following one’s own principles.*

Many respondents also make their own decisions in the dilemmas they face. Some of them explicitly follow their own principles, like the right to autonomy, or the principle of not endangering the safety of clients or colleagues. Others explain their own considerations in dealing with a dilemma, without explicitly referring to a specific value. A respondent says he will always follow a client’s wishes, unless others will be harmed, or in the case of a criminal offence.

*I think: the customer comes first. (R2)*

*v. Following intuition versus eliminating feelings.*

Some respondents consider their intuition to be an important advisor in dealing with dilemmas. Others consider eliminating their feelings to be the most advisable way of dealing with dilemmas, thus apparently opposing their intuition.

**What are professionals’ needs for support in dealing with dilemmas?**

When asked if they need support in dealing with dilemmas, professionals give different answers. Some report there is enough room to bring up their questions. They mention intervision, supervision, meetings meant for discussing clients, formal and informal gatherings with their team manager and/or colleagues as opportunities to discuss their problems and dilemmas. Giving an example of such a problem or dilemma, a respondent says:

*There are team meetings [.....] in which you can discuss dilemmas. You can make mention of aggression for instance, when you deal with that, and that is discussed, yes. (R3)*

Others experience dealing with dilemmas as their own responsibility. Help with dilemmas requires one’s own initiative. This means that special attention for dealing with moral dilemmas is unnecessary, according to a respondent:

*When I need support, I ask it and I get it. (R1)*

Some see the need for support as related to the number of years of experience as a professional:

*For me personally, there is enough support. [.....] The longer you work here, the more experienced you are and the less support you need. But when you just begin with this kind of work, it is quite different. (R2)*

Others consider the attention for dealing with dilemmas as insufficient, or explicitly express additional need for support in dealing with problems and dilemmas. They suggest intervision as a possible aid for discussing problems and dilemmas. Half of respondents welcome, or are interested in, the idea of having the opportunity to question ingrained habits in a moral case deliberation, if possible, or

<sup>1</sup>A Dutch method in which health-care professionals discuss problems related to their work in order to help each other practically and personally.

expresses the assumption that other people know more than they do.

*I think it is only right. I mean, surely you're a little blind, you think you do everything right and you think you know everything, but you can always overlook things. (R6)*

*It is always good to share things, and to view cases from different perspectives. You are often following your own single track. (R7)*

Some show no special interest in moral case deliberation, but give it the benefit of the doubt.

## **Discussion**

First the findings concerning the dilemmas professionals face and the way they experience dilemmas are discussed. Subsequently, the way professionals deal with dilemmas and the need for ethics support will be discussed.

### **Experiencing dilemmas**

Respondents experience different dilemmas and not all respondents experience dilemmas in the same way: what some call a dilemma, or even a serious dilemma, is less serious, or no dilemma at all, for others. This finding matches the findings of Banks and Williams (2004), Hem, Molewijk and Pedersen (2014) and Kanne and Keinemans (2013). Professionals' experiences and descriptions of dilemmas are apparently not identical, even when they discuss the same situation.

Banks and Williams (2004; Banks, 2012) and Kanne and Keinemans (2013), describe the way professionals talk about "ethically difficult situations", and distinguish between "issues", "problems/questions" and "dilemmas". It is possible that professionals in our study experience dilemmas as tensions, which they do not question in a moral way, when they speak of "problems", or when they describe dilemmas as not being serious.

Some ask themselves how to act properly, without explicitly expressing that they themselves feel urged to choose. The stances they take are or may be part of public or professional agreed morality, but nevertheless cause tensions. Hem, Molewijk and Pedersen (2014), describe the dilemmas mental health professionals face in their work, suggesting that the professionals they investigated intermingle ethical and professional questions. The data presented here confirm this image of intermingling different questions and of how professionals experience ethical issues in their work. Assuming methodical and professional questions to be value-loaded and intertwined with ethical questions, in line with the assumptions of Hem, Molewijk and Pedersen (2014), this is not surprising. In all cases, it seems to be necessary to enhance professional moral awareness, in order to help professionals recognize the different questions they have and to deal with moral dilemmas in particular.

From our data it follows that dilemmas and dealing with dilemmas are context sensitive. This is in line with the view of MacIntyre (1990), who argues that dilemmas cannot be seen as facts, independent of general moral reasoning and other existing theories and personal experience/view. This vision is consistent with hermeneutical visions, asserting that different persons give different meanings, even when confronted with the same facts. These meanings are dialogically framed in a historically developing context of many other meanings (Gadamer, 2004). This suggests that there is not one way of dealing with dilemmas and that professionals should first exchange and learn from the way they experience dilemmas, before being able to consider the best ways of dealing with them.

### **Which dilemmas?**

Professionals experience dilemmas related to rules, to their endeavor to secure the feeling of autonomy of their clients, to trying to guarantee trust, and related to cooperation with their own colleagues or with other institutions.

They seem to be very committed to their clients and feel very responsible for the well-being of their clients. Professionals in our research feel most and serious dilemmas when they have to enforce rules, which they see as harmful to clients' or youngsters' well-being. McGrath and Pistrang (2007) and Renedo (2013) draw similar conclusions in their studies. They describe, among other things, the dilemmas which professionals in voluntary and community sector organizations experience. According to McGrath and Pistrang, professionals feel torn between their strong caring ethos, trying to include and empower the homeless, and the increasing reification and increasing governmental restrictions and regulations that prevent them to deliver the good care they want to deliver. Similarly, Renedo (2013) distinguishes, among others, enforcement versus support as a core theme in the tensions felt by both professionals and residents in homeless-youth care. Professionals want to provide the youngsters with emotional support but have, at the same time, the duty to enforce rules, which prevents them from giving this support.

### **Need for ethics support?**

Experiencing dilemmas can, according to Silén (2011), increase moral distress, which can in turn affect job satisfaction and be harmful to the quality of care (Dalmolin, Lunardi, Barlem & Silveira, 2012). It is therefore important to investigate professionals' need for support when they face dilemmas.

Professionals feel supported by rules in dealing with dilemmas. It seems that rules and guidelines are useful in maintaining agreed morality, although apparently not for every concrete situation. Further research can possibly shed more light on the question under which circumstances professionals experience rules as helping them deal with dilemmas and under which circumstances they do not.

When dealing with dilemmas, many professionals deliberate with others. It is not clear whether or not these deliberations mean explicit moral deliberations, aimed at equivalent exchange of perspectives and joint research and reflection on presuppositions that are important in examining the

moral question. It is also possible that the gatherings are aimed at asking for and giving advice to each other.

Professionals also make decisions by themselves, explicitly or implicitly making use of their own convictions.

Half of the professionals were interested in, or even welcomed, ethical support. Some did not, indicating that they have enough other means for consultation, such as in supervision, intervision or in other, informal gatherings. The professionals who expressed themselves while using the concepts 'problems' and 'dilemmas' as equivalent seemed to be less interested in additional ethical support. The existing means of ethical support seems to fulfill the role of implicit clinical ethical support; Dauwerse, Weidema, Abma, Molewijk & Widdershoven (2014) also described this. As assumed above, professionals seem to intermingle professional and methodical problems on the one hand and moral questions and dilemmas on the other. The conclusion that the degree of moral awareness, recognizing dilemmas as issues concerning conflicting values instead of as personal or professional questions, goes hand in hand with the perceived need for support in dealing with dilemmas, seems therefore justifiable. In that case it is necessary to enhance professionals' moral awareness. Enhanced moral awareness can possibly improve professionals' competence to ask for the appropriate support associated with the specific question. Professional and methodical issues on the one hand require reflection on problems and personal functioning within the existing framework, as intervision or supervision. Moral dilemmas and questions on the other hand require reflection on the professional framework itself, a view that is in line with the plea for "practising ethical reflexivity" as advocated by Banks & Williams (2004, p 21).

### **Limitations and Strengths**

Like the research of Hem, Molewijk and Pedersen (2014), Kanne and Keinemans (2013), Renedo (2013), McGrath and Pistrang (2007), our research concerns context-dependent data and a limited number of participants. Although conclusions drawn in the studies mentioned and in the present study are not generalizable, conclusions

are comparable, and may confirm and strengthen, or weaken claims. They may also generate new research questions. General validity of the research findings can be enhanced in the future by investigating data in other care institutions for the homeless and homeless youth. In this way more can be said about context-dependent factors influencing the dilemmas experienced by professionals, the way they deal with them and the possible support they need in this specific care context.

### Conclusion

Professionals in care for the homeless face many dilemmas, related to rules, client's autonomy and trust, and to cooperation with diverse colleagues. Dilemmas with homeless youngsters, even more when little children are concerned, are seen as very serious.

Professionals deal in different ways with their dilemmas. Codes and guidelines, deliberation with others or by themselves, and the use of intuition are means to help professionals deal with their dilemmas. Half of the professionals of the institution under study are interested in ethical-support means, although some feel sufficiently supported in dealing with their problems and dilemmas.

### References

- Aristotle. (2008). *Ethica Nicomachea*. (C. Hupperts, Trans.). Budel: Uitgeverij Damon.
- Banks, S., & Williams, R. (2004). Accounting for ethical difficulties in social welfare work: Issues, problems and dilemmas. *British Journal of Social Work, 35*(7), 1005–1022.
- Banks, S. (2010). *Ethical issues in youth work*. New York: Routledge.
- Banks, S. (2011). Ethics in an age of austerity: Social Work and the evolving new public management. *Journal of Social Intervention: Theory and Practice, 20*(2), 5–23.
- Banks, S., (2012). *Practicing social work ethics around the world*. London and New York: Routledge.
- Beun, M., & Groen, A. (Eds.). (2013). *Beroepscode voor Sociaal Agogisch Werk. (Behavioral code for social professionals)* NVMW, Utrecht.
- Borry, P., Schotsmans, P., & Dierickx, K. (2008). The origin and emergence of empirical ethics. *Empirical Ethics in Psychiatry* (pp. 37–51). New York: Oxford University Press Inc.
- Dalmolin, G. L. de; Lunardi, V. L.; Barlem, E., L., D., & Silveira, R. S. da. (2012). Implications of moral distress on nurses and its similarities with burnout. *Texto contexto, 21*(1).
- Dauwerse, L., Weidema, F., Abma, T., Molewijk, B., & Widdershoven, G. (2014). Implicit and explicit clinical ethics support in The Netherlands: A mixed methods overview study. *HEC Forum, 26*(2), 95-109.
- Gadamer, H.-G. (2004). *Truth and method*. New York: Continuum International Publishing Group.
- Hem, M. H., Molewijk, B., & Pedersen, R. (2014). Ethical challenges in connection with the use of coercion: A focus group study of health care personnel in mental health care. *BMC Medical Ethics, 15*(82).
- Hopman, M. (2012). *Unraveling the hidden curriculum*. Retrieved from <http://dspace.library.uu.nl/handle/1874/254581>
- Kanne, M., & Keinemans, S. (2013). The practice of moral action: A balancing act for social workers. *Ethics and Social Welfare, 7*(4), 379–398.
- Lindemann, H., Verkerk M., & Walker, M.U. (red.) (2009). *Naturalized bioethics: Toward responsible knowing and practice*. Cambridge: Cambridge University Press.
- Macintyre, A. (1990). Moral dilemmas. *Philosophy and Phenomeno-logical Research, 1*(50), 367–382.
- McGrath, L., & Pistrang, N. (2007). Policeman or friend? Dilemmas in working with homeless young people in the United Kingdom. *Journal of Social Issues, 63*(3), 589–606.
- Mertens, D. (2010). *Research and evaluation in education and psychology. Integrating diversity with quantitative, qualitative, and mixed methods*. Los Angeles: Sage publications.
- Molewijk, A. C., Zadelhoff, E. van, Lendemeijer, B., & Widdershoven, G. (2008). Implementing moral case deliberation in Dutch health care;



- improving moral competency of professionals and the quality of care. *Bioethical Forum*, 1(1), 57–65.
- Musschenga, B. (2005). Empirical ethics, context-sensitivity and contextualism. *Journal of Medicine and Philosophy*, 30(5), 467–490.
- Nussbaum, M. (1986). *The fragility of goodness*. Cambridge: Cambridge University Press.
- Putnam, H. (2002). *The collapse of the fact/value dichotomy*. Cambridge: Harvard University Press.
- Renedo, A. (2013). Care versus control: The identity dilemmas of UK homelessness professionals working in a contract culture. *Journal of Community & Applied Social Psychology*, 24(3), 220–233.
- Schout, G. (2007). *Zorgvermijding en zorgverlamming: een onderzoek naar competentieontwikkeling in de Openbare Geestelijke Gezondheidszorg (Care avoidance and care paralysis. A study in competence development in public mental health care)*. Retrieved from <http://dissertations.ub.rug.nl/faculties/gmw/2007/g.h.schout/?pLanguage=en&pFullItemRecord=ON>
- Silén, M. (2011). *Encountering ethical problems and moral distress as a nurse. Experiences, contributing factors and handling*. Retrieved from <http://hj.diva-portal.org/smash/get/diva2:450421/FULLTEXT02.pdf>
- Steketee, M., Vandenbroucke, M., & Rijkschroeff, R. (2009). *(Jeugd)zorg houdt niet op bij 18 jaar. (Care for youth does not stop at 18 years)*. Retrieved from [http://www.verwey-jonker.nl/doc/jeugd/Jeugdzorg%20houdt%20niet%20op%20bij%2018%20jaar\\_2697.pdf](http://www.verwey-jonker.nl/doc/jeugd/Jeugdzorg%20houdt%20niet%20op%20bij%2018%20jaar_2697.pdf)
- Timms, P., & Borrell, T. (2001). Doing the right thing – Ethical and practical dilemmas in working with homeless mentally ill people. *Journal of Mental Health*, 10(4), 419–426.
- Weidema, F., Molewijk, A. C., Widdershoven, G. A. M., & Abma, T. A. (2012). Enacting ethics: Bottom-up involvement in implementing moral case deliberation. *Health Care Anal*, 20(1), 1–19.

## **Appendix: Interview Questions**

1. Background information (function, education, years of experience, age, gender)
2. What does the word dilemma mean according to you? (followed by a definition of the word dilemma to work with during the rest of the interview: A situation in which you have to make a choice between 2 options: whatever you do, not doing the other option has always a negative consequence)
3. Do you encounter dilemmas in your work (possible items: 1. protocols/(methodical) guidelines; 2. Problems related to client (system); 3. Cooperation with other institutions/own colleagues)
  - a. In general (examples, which damage?)
  - b. With youngsters between 16 and 24 years old (examples, which damage?)
    - i. How did you deal with the dilemma?
    - ii. Evaluation?
    - iii. Why was it good/not good?
    - iv. What would you do next time, encountering the same dilemma?
    - v. How heavily did you experience this dilemma on a scale of 1-10 (1=not serious, 10=very serious)?
    - vi. How often do you encounter this dilemma?
4. Is there any focus on dealing with dilemmas in the institution (possible items: 1. formal consultation, like multidisciplinary meetings, intervision, supervision; 2. informal consultation; 3. protocols/(methodical) guidelines, refresher courses/theme discussions)?
5. Would you want/prefer any/more different/less support in dealing with dilemmas?
  - a. If yes: What do you need?
  - b. Are you familiar with moral case deliberation?

We thank Gineke Tromp and Inge Slot for their contribution as student researchers to this research.

# Personal and Professional Values: Relationships Between Social Workers' Reproductive Health Knowledge, Attitudes, and Ethical Decision-Making

Virginia Ramseyer Winter, MSW, Ph.D.  
University of Missouri  
[RamseyerWinterV@missouri.edu](mailto:RamseyerWinterV@missouri.edu)

Shanna K. Kattari, M.Ed., ACS  
University of Denver  
[shanna.kattari@du.edu](mailto:shanna.kattari@du.edu)

Stephanie Begun, MSW, Ph.D. Candidate  
University of Denver  
[stephanie.begun@du.edu](mailto:stephanie.begun@du.edu)

Kimberly McKay, Ph.D., LSW, M.Ed.  
Temple University  
[kimberly.mckay@temple.edu](mailto:kimberly.mckay@temple.edu)

*The Journal of Social Work Values and Ethics*, Volume 13, Number 2 (2016)  
Copyright 2016, ASWB

This text may be freely shared among individuals, but it may not be republished in any medium without express written consent from the authors and advance notification of ASWB.

## Abstract

Many social workers practice within organizations where sexual and reproductive health are relevant and important topics. However, there is currently a dearth of research investigating social workers' attitudes about sexual health, and ethical decision-making concerning sharing reproductive knowledge and resources with their clients. This study surveyed MSW students ( $N = 443$ ) to explore further how perceived abortion knowledge and anti-abortion attitudes are related to their perceptions of ethical decision-making around reproductive health. Results indicate students' greater endorsements of anti-abortion attitudes are significantly associated with higher perceptions of reporting an inability to help clients who are considering reproductive health decisions with which they personally disagree. Conversely, students' perceived abortion-related knowledge was not associated with their

perceptions of ethical decision-making pertaining to reproductive health. The implications are discussed.

*Keywords:* social work, social work education, MSW, reproductive health, ethical decision-making

## Introduction

The Council on Social Work Education (CSWE) 2015 Educational and Practice Standards (EPAS) do not require social work programs to include sexual or reproductive health related competencies within either classroom or field placement curriculum (CSWE, 2015). Even though many social workers practice in organizations where discussions about sexual health are relevant, there is currently a scarcity of research investigating social work practitioner/social work student attitudes about sexual health, and ethical decision-making of social workers concerning sharing reproductive and

sexual health knowledge and resources with their clients. This study explores, more narrowly, how perceived abortion knowledge and anti-abortion attitudes of MSW students in the United States are related to their perceptions of ethical decision-making about reproductive health.

### **Social work values and ethics**

According to the National Association of Social Workers (NASW), "every individual, within the context of her or his value system, must have access to family planning, abortion, and other reproductive health services" (NASW, 2015, p. 117). Additionally, the NASW *Code of Ethics* includes foundation practice values of social justice and dignity and worth of a person, both of which strongly support the rights of individuals to access education and services connected to sexual and reproductive health, as does the social work ethical principle of client self-determination (NASW, 2008). These core professional tenets are further cited as the primary logic that was used in the development of the NASW's aforementioned official policy statement on family planning and reproductive health (NASW, 2015). Moreover, within the 2015 EPAS Competency #2, CSWE states that social work students should "apply self-awareness and self-regulation to manage the influence of personal biases and values in working with diverse clients and constituencies" (CSWE, 2015, p.7). However, as CSWE does not explicitly require sexual and reproductive health education to be included in social work education curricula, it is evident that social work's professional organizations may support clients' overall access to reproductive health services, including abortion, yet perhaps do not overtly emphasize further educating and training social workers regarding these topics.

### **Review of the Literature**

Abortion is a common medical procedure in the United States, with over one third of women having an abortion by the age of 45 (Finer & Henshaw, 2006). Although there are assumptions with regard to the personal characteristics of women

who have abortions, research has shown that women of all races, ethnicities, socioeconomic classes and other demographics have had abortions (Henshaw & Cost, 2008). Despite the common nature of abortion procedures in the U.S., attitudes regarding abortion vary. In a study of 13-29-year-olds, 74% supported abortion, but support for abortion varied based on circumstance (Altshuler, Storey, & Prager, 2015). This is consistent with adult abortion attitudes. In a study of U.S. adults, 7.2% identified as anti-abortion and 31% pro-choice regardless of the reason, with most of US adults somewhere in the middle (Smith & Son, 2013).

According to Ely, Flaherty, Akers, and Noland (2012), "social workers may be the first point of contact for a woman facing an unintended pregnancy" (p. 36). Given that many potential social work clients may be faced with the need to make decisions regarding abortions and reproductive health care and that social workers may often be the people clients turn to when considering abortion services, social workers must be knowledgeable about this topic, the profession's values and broader stance on abortion, and how discussions and decision-making pertaining to abortion may arise in practice. Ely and Dulmus (2010) call for the field of social work to do more regarding access to reproductive health care and abortion for vulnerable populations, regardless of individuals' personal beliefs, because of the foundational social work value of social justice that is connected to access to choice about an individual's body. As such, a better understanding of social workers' personally- and professionally-held values and ethics regarding abortion will help to better consider how social workers aid clients in their abortion knowledge and resource acquisition, and ultimately, client's abortion decision-making. .

However, despite this need for social workers to be prepared to serve clients regarding topics of reproductive health, and particularly abortion, there is a scarcity of research in the social work field exploring how these topics are discussed as well as how social work students and practitioners make

decisions surrounding these issues (Begun, Kattari, McKay, Ramseyer Winter, & O'Neill, 2016; Flaherty et al., 2012). Extant research suggests that complex sociodemographic identities of individual social work students, such as political affiliation and religiosity, are highly associated with their attitudes toward abortion and birth control, as well as the extent to which they endorse sexual permissiveness (Begun et al., 2016). Other research indicates that the amount of sexual health information and training a student receives in the classroom or field placements, particularly pertaining to topics such as abortion and birth control, is positively associated with their views of sexual health as important to the field of social work (Ramseyer Winter, O'Neill, Begun, Kattari, & McKay, 2016). Beyond these burgeoning studies, additional research is warranted to further understand the complex relationships between social workers' identities, values, and decision-making pertaining to reproductive health issues, including ones that are notably controversial and value-laden, such as abortion.

In the past 15 years, there have been a large number of social work researchers and scholars committed to exploring issues related to sexual health and demonstrating the need for a more conspicuous focus within the field (e.g. Auslander et al., 2002; Ballan, 2008; McCave, Shepard, & Ramseyer Winter, 2014; Begun, 2015; Begun & Walls, 2015; Begun et al., 2016; Brennan, Emlet, & Eady, 2011; Dunk, 2007; Flaherty, Ely, Akers, Dignan, & Noland, 2012; Kattari, 2014; Begun, 2014; Ramseyer Winter et al., 2016; Mitchell & Linsk, 2001; Russell, 2012; Thompson & Auslander, 2011). Most recently, scholars have called for the inclusion of sexual health information in social work education curricula as a human rights issue, suggesting that based on the values and ethics position indicated by NASW, as well as the fact that social workers frequently engage with diverse and often vulnerable individuals/communities that may have a plethora of needs for sexual and reproductive health information and resources, social work as a field should move to facilitate education, policies, and research that support the sexual rights of *all* individuals (WRamseyer Winter et al., 2016).

The current study seeks to further contribute to this gap in the literature by answering the following research question: Among MSW students, what is the relationship between anti-abortion attitudes and perceived abortion knowledge with perceived ethical decision-making about reproductive health, while controlling for political affiliation, MSW program region, religiosity, sex, and sexual orientation? We hypothesized: 1) Participants with higher anti-abortion attitudes will be more likely to indicate an inability to serve a client who is seeking to make a reproductive health choice he/she personally disagrees with; and 2) Participants with lower levels of perceived abortion-related knowledge would be more likely to indicate an inability to serve a client who is seeking to make a reproductive health choice he/she personally disagrees with.

## **Method**

### **Procedures**

The survey was designed by a group of 10 sexual health social work scholars in 2014. Survey data were collected using Qualtrics after obtaining IRB approval. A combination of convenience, snowball, and purposive sampling techniques were used to recruit the sample in the current study. Each of the scholars disseminated the survey link to social work students at their respective institutions and social work faculty from other institutions also agreed to circulate the survey link. Some participants anecdotally reported forwarding the survey link to additional social work students, and the survey link was posted on a reproductive justice social media page and website. When students clicked on the survey link, they were invited to take a survey about their experiences with sexual and reproductive health topics in social work education. The survey was both anonymous and confidential. Data were collected for approximately seven months in 2014.

### **Measures**

#### *Anti-abortion attitudes*

Informed by existing literature (Begun & Walls, 2015; Walls, 2005), anti-choice attitudes were measured with 5 items on a 4-point scale (1

= strongly disagree; 4 = strongly agree). Sample items include: "State laws should require parental consent before a teenager under 18 can have an abortion" and "Decisions to terminate a pregnancy should be a matter between a woman and her doctor". As applicable, items were reverse coded and then averaged for each participant to create an anti-abortion attitudes continuous score. A higher score reflects greater anti-abortion attitudes. The internal consistency of the anti-abortion attitudes scale among the current sample is high ( $\alpha = .93$ ).

#### *Perceived abortion knowledge*

Perceived knowledge about abortion was measured with one question with responses of 1 (strongly disagree) to 4 (strongly agree): "I feel I would know how to help a client who requested information about abortion (e.g., resources for where to learn more about the topic, where to obtain, cost, legality/rights; etc.)."

#### *Perceived ethical decision-making regarding reproductive health*

Perceived ethical decision-making regarding reproductive health was measured with one question with responses of 1 (strongly disagree) to 4 (strongly agree): "If confronted with a client seeking to make a reproductive health choice I personally disagreed with, I would be unable to serve that client."

Prior to answering this question in the survey, participants were provided with the following definition of reproductive health:

A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the rights of men and women to be informed and to have access to safe, effective, affordable and

acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate healthcare services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant (United Nations, 1994, para. 7.2a).

Due to a lack of variance in the data required for multinomial logistic regression, this variable was dichotomized so that participant responses of any amount of agreement, including slightly disagree, were combined (0 = strongly disagree; 1 = slightly disagree, slightly agree, or strongly agree).

#### *Covariates*

All analyses controlled for political affiliation, religiosity, age, and sex.

**Political affiliation.** Participant political affiliation was measured with one item: "Politically, I tend to think of myself as..." There were five response options: Conservative, independent, liberal, moderate, and not politically-affiliated. The variable was dummy coded with liberal as the reference group.

**Religiosity.** Participants' religiosity scores were determined via 3 questions, which were informed by prior research efforts (Begun & Walls, 2015; Walls, 2005). The 3 items included: "In my daily life, I would say religion provides me with..." Response options were: 1 = no guidance, 2 = little guidance, 3 = some guidance, 4 = quite a bit of guidance, and a 5 = a great deal of guidance. Participants were also asked, "I attend religious services..." Response options included: 1 = more than once a week, 2 = once a week, 3 = once or twice a month, 4 = a few times a year, and 5 = never. The third item asked participants, "Outside of attending religious services, I pray or engage in spiritual meditation..." Response options were: 1 = several times a day, 2 = once a day, 3 = a few times a week, 4 = once a week or less, and 5 = never. As relevant, items were reverse coded so that highest numerical

responses depicted highest religiosity. The internal consistency for the religiosity scale variable among the current sample is high ( $\alpha = .88$ ).

**Sex.** Sex was measured with one question: "My sex is..." Participants were given three response options: Female, male, or intersex. None of the current sample identified as intersex; thus, the variable was dichotomous with female as the reference group.

**Age.** Age was measured with one question: "My age (in years) is..." Age was included as a continuous variable.

### **Data analysis**

Data were analyzed using IBM SPSS Statistics Version 23. Descriptive analyses were examined to determine the characteristics of the sample and logistic regression analysis were performed to test the aforementioned hypotheses.

## **Results**

### **Participants**

For the purposes of the current study, the original sample ( $N = 504$ ) was narrowed to only include MSW students ( $n = 443$ ). The participants were enrolled in social work programs across the country, with 35.2% from the Rocky Mountain region, 21.7% from the Midwest, 15.6% from the South or Southeastern U.S., 10.8% from the Western part of the U.S., 8.8% from Mid-Atlantic U.S., and 7.9% from the Northeast. The majority of the participants identified as liberal (70%), straight/heterosexual (82.4%), White (81.0%), and female (86.0%). The mean age of the sample was 28.47 ( $SD = 5.40$ ). For a full list of sample demographics, refer to Table 1.

### **Descriptive statistics**

The majority of the sample (82.3%) strongly disagreed that they would not be able to serve a client seeking to make a reproductive health choice he/she did not personally agree with, yet only 10.1% strongly agreed that they would know how to help a client who requested information about abortion. The mean anti-abortion attitudes scale score was

1.60 ( $SD = 0.85$ ) on the 4-point scale with higher scores representing greater anti-abortion attitudes, and the mean religiosity scale score was 2.27 ( $SD = 1.05$ ) on the 5-point scale with higher scores indicating higher levels of religiosity. Refer to Table 2 for a complete list of descriptive statistics.

### **Logistic regression analyses**

Hypothesis 1 was that participants with higher anti-abortion attitudes would be more likely to indicate an inability to serve a client who is seeking to make a reproductive health choice he/she personally disagrees with. Anti-abortion attitudes were regressed on perceived ethical decision-making regarding reproductive health, political affiliation, religiosity, sex, and age. The generated model was significantly different from the constant-only model,  $X^2(8) = 103.01, p < .001$ . Additionally, the model correctly predicted 79.7% of those who strongly disagreed and 72.6% of those who slightly disagreed, slightly agreed, or strongly agreed, for an overall classification rate of 78.6%. Anti-abortion attitudes were significantly related to perceived ethical decision-making while holding other variables constant ( $OR = 3.78, p < .001, CI = 2.29-6.24$ ). Thus, we found support for Hypothesis 1, as higher endorsements of anti-abortion attitudes were related to a greater likelihood of students' perceptions being unable to help clients seeking to make reproductive health decisions with which the student(s) personally disagreed. In addition, age was significantly related to perceived ethical decision-making. Higher age was associated with greater perceptions of being unable to serve clients ( $OR = 0.94, p = .044, CI = 0.88-1.00$ ). Refer to Table 3.

Hypothesis 2 was that participants with lower levels of perceived abortion-related knowledge would be more likely to indicate an inability to serve a client who is seeking to make a reproductive health choice with which he/she personally disagrees. Knowledge about abortion was regressed on perceived ethical decision-making regarding reproductive health, political affiliation, religiosity, sex, and age. The generated model was significantly different from the constant-only model,  $X^2(10) = 81.88, p < .001$ . Additionally,

**Table 1: Participant Demographics (n = 443)**

<b>Characteristic</b>	<b>N</b>	<b>%</b>
<b>Sex</b>		
Female	381	86.0
Male	62	14.0
<b>Race/Ethnicity</b>		
White	359	81.0
Black/African American	22	5.0
Latino(a)	21	4.7
Asian/Asian American/Pacific Islander	11	2.5
Native Hawaiian/Alaska Native	11	2.5
Multiracial	19	4.3
<b>Political Affiliation</b>		
Conservative	33	7.4
Independent	30	6.8
Liberal	310	70.0
Moderate	41	9.3
Not politically-affiliated	29	6.5
<b>University Location</b>		
Northeastern US	35	7.9
Mid-Atlantic US	39	8.8
Southern or Southeastern US	69	15.6
Midwestern US	96	21.7
Rocky Mountain US	156	35.2
Western US	48	10.8
<b>Sexual Orientation</b>		
Straight/heterosexual	365	82.4
Bisexual	15	3.4
Gay	11	2.5
Lesbian	19	4.3
Pansexual	3	0.7
Queer	14	3.2
Questioning	3	0.7
Other	11	2.5
<b>Characteristic</b>		
Age	28.47	5.40



**Table 2: Descriptive Statistics (n = 443)**

Item	Strongly Disagree <i>n</i> (%)	Slightly Disagree <i>n</i> (%)	Slightly Agree <i>n</i> (%)	Strongly Agree <i>n</i> (%)
<b>Perceived abortion knowledge</b>				
I feel I would know how to help a client who requested information about abortion.	78 (17.6)	121 (27.3)	209 (47.2)	35 (7.9)
<b>Perceived ethical decision-making</b>				
If confronted with a client seeking to make a reproductive health choice I personally disagreed with, I would be unable to serve that client.	370 (83.5)	44 (9.9)	18 (4.1)	11 (2.5)
<b>Anti-choice attitudes</b>				
Late-term abortions should be illegal in the U.S. in all circumstances.	286 (64.6)	71 (16)	39 (8.8)	47 (10.6)
Decisions to terminate a pregnancy should be a matter between a woman and her doctor.	18 (4.1)	33 (7.4)	42 (9.5)	350 (79)
The government should NOT cover the medical costs of abortions for women who cannot afford the procedure.	322 (72.7)	58 (13.1)	23 (5.2)	40 (9)
Abortion should be legal under all circumstances.	39 (8.8)	57 (12.9)	63 (14.2)	284 (64.1)
State laws should require parental consent before a teenager under 18 can have an abortion.	273 (61.6)	68 (15.3)	63 (14.2)	39 (8.8)
<b>Item</b>	<b><i>M</i></b>		<b><i>SD</i></b>	
Anti-choice attitudes scale score	1.57		0.838	

**Table 3: Logistic Regression Results-Anti-Abortion Attitudes (n = 443)**

Variable	<i>B</i>	<i>Exp(B)</i>	<i>95% CI</i> <i>Exp(B)</i>	
(Constant)	-1.42	0.24		
Anti-abortion attitudes	1.33***	3.78	2.29	6.24
Religiosity	-0.16	0.85	0.60	1.22
Age	-0.07*	0.94	0.88	1.00
<b>Political Affiliation</b>				
Independent	0.13	1.14	0.27	4.68
Liberal	-0.61	0.55	0.15	1.99
Moderate	-0.52	0.60	0.17	2.14
Not politically-affiliated	-0.16	0.98	0.25	3.94
<b>Sex</b>				
Male	-0.41	0.67	0.24	1.87

\* < .05; \*\*\* < .001

Reference categories: Conservative (political affiliation); female (sex)

the model correctly predicted 73.2% of those who strongly disagreed and 72.6% of those who slightly disagreed, slightly agreed, or strongly agreed, for an overall classification rate of 73.1%. Regarding knowledge about abortion, compared to those who strongly disagreed, those who reported that they slightly agreed that they would know how to help a client seeking information about abortion were significantly more likely to report some level of agreement on the perceived ethical decision-making variable while holding other variables constant ( $OR = 0.34, p = .006, CI = 0.16-0.73$ ). The other responses regarding knowledge (slightly disagree and strongly agree) were not significantly related to perceived ethical decision-making, when compared to strongly disagree. Thus, we found partial support for Hypothesis 2. In addition, age ( $OR = 0.92, p = .019, CI = 0.87-0.99$ ) and identifying as liberal ( $OR = 0.10, p < .001, CI = 0.03-0.32$ ) or moderate ( $OR = 0.22, p = .016, CI = 0.06-0.75$ ) were significantly related to perceived ethical decision-making. Higher age was associated with

greater perceptions of being unable to serve clients. When compared to participants who identified as politically conservative, identifying as liberal or moderate was associated with lower perception of being unable to serve clients. See Table 4.

### Discussion and Implications

Examining a nationally representative sample of MSW students ( $n = 443$ ), the current study sought to understand relationships between students' perceived abortion knowledge and anti-abortion attitudes and their perceptions of ethical decision-making about reproductive health. On the whole, results suggest that students' endorsements of anti-abortion attitudes are significantly associated with their reporting of being unable to help clients who are considering reproductive health decisions with which they personally disagree. However, students' perceived abortion-related knowledge showed more nuances in relationship to their perceptions of ethical decision-making pertaining to reproductive health.

**Table 4:** *Logistic Regression Results-Abortion Knowledge (n = 443)*

Variable	<i>B</i>	<i>Exp(B)</i>	<i>95% CI Exp(B)</i>	
(Constant)	2.32	10.20		
Perceived abortion knowledge				
Slightly disagree	-0.57	0.57	0.26	1.23
Slightly agree	-1.08**	0.34	0.16	0.73
Strongly agree	-0.62	0.54	0.18	1.64
Religiosity	0.26	1.29	0.94	1.78
Age	-0.08*	0.92	0.87	0.99
Political Affiliation				
Independent	-1.14	0.32	0.09	1.15
Liberal	-2.26***	0.10	0.03	0.32
Moderate	-1.52*	0.22	0.06	0.75
Not politically-affiliated	-0.91	0.40	0.11	1.49
Sex				
Male	-0.55	0.58	0.21	1.56

\* < .05; \*\* < .01; \*\*\* < .001

Reference categories: Strongly disagree (perceived abortion knowledge); conservative (political affiliation); female (sex)

The finding that for some students—particularly those who endorse anti-abortion views—may prioritize adherence to their own personal abortion viewpoints in their interactions with clients is important. Abortion views that are more broadly espoused by the social work profession advocate for aiding clients in achieving ends of self-determination and social justice, goals that specifically include upholding unimpeded access to the full range of reproductive and sexual health knowledge and services, including abortion (NASW, 2015). This professional stance makes social work somewhat unique and progressive. As a profession, social work has not formally enumerated “exceptions” to aiding clients in achieving such ends, akin to physicians and pharmacists, who are at times empowered with “conscience clauses” or “rights of refusal” which allow them to not provide patients or clients with information or services with which they personally disagree (e.g., abortions, emergency contraception, etc.). Social work education efforts should seek to further emphasize this aspect of professional values and ethics, such that students may be made more aware of what their professional values require of them, and if they are unable to adhere to such, what their next course of action by necessity must ethically include (e.g., referral of client to another social worker, etc.).

In addition, it is interesting that students’ perceived knowledge of abortion was nuanced in relationship to their perceptions of being able to help clients with reproductive health decisions with which they personally disagree. In comparison to students who “strongly disagreed” with the notion that they possess adequate knowledge about abortion resources and information, students who “slightly disagreed” demonstrated significant and negative associations with regard to their perceptions of being unable to help clients who were seeking to make reproductive health decisions with which they personally disagreed. Yet, no significant associations were found among students who slightly or strongly agreed as having adequate abortion related knowledge and ethical decision-making. This finding may illustrate an interesting aspect of how tensions between subject familiarity,

personal ethics, and professional values may be grappled with at the individual level. Students who noted that they do not know much or enough about abortion resources and information were thus perhaps paradoxically the most likely to actually help clients considering a reproductive health decision with which they personally disagreed. Although this cross-sectional sample cannot confirm causation, this is an interesting finding that merits further future research.

Moreover, these findings may have some connotations with regard to the degree to which a person’s beliefs on issues of reproductive health and decision-making are dogmatic. The measure of ethical decision-making, at first consideration, seems to imply that the reproductive health decision with which the social worker might disagree is one that is typically thought of as the contentious option (e.g. abortion). However, particularly among the students who noted strong knowledge of abortion resources, these respondents may be most inclined to view abortion as the reproductive health decision that they believed to be best for their client, with the client in disagreement in perhaps the reverse-order from how this question may be initially interpreted. Just as social workers’ attitudes regarding reproductive health decision-making, values, and ethics are not monolithic, neither are the beliefs of the diverse clients served by social workers. Regardless of which sentiments are held by the client versus the social worker, the “end goal” of these interactions should nonetheless include that social workers do not play a role in providing “misinformation” to clients (intentionally or unintentionally) who come to them in need of reproductive health knowledge and resources, and that clients are armed with resources to act with self-determination and knowledge of all relevant resources.

Furthermore, while over half of the students ( $n = 244$ ; 55.1%) either strongly agreed or slightly agreed that they would know how to help a client seeking information about abortion, such perceptions may be inaccurately estimated, particularly as it is evident that most of their knowledge likely did not come from formal social work education, which is not currently required to teach any aspects of sexual

or reproductive health as part of formal curricula (CSWE, 2015). As such, the degree to which MSW students truly know accurate, evidence-based facts pertaining to abortion and other reproductive health topics should be the focus of continued investigations.

In terms of other sociodemographic related findings, in the perceived abortion knowledge model, liberal and moderate political identities were significantly and negatively associated with not being able to support clients who were considering reproductive health decisions with which they did not personally agree. This finding is not entirely surprising, as other studies have found significant predictors between political ideology and level of support for access to abortion and other reproductive health services (Smith-Osborne & Rosenwald, 2009). However, this is another indication that there may need to be more transparent, even challenging social work classroom discussions that acknowledge that social workers and the clients they serve are multi-dimensional individuals, with a myriad of political and personal belief systems. This diversity is, in many ways, what makes social work the great profession that it is, and a group that has the greatest potential to advocate for the many types of people and lived experiences it seeks to serve. However, with this diversity in personal belief systems, social workers still must be able to adeptly navigate what is required of them from a professional standpoint, and this may mean referring to other social workers and/or setting “the personal” and/or “the political” aside in favor of “the professional.”

Notably, in both models, higher age was also significantly associated with greater perceptions of being unable to help clients with reproductive health decisions with which the social worker personally disagrees. In extant research, age has typically not been significantly associated with anti-abortion attitude endorsement (Carlton, Nelson, & Coleman, 2000; Esposito & Basow, 1996; Hess & Rueb, 2005), but as “reproductive health decisions” may be interpreted many ways (e.g., abortion, contraception, fertility, non-marital sex, etc.), future research would benefit from further dissecting associations between respondent

characteristics and these more specific aspects of reproductive health and decision-making.

Additionally, students' religiosity was not significantly associated with ethical reproductive health decision-making. Although the reason for this is not entirely clear, it is possible that since more than a quarter of students in the sample ( $n = 121$ ; 27.3%) noted they are ‘spiritual but not religious,’ religiosity may have captured aspects of meditation and engagement in spiritual activities that are not tied to various formal religious entities that take anti-abortion or less supportive stances on abortion and reproductive health. As such, the inclusion of this category as a religious identity, and thus the activities associated with the identity as potentially forming one's religiosity, may have served to obscure results that may most often be conceptualized as religiosity or religious doctrine.

### **Limitations**

Several study limitations should be noted, including sampling bias, especially regarding participants who were made aware of the survey via the social work and reproductive justice website and Facebook page. Such participants may endorse open views regarding reproductive access and rights inherently by way of being linked with the webpage and/or social media group. In addition, the survey did not ask participants how they heard about the study, making such sampling concerns challenging to examine. While the study was created with goals of attracting a diverse national sample of social work students, there were uneven response distributions across sociodemographic identity categories. The sample was predominantly politically liberal, heterosexual White females. Just as these characteristics may in fact be fairly representative of the social work field and social work education programs in general, the likelihood exists that more evident differences in views within various groups were not reflected in the results due to the homogenous sample composition. Additionally, we did not measure perceived ethical decision making about abortion only, but reproductive health, although comprised of many topics, includes abortion. However, this is not a pure measure of

perceived ethical decision-making about abortion. Although these limitations are usually present in survey research, a more representative sample may have produced different results.

### **Conclusion**

The issues of reproductive healthcare and abortion continue to be politically charged and highly debated issues in the United States. Individuals, including clients and social workers, may have strongly held beliefs regarding reproductive healthcare and abortion. Learning to develop self-awareness and self-regulation to better navigate the world of personal beliefs and supporting client self-determination is a foundation of social work education and included within the 2015 EPAS. Social work students need to be provided the opportunities to explore the potential ethical dilemmas that may arise when working with clients who have differing values and beliefs systems and lived experiences than their own. Social work students prepare to work in a variety of professional arenas, including direct client work, policy development, agency management, and research. Providing *all* social work students with accurate information regarding sexual and reproductive healthcare will better prepare them as social work professionals. Unfortunately, this preparation is not currently mandated by the CSWE 2015 EPAS. This study provides exploratory data that can be used to encourage curriculum inclusion of sexual and reproductive healthcare and further research on social work education and practice, both in the micro and macro arenas.

### **References**

- Altshuler, A. L., Storey, H. L. G., & Prager, S. W. (2015). Exploring abortion attitudes of US adolescents and young adults using social media. *Contraception, 91*(3), 226-233.
- Auslander, W. F., McMillen, J. C., Elze, D., Thompson, R., Jonson-Reid, M., & Stiffman, A. (2002). Mental health problems and sexual abuse among adolescents in foster care: Relationship to HIV risk behaviors and intentions. *AIDS and Behavior, 6*(4), 351-359.
- Ballan, M. S. (2008). Disability and sexuality within social work education in the USA and Canada: The social model of disability as a lens for practice. *Social Work Education, 27*(2), 194-202.
- Begun, S. (2014). Investing in what works: How social workers can influence policy to reduce pregnancies among homeless youth. *Perspectives on Social Work, 10*(1), 14-23. Retrieved from: <http://www.uh.edu>
- Begun, S. (2015). The paradox of homeless youth pregnancy: A review of challenges and opportunities. *Social Work in Health Care, 54*(5), 444-460. doi:10.1080/00981389.2015.1030058
- Begun, S., Kattari, S. K., McKay, K., Ramseyer Winter, V. & O'Neil, E. (2016). Exploring U.S. social work students' sexual attitudes and abortion viewpoints. *Journal of Sex Research*. doi: 10.1080/00224499.2016.1186586
- Begun, S., & Walls, N. E. (2015). Pedestal or gutter: Exploring ambivalent sexism's relationship with abortion attitudes. *AFFILIA: Journal of Women and Social Work, 30*(2), 200-215. doi: 10.1177/0886109914555216
- Brennan, D. J., Emlet, C. A., & Eady, A. (2011). HIV, sexual health, and psychosocial issues among older adults living with HIV in North America. *Ageing International, 36*(3), 313-333.
- Carlton, C., Nelson, E., & Coleman, P. (2000). College students' attitudes toward abortion and commitment to the issue. *The Social Science Journal, 37*(4), 619-625.
- Council on Social Work Education. (2015) *Educational Policy and Accreditation Standard*. Retrieved from <http://www.cswe.org/File.aspx?id=81660>
- Dunk, P. (2007). Everyday sexuality and social work: Locating sexuality in professional practice and education. *Social Work & Society, 5*(2), 135-142.
- Ely, G. E., & Dulmus, C. N. (2010). Abortion policy and vulnerable women in the United States: A call for social work policy practice. *Journal of Human Behavior in the Social Environment, 20*(5), 658-671.

- Ely, G. E., Flaherty, C., Akers, L. S., & Noland, T. B. (2012). Social Work Student Attitudes Toward the Social Work Perspective on Abortion. *Journal of Social Work Values and Ethics*, 9(2).
- Esposito, C., & Basow, S. (1995). College students' attitudes toward abortion: The role of knowledge and demographic variables. *Journal of Applied Social Psychology*, 25(22). 1996-2017.
- Finer, L., & Henshaw, S. (2006). Disparities in rates of unintended pregnancy in the United States, 1994 and 2001. *Perspectives on Sexual and Reproductive Health*, 2006, 38(2), 90-96.
- Flaherty, C., Ely, G. E., Akers, L. S., Dignan, M., & Bonistall Noland, T. (2012). Social work student attitudes toward contraception and the HPV vaccine. *Social Work in Health Care*, 51(4), 361-381.
- Henshaw, S. K., & Kost, K. (2008). *Trends in the characteristics of women obtaining abortions, 1974 to 2004*. Retrieved from: <http://www.guttmacher.org/pubs/2008/09/23/TrendsWomenAbortions-wTables.pdf>
- Hess, J., & Rueb, J. (2005). Attitudes toward abortion, religion, and party affiliation among college students. *Current Psychology*, 24(1), 24-42.
- Kattari, S. K. (2014). Sexual experiences of adults with physical disabilities: Negotiating with sexual partners. *Sexuality and Disability*, 32(4), 499-513. doi: 10.1007/s11195-014-9379-z
- McCave, E., Shepard, B., & Ramseyer Winter, V. (2014). Human sexuality as a critical subfield in social work. *Advances in Social Work*, 15(2), 409-427.
- National Association of Social Workers. (2008). *Code of ethics of the National Association of Social Workers*. Washington, DC: Author.
- National Association of Social Workers [NASW]. (2015). Family planning and reproductive choice. *Social Work Speaks: National Association of Social Workers Policy Statement*. Retrieved from: [www.socialworkers.org](http://www.socialworkers.org)
- Mitchell, C.G. & Linsk, N.L. (2001). Prevention for positives: Challenges and opportunities for integrating prevention into HIV case management. *AIDS Education and Prevention*, 13(5), 393-402.
- Ramseyer Winter, V., O'Neill, E., Begun, S., Kattari, S. K., & McKay, K. (2016). MSW student perceptions of sexual health as relevant to the profession: Do social work educational experiences matter? *Social Work in Health Care*, 55(8), 614-634. doi: 10.1080/00981389.2016.1189476
- Russell, E. B. (2012). Sexual health attitudes, knowledge, and clinical behaviors: Implications for counseling. *The Family Journal*, 20(1), 94-101.
- Smith, T.W., & Son, J. (2013). *General Social Survey 2012 Final Report: Trends in public attitudes toward abortion*. Retrieved from [http://www.norc.org/PDFs/GSS%20Reports/Trends%20in%20Attitudes%20About%20Abortion\\_Final.pdf](http://www.norc.org/PDFs/GSS%20Reports/Trends%20in%20Attitudes%20About%20Abortion_Final.pdf).
- Smith-Osborne, A., & Rosenwald, M. (2009) Exploring the relationship between religiosity and political ideology among social workers. *Journal of Religion & Spirituality in Social Work: Social Thought*, 28(4), 393-404, doi: 10.1080/15426430903263153
- Thompson Jr., R. G., & Auslander, W. F. (2011). Substance use and mental health problems as predictors of HIV sexual risk behaviors among adolescents in foster care. *Health & Social Work*, 36(1), 33-43.
- United Nations (1994). *Report of the international conference on population and development*. Retrieved from <http://www.un.org/popin/icpd/conference/offeng/poa.html>
- Walls, N. E. (2005). *Modern forms of prejudice in the Social Dominance Orientation theoretical framework: Positively valenced attitudes as hierarchy-enhancing legitimizing myths*. (Unpublished doctoral dissertation.) University of Notre Dame, Notre Dame, Indiana.

# Brown Lettuce and Rodent Traps, Granola and Trees: A Qualitative Study of an Experiential Teaching Tool to Promote Socially Just Practice

Alicia L. Dailey, Ph.D., MSW  
University of Louisville  
[alicia.dailey@louisville.edu](mailto:alicia.dailey@louisville.edu)

Karla T. Washington, Ph.D., MSW  
University of Missouri  
[washingtonkar@health.missouri.edu](mailto:washingtonkar@health.missouri.edu)

Kirsten Havig, Ph.D., MSW  
University of Oklahoma  
[k.havig@ou.edu](mailto:k.havig@ou.edu)

*The Journal of Social Work Values and Ethics*, Volume 13, Number 2 (2016)  
Copyright 2016, ASWB

This text may be freely shared among individuals, but it may not be republished in any medium without express written consent from the authors and advance notification of ASWB.

## Abstract

We report on the experiences of 18 graduate social work students who participated in an experiential learning activity designed to promote social justice. Through exposure to diverse community settings, students developed an enhanced understanding of client worlds, a deeper sense of community disparities rooted in race and class, and a heightened commitment to social change.

*Keywords:* social work, social justice, values, teaching, experiential learning

## Introduction

The National Association of Social Workers' (2008) *Code of Ethics* articulates the core values of the profession, sets standards for professional practice, and establishes guidelines for ethical decision-making. The *Code's* preamble establishes social workers' responsibility for the promotion of social justice, asserting that the overarching mission of the profession is "to enhance human

well-being and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty" (para. 1). In this regard, social work's professional mandate is clear.

Despite these directives, there is significant variation in how social workers define social justice and how educational programs prepare learners to engage in socially just practice (Barsky, 2010; Gasker & Fischer, 2014). Van Soest and Garcia (2008) argue the necessity for social work schools and departments to create an environmental context that includes social justice in ways that expand beyond the confines of the classroom. Adams, Bell, and Griffin (2007) suggest that enhanced self-awareness allows social workers to be more effective change agents, explaining that we learn most from exploring the lived experiences of ourselves and others. Experiential learning opportunities can address both of these concerns by getting students off campus, into the broader community, and among individuals they may one day serve; systematic examination of experiential pedagogical strategies

to promote socially just practice, however, is rare (Havig, 2013).

In addition, the breadth of the social work profession, particularly its concurrent focus on serving both individuals and communities, is both a facilitator and a barrier to preparing a workforce committed to promoting social justice on multiple social levels. On one hand, social work students are encouraged throughout their education to make connections between micro- and macro-level social systems. On the other hand, the reality that most social work students express interest in careers focused almost exclusively on micro-level practice (Rothman & Mizrahi, 2014) presents a serious challenge to instructors charged with the task of empowering students to promote social justice. Moya-Salas and colleagues (2010) suggest that the application of critical theory holds considerable promise as a strategy to bridge micro- and macro-level approaches to social work practice and, by extension, education.

### **Critical Theory, Critical Social Work, and Critical Consciousness**

Since its earliest conceptualization (Horkheimer, 1937, 1972), critical theory has linked the personal and the political, shedding light on the ways in which social processes give rise to inequalities that are experienced in everyday life. Critical social work, a group of broadly defined practice approaches that are informed to varying degrees by critical theory, seeks to uncover and address the root causes of social disadvantage to bring about a more just society (Fook, 2003). Critical social work rejects the status quo; its goal is change: "Practice, as conceived by critical social work, must contribute to a transformation of everyday lives" (Hick & Pozzuto, 2005, p. ix).

Critical studies often seek to not only illuminate oppressive conditions and critique the status quo, but to also point to ways in which systems might change and improve upon existing structures (Creswell, 2007). Critical research calls for attention to the subjective experiences of participants, value-laden inquiry, and an intentional

aim of righting imbalances in power at all levels of society. The truth being investigated by such critical inquiry is how oppression is experienced and how disempowerment can be understood and rectified (Rubin & Rubin, 2005). Critical inquiry in social work can be viewed as a necessary path first to self-scrutiny and then toward enhanced professional development, accountability, and service to client populations.

To prepare for such critical practice, social work students must first develop a critical consciousness (Freire, 1970; Nicotera & Kang, 2009). Critical consciousness-raising takes place as social work students gain a deeper understanding of how complex social, political, historical, and economic forces shape people's daily lives and how their behavior – both as individuals and as professional social workers – can bring about change (Bransford, 2011). Critical consciousness is pursued in many different ways throughout social work education as students learn to recognize both the mechanisms and consequences of oppression, looking for and working to rectify the "problems behind the problem" (Carroll & Minkler, 2000, p. 24). Saleebey and Scanlon (2005) argue for a critical social work pedagogy that would better equip new social workers to promote social justice. Such a critical approach to social work education would entail close examination of race-, class-, gender-based and other forms of oppression and privilege and their impact not only on social work practice, but also within the context of our personal lives and relationships.

### **Experiential Learning to Enhance Social Justice Learning: Experiencing Two Grocery Stores**

As an initial step toward consciousness-raising around issues of social justice, a social work policy instructor at a metropolitan, public university in the southern United States offered 18 graduate social work students a learning opportunity designed to help them better understand and reflect upon how broader social inequalities are routinely experienced in people's everyday lives. Student



participants were asked to shop at two different grocery stores from the same chain in different locations of the same city. One store was located in a neighborhood in which most residents (nearly 80%) were African American; the other was located in a neighborhood in which most residents (over 90%) were Caucasian. The median household income in the latter was nearly three times that of the median household income in the former; similar disparities existed in terms of median home values and rates of unemployment (U.S. Census Bureau, 2007-2011). After shopping in the two stores, student participants completed journal entries in which they compared and contrasted the stores and reflected on their overall shopping experiences, writing about what they learned, observed, and felt, along with how they thought that broader social, political, historical, and economic factors may have played a role in what they observed. Students' written reflections were discussed in a regularly scheduled class session, which was documented in notes completed by the course instructor.

What follows is a qualitative thematic analysis of instructor's notes and students' reflections completed as part of the so-called "two grocery stores" assignment. As is the case with most qualitative inquiry, our goal was not to generate broadly generalizable findings. Rather, we sought to better understand the impact of the assignment on students' learning and the extent to which it helped students meaningfully connect the larger social environment to individuals' daily realities. We posed the following broad research questions to guide our analysis: 1) What were students' thoughts and feelings about their visit to grocery stores in two culturally different neighborhoods? and 2) In what ways did students connect their observations and experiences at the two grocery stores to the broader social and cultural contexts in which the stores exist?

## **Method**

### **Procedures**

The data set analyzed in this study consisted of instructor's notes and students' de-identified

reflections, which were submitted to their instructor as part of the previously described assignment. Prior to subjecting any data to analysis, we submitted a research proposal to the university's Institutional Review Board (IRB), which determined that this study was exempt from IRB oversight because it was being conducted in an established educational setting. Data were stored electronically on password-protected hard drives prior to and throughout analysis.

### **Participants**

Participants included one foundation-level social work policy course instructor and 18 graduate social work students enrolled in a metropolitan, public university in the southern United States. The instructor was an African American female with approximately 22 years of social service experience, most of which was spent engaged in macro-level practice in underserved areas. Student participants self-identified as Caucasian ( $n = 10$ ) or Black/African American ( $n = 8$ ), and most ( $n = 13$ ) were female. Students' prior employment varied in terms of both length and type; some reported multiple years of experience in social service settings prior to initiating graduate studies.

### **Data analysis**

Two members of our research team (AD, KW) conducted a thematic analysis of instructor's notes and students' reflections, employing strategies presented by Braun and Clarke (2006). Braun and Clarke defined thematic analysis as a qualitative method that identifies, analyzes, and reports patterns or themes within a data set. Although there is some overlap with other methods that seek to identify patterns in data, thematic analysis is different in that it is not necessarily tied to any particular theoretical framework, making it a highly flexible method. Braun and Clarke (2006) provided a step-by-step procedure for conducting thematic analysis: 1) become familiar with the data, 2) produce initial codes from the data, 3) identify themes within the data, 4) review and refine themes, 5) define and further refine themes, and 6) write a report of the findings. As with other qualitative methods, this

method does not follow a linear process. It involves repeatedly going back to the data to see if they are accurately reflected in the selected themes, to ensure that themes are discrete from each other and yet internally consistent, and to check whether the overall analysis addresses the stated research questions.

To familiarize ourselves with the data, we separately read the instructor's notes and students' reflections and made notes on our initial impressions. Then we met together to discuss the data and to develop an initial coding framework to provide structure to our initial coding efforts. During subsequent phases of the project, we met face-to-face every two weeks for six weeks to clarify coding definitions and build upon our initial coding framework, eventually identifying, defining, and refining themes supported by the instructor's notes and student reflections. An in-depth description of these themes and supporting data are provided below.

## **Findings**

As previously described, students were asked to compose written reflections following their visits to two grocery stores: one in a relatively affluent, predominantly Caucasian neighborhood (Store X), and one in a lower-income, predominantly African American neighborhood (Store Y). They were instructed to collect specific information about product availability and pricing and to reflect on their overall shopping experiences. In addition, they were asked to consider how social, political, historical, and economic factors might play a part in the outcomes they observed. They then participated in a classroom discussion, during which they shared their reflections. This discussion was described in the instructor's notes completed at the conclusion of the class session. Five key themes emerged from our analysis of students' written reflections and the instructor's notes: experiencing differences in atmosphere, detecting differences in presentation, observing disparities in variety and quality, reflecting on differences, and viewing differences through a social justice lens.

### **Experiencing differences in atmosphere**

Students noticed a distinct difference in atmosphere between the two grocery stores. They wrote about atmosphere in terms of general feelings they experienced at the stores - both outside and inside. Student #4, an African American woman who had never been to Store Y before the assignment, commented that she knew she was getting closer to Store Y when she "began to see more liquor stores, more people walking with covered bottles, and more city buses. I also saw more empty buildings and vacant houses." This student also commented that there was "madness and confusion in the parking lot" and that people were entering through the exit doors and exiting through the entrance doors. Several students noticed a difference in cleanliness between the two stores. Student #1, an African American woman, said that Store Y "seemed to be neglected as far as maintenance." Conversely, student #11, a Caucasian man, found both stores "clean, well decorated, and inviting," although he noted that the different locations of the stores had an impact on the atmosphere the customer would expect. Student #13, a Caucasian woman, wrote that she felt uneasy at Store Y because "there were many more people, and it was far more chaotic." Student #15, a Caucasian woman, felt so uneasy prior to visiting Store Y that she took a friend with her and had the friend drive an older car. In addition, they both spent time "consciously" thinking what they would wear. Student #14, a Caucasian man, also commented on the importance of clothing. When he visited the two stores, he was dressed in "nice clothes with a tie" because of work-related business he had attended to earlier in the day. He recounted the reactions he received at the different stores: At Store Y, "I was obviously out of place. From the moment I stepped out of my vehicle at the 'lower end' store, I could feel the people staring at me, employees included. People in this area were suspicious to say the least. When I was in the 'upper end' store, I blended in and was promptly greeted by patrons and staff."

Many students found the atmosphere in Store X to be more appealing to shoppers. Student #8, an African American woman, wrote that this store appealed to a different (i.e., higher) social class and that there was a “friendlier atmosphere.” She wrote that, at Store X, she felt she could easily get help if needed. Student #7, an African American woman, stated that Store X was “cleaner inside and out.” Student #16, a Caucasian woman, indicated that Store X’s “overall ambience was more pleasant,” citing warmer lighting and colors used in the decor. Student #15 wrote that she went by herself to Store X and “[fell] in love” with it. Students had different reactions to the atmosphere outside of Store X. For example, student #4 said that Store X was “peacefully nestled among trees,” while student #18, a Caucasian woman, felt that the store was “camouflaged by trees,” and she got lost trying to find it.

#### **Detecting differences in presentation**

Students noticed differences in each store’s presentation. That is, they noticed which things stores made easily visible and which things were hidden from view. Student #11 commented that the presence of law enforcement officers at Store Y had a negative effect on the shopping experience:

[One thing] that surprised me was the security at [Store Y]. I saw two police officers in the store and a police car parked out front, but it did not look needed. The store was nice and safe, and it had nothing to do with their presence. The police presence almost made it seem like we were supposed to be looking over our shoulder, as if [Store Y] was where all the criminals were hanging out. It was just silly.

Store Y prominently displayed WIC (Women, Infants, and Children) stickers that indicated that a particular product would be paid for by the program. Student #9, an African American man, wrote, “I was very surprised at the lack of WIC

options or the expression of those options at [Store X]. Are they suppressing the reality that poverty exists in that part of [town]?” Pest control was also handled differently by the two stores. Student #6, a Caucasian woman, commented that, “the most significant aspect of my assignment was the discovery of industrialized rodent traps throughout [Store Y], something that was never seen at [Store X].” The food display was qualitatively different between stores as well. Student #17, a Caucasian man, noted that in the high-traffic areas in Store Y, “bulk packages of ramen noodles” were present, contrasted with “all-natural granola” in Store X. Students used words such as “impressive,” and “well put-together” to describe the displays in Store X.

#### **Observing disparities in variety and quality**

All students commented on the third theme: differences in food selection and variety between the two stores. The most obvious difference was the size and placement of the organic section. Student #10, a Caucasian man, stated that in Store Y, there wasn’t a specific organic section. Instead, “organic products were alongside non-organic [products] with signage pointing them out.” Other students found an organic section in Store Y but indicated that it was very small in comparison to the organic section in Store X. Student #8 reported that Latino, organic, and vegetarian products were all placed together in Store Y and did not even fill an entire aisle. By contrast, student #17 reported that Store X had “ample shelf space,” and had “numerous vegan, vegetarian, and non-[genetically modified] products [that had their] own refrigerated shelf space.” Other students described the organic section at Store X with words such as “huge” and “better variety.” Student #15 stated that “the deli and organic section was mouth-dropping impressive.”

While most students found that the prices of products in the two stores were comparable, they reported differences in selection and quality – particularly in the meat and produce sections. Student #2, an African American woman, observed that Store X “offered a larger deli with [brand name] meats, a cheese bar, an olive bar, a larger organic

section, a larger salad bar, and is open 24 hours a day.” Student #5, an African American woman, stated that the first thing she noticed at Store X was a sign on the outside of the store indicating that it sold sushi. Student #11 wrote that Store X “had food choices from all around the world including its own sushi bar. It was pretty impressive.” Some students commented on how appealing the cheese section was at Store X. Several students made the general observation that food appeared to be “fresher” at Store X.

By contrast, students reported an inferior quality of food at Store Y. Student #13, a Caucasian woman, stated that she “felt sick at the stomach from the smell of fish” and the hamburger was “brownish in color and some was even gray.” Student #4 described the produce as “pitiful,” stating that it was “withered and just looked bad.” She could also not find the variety of apples that she normally bought. Student #7 noticed that “the apples had black spots,” and “the lettuce was browning.” Student #8 observed that African American cultural foods such as cow’s tongue, pigs’ feet, and chitterlings were only available at Store Y, which she indicated was a strength of Store Y; however, she also reported smelling an odor that she believed probably came from the meat department. She indicated that the meat “tend[ed] to look brown and green, as if they were putting expir[ed] product out.” Student #17 observed that the ratio of processed to fresh foods was much higher at Store Y than Store X.

### **Reflecting on differences**

Most students’ reflections revealed powerful responses to the differences they noted between Store X and Store Y. Many described these responses using emotional language. Student #1 grew up in the neighborhood around Store Y and found the differences between the two stores to be “disheartening.” Student #4 indicated that she was “shocked and surprised” at the disparity between the two stores - namely, between the fresh meat at Store X and the “marked down ground beef, ‘manager’s special’” at Store Y. Student #8 recalled feeling taken aback when she asked for help finding a product at Store Y and was abruptly told by a

supplier (not a grocery store employee), “I only work with [one particular product]. I have nothing to do with whatever else goes on here. You will have to ask someone else.” Student #13 reported that she felt “at ease” at Store X because it “was brightly colored, full of fruits and vegetables,” but at Store Y, she felt “uneasy” because “there were many more people and it was far more chaotic.” Student #14 indicated that he had stepped outside of his comfort zone, but that this was a good thing “because it brings with it knowledge, experience, and sometimes understanding and change. I truly believe that if people would do this more often the world would be a better place.”

### **Viewing differences through a social justice lens**

While students’ written reflections contained some discussion of the potential causes and social implications of the differences they noted between the two stores, analysis of the instructor’s notes indicated that in-class discussion allowed students more meaningfully to connect what they saw, learned, and felt with the underlying social, economic, political, and historical factors that influenced the differences they noted. In essence, processing their experiences helped them view the differences they observed through a social justice lens. For example, students engaged in lengthy discussion about the police presence at Store Y and examined how their perceptions were influenced by race, class, and gender. While one Caucasian student found the police presence to be “silly”, another described how it made him feel uneasy. He attributed that feeling to having been pulled over by a police vehicle in that neighborhood in the past. He explained that he believed he had been pulled over because he was Caucasian and “police think White people are only on that end of town to buy drugs.” This prompted a much longer discussion of the history and present status of racial segregation in the city, documented disparities in drug arrests by neighborhood and race, and what some students believed to be differential responses by law enforcement to similar acts committed by individuals of different racial and ethnic groups.

Similarly, during the classroom discussion a young African American student described how she worried that her appearance during an unplanned late-night trip to Store X would affect how she was perceived and, thus, treated by store personnel. Specifically, she mentioned worrying that store employees would “think [she] was a welfare mom” because she was wearing pajama pants and no make-up. A classroom discussion followed in which students explored intersections of race and class, stereotypes regarding recipients of public assistance, and experiences of micro-aggressions, the subtle ways in which individuals communicate oppressive ideologies to members of marginalized groups. While students acknowledged the long-standing and, at times, seemingly intractable nature of inequality in their communities, they expressed a heightened commitment to social work aligned with the profession’s core value of social justice.

## **Discussion**

The “two grocery stores” experience represents one approach to critical consciousness-raising as a first step toward preparing social workers to engage in socially just practice. Our analysis of the instructor’s notes and student reflections completed at the conclusion of this assignment provided significant insight into students’ experiences as they shopped in two very different settings. Students described experiencing differences in the stores’ atmospheres, detecting differences in their styles of presentation, observing disparities in the variety and quality of food offered at the two stores, emotionally reflecting on differences in the two experiences, and viewing observed differences through a social justice lens.

Our findings suggest that this experience holds promise as an initial step in the development of social work practitioners who are prepared to engage in socially just practice. By taking part in a relatively mundane activity (i.e., grocery shopping) in two very different settings, students observed first-hand the ways in which social inequities are experienced in even the most seemingly innocuous settings. It is our hope that this experience

provided students with a new lens through which to view issues of social justice and revealed how inequality permeates the lives of individuals in the marginalized communities they are called upon to serve. We conceptualize the development of socially just practitioners as a process that begins with this transformation of thought and continues in future coursework in which students acquire skills for professional practice, such as community organizing and advocacy, which are required to bring about social change.

It is likely that the emotional aspects of the “two grocery stores” experience contributed to changing the ways students think about social justice. In addition to reporting factual information, many students expressed strong emotional reactions to this experience. The emotional component of student learning is a commonly cited benefit of experiential learning activities. Experience evokes emotional responses to course content and becomes the adult learner’s “living textbook” (Vandsburger, Duncan-Daston, Akerson, & Dillon, 2010, p. 303). Further, during a facilitated classroom discussion, students were able to connect their experiences and observations to underlying social structures, resulting in a heightened consciousness of these critical linkages. Reflecting on observed differences is a requisite learning experience for those who hope to engage in critical practice (Freire, 1970; Nicotera & Kang, 2009), and we argue that students cannot develop a sense of critical consciousness via classroom lectures alone. Social work education, especially as it pertains to issues of social justice, is greatly enhanced by the use of experiential learning and opportunities for students to enter the communities they are preparing to serve.

Opportunities of this sort need not be limited to policy courses. The “two grocery stores” assignment could provide a meaningful learning experience for social work students in macro practice courses or courses focused on human behavior and the social environment. In addition, this is an experience we believe is transferable to adult learners in settings beyond the scope of BSW or MSW education, such as community- and

agency-based trainings. Learning does not end with graduation from formal education, particularly in a field like social work where lifelong learning is both a key value and a necessity for informed practice. Professional development around values and ethics is critical to the promotion of social justice, protection of clients, and as a response to ideological threats to the social work perspective evident in the contextualizing environment in which the profession operates (Kent, 2006). An experience like the “two grocery stores” assignment could be replicated in various community settings, guided by structured facilitation, and followed up with an in-person debriefing to ensure that participants have the opportunity to make meaningful connections between their experiences and underlying social structures.

### **Study Limitations**

While ideal for a qualitative study aimed at gaining a deeper understanding of participants’ experiences, the small number of students involved in this project limits the transferability of our study’s findings to other settings (Barusch, Gringeri, & George, 2011). It is possible – if not likely – that this same experience would generate different reactions in other settings. For example, students may find differences to be less pronounced in cities that are less segregated by race and social class, and the feasibility and impact of this educational experience in rural areas is unknown. In addition, students’ responses to written reflections and their participation in classroom discussion may have been influenced by the fact that these were assigned, graded activities that took place in a mandatory social work course. Further, the fact that the class composition was imbalanced with regard to race, gender, and other demographic variables may have affected classroom discussion. The classroom discussion component of this assignment and its evaluation may benefit from incorporation of other educational approaches, such as intergroup dialogues, which ideally occur in more demographically balanced groups and are peer-led versus facilitated by an instructor who

assigns grades (Nagda et al., 1999). Finally, the long-term impact of this educational experience on learners is unknown. Future study is needed to determine if, as we hope, the “two grocery stores” experience has more than just a passing influence on the ways emerging professionals view the world and their role in creating social change.

### **Conclusion**

Values manifest in the individuals who act upon them. Social work organizations can produce countless documents detailing our profession’s commitment to social justice, but if we do not engage in socially just practice – if we do not actually do the work – those proclamations ring hollow and we risk perpetuating the same injustices we have been called upon to challenge. If indeed social justice is the unifying value of our profession, thoughtful attention must be paid to how we transmit that value to our students and how we prepare them to practice in partnership with clients and communities to bring about social change. This study suggests that experiential learning opportunities, particularly those that expose students to diverse settings and include critical reflection on student experiences, hold promise as tools to promote socially just practice aligned with the core values of our profession.

### **References**

- Adams, M., Bell, L. A., & Griffin, P. (Eds.). (2007). *Teaching for diversity and social justice* (2nd ed.). New York: Routledge.
- Barsky, A. E. (2010). *Ethics and values in social work: An integrated approach for a comprehensive curriculum*. New York: Oxford University Press.
- Barusch, A., Gringeri, C., & George, M. (2011). Rigor in qualitative social work research: A review of strategies used in published articles. *Social Work Research*, 35(1), 11-19.
- Bransford, C. L. (2011). Integrating critical consciousness into direct social work practice: A pedagogical view. *Social Work Education*, 30(8), 932-947.

- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77-101.
- Carroll, J., & Minkler, M. (2000). Freire's message for social workers: Looking back, looking ahead. *Journal of Community Practice, 8*(1), 21-36.
- Creswell, J. W. (2007). *Qualitative inquiry and research design* (2nd ed.). Thousand Oaks, CA: Sage.
- Fook, J. (2003). Critical social work: The current issues. *Qualitative Social Work, 2*(2), 123-130.
- Freire, P. (1970). *Pedagogy of the oppressed* (M. B. Ramos, Trans.). New York: Seabury Press. (Original work published 1968)
- Gasker, J. A., & Fischer, A. C. (2014). Toward a context-specific definition of social justice for social work: In search of overlapping consensus. *Journal of Social Work Values and Ethics, 11*(1), 42-53.
- Havig, K. (2013). Empowering students to promote social justice: A qualitative study of field instructors' perceptions and strategies. *Field Educator, 3*(2), 1-24.
- Hick, S., & Pozzuto, R. (2005). Towards "becoming" a critical social worker. In S. Hick, J. Fook, & R. Pozzuto (Eds.), *Social work: A critical turn* (pp. ix-xviii). Toronto, ON: Thompson Educational Publishing.
- Horkheimer, M. (1937). "Traditionelle und kritische theorie." *Zeitschrift fur Sozialforschung, 6*(2), 245-294.
- Horkheimer, M. (1972). *Critical theory: Selected essays*. New York: Herder and Herder.
- Kent, H. (2006). Protecting clients from harm: The role of continuing professional education. *Australian Social Work, 59*(4), 435-488.
- Moya-Salas, L., Sen, S., & Segal, E.A. (2010). Critical theory: Pathway from dichotomous to integrated social work practice. *Families in Society, 91*(1), 91-96.
- Nagda, B. A., Spearmon, M. L., Holley, L. C., Harding, S., Balassone, M. L., Moise-Seanson, D., & De Mello, S. (1999). Intergroup dialogues: An innovative approach to teaching about diversity and justice in social work programs. *Journal of Social Work Education, 35*(3), 433-449.
- National Association of Social Workers. (2008). *Code of ethics of the National Association of Social Workers*. Washington, D.C.: National Association of Social Workers Press. Retrieved from <http://www.socialworkers.org/pubs/code/code.asp>
- Nicotera, N., & Kang, H. (2009). Beyond diversity courses: Strategies for integrating critical consciousness across the social work curriculum. *Journal of Teaching in Social Work, 29*(2), 188-203.
- Rothman, J., & Mizrahi, T. (2014). Balancing micro and macro practice: A challenge for social work. *Social Work, 59*(1), 91-93.
- Rubin, H. J., & Rubin, I. S. (2005). *Qualitative interviewing: The art of hearing data* (2nd ed.). Thousand Oaks, CA: Sage.
- Saleebey, D., & Scanlon, E. (2005). Is a critical pedagogy for the profession of social work possible? *Journal of Teaching in Social Work, 25*(3-4), 1-18.
- U.S. Census Bureau (2007-2011). American Community Survey. Retrieved from <http://www.census.gov/acs/>
- Van Soest, D., & Garcia, B. (2008). *Diversity education for social justice: Mastering teaching skills* (2nd ed.). Alexandria, VA: Council on Social Work Education (CSWE) Press.
- Vandsburger, E., Duncan-Daston, R., Akerson, E., & Dillon, T. (2010). The effects of poverty simulation, an experiential learning modality, on students' understanding of life in poverty. *Journal of Teaching in Social Work, 30*(3), 300-316.

# Using the Critical Incident Technique (CIT) to Explore How Students Develop Their Understanding of Social Work Values and Ethics in the Workplace During Their Final Placement

Eleni Papouli, Ph.D.  
Department of Social Work  
Technological Educational Institute (TEI) of Athens, Greece  
[epapouli@teiath.gr](mailto:epapouli@teiath.gr)

*The Journal of Social Work Values and Ethics*, Volume 13, Number 2 (2016)  
Copyright 2016, ASWB

This text may be freely shared among individuals, but it may not be republished in any medium without express written consent from the authors and advance notification of ASWB.

## Abstract

This paper presents and discusses the findings of a study that explored how social work students develop their understanding of social work values and ethics in the workplace during their final placement by utilizing critical incident technique (CIT). The CIT was found to be an effective qualitative research method to explore aspects of the process of the students' ethics learning and development in the course of their field placement and as such, it can be used to identify whether the philosophy of the practice environment is congruent with the mission, values and ethics of the social work profession.

*Keywords:* critical incident technique (CIT); social work values and ethics; social work students; field placement; Greece

## Introduction

Values and ethics lie at the heart of the mission of social work as an ethical value-based and values driven profession and are essential components of professionalism (Banks, 2004, 2012; Bisman, 2004, 2014; Reamer, 2013). Learning and development of social work values and ethics is therefore of great importance for students to develop awareness and sensitivity to ethical issues raised in social work practice and acquire the commitment to

ethics standards and principles regarding their future professional role.

Given the central role of values and ethics in professional practice, social work educators acknowledged early-on the necessity for teaching and learning about such issues in classroom instruction and field education. Historically, the literature on the teaching of social work values and ethics in the western world (and in particular the US) dates back to the work of the American social work educator, Muriel Pumphrey in 1959, followed by Reamer and Abramson's (1982) book on the teaching of social work ethics (Reamer, 2013). Nowadays, it is widely acknowledged that education plays a vital role in transmitting professional values and ethics and as such, the majority of social work schools around the world - including the Department of Social Work in Athens, Greece- include ethics and values into their curricula at undergraduate or/and postgraduate level.

In general, social work values and ethics are formally taught in the classroom environment and then applied and developed in workplace settings during the field education. In relation to the latter, particularly, it has been well documented in the literature that, learning and development of social work values and ethics through field placement in the work environment is crucially important for students to build a competent and ethical



professional self (Bogo, 2010; Congress, 2002; Doel, Shardlow, & Johnson, 2011; Reamer, 2013). During field placement in the workplace, students have the opportunity to get first-hand experience of the workplace<sup>1</sup>, its culture and values, along with the existing relationships (e.g., between employees and students or organizations) and prepare under real life conditions to become ethical social work professionals (Doel & Shardlow, 2005; Papouli, 2014). Undoubtedly, the workplace<sup>2</sup> is the best place for transferring classroom knowledge to practice, for comparing ethical theoretical ideas with the reality of practice, for learning by doing and also for developing a strong social work value and ethics culture.

In light of the above discussion, it becomes obvious that the workplace is the key place in social work field education; it is the place where knowledge, values and ethics along with skills are transformed and shaped from being abstract theoretical ideas to becoming situated practice knowledge. It is also the place where values and ethical skills are developed and actively maintained through interactions with others in daily professional practice. In essence, the workplace is the place where social work values and ethics can fully develop or even fail to develop.

During field placement in the workplace, as mentioned earlier, students have opportunities to be actively engaged in hands-on work related activities that help them to develop a deeper understanding of the ethical dimensions of their profession. Through these activities, as practice learners, students are likely to experience certain events that can play a crucial role in their development as skilful and ethically informed social workers. These events might be a negative or positive ethics learning experience for them, but are likely to be critical turning points in the formation of the students' professional ethical identities.

My position as lecturer and supervisor in particular, in the Department of Social Work in Athens has given me the opportunity to talk and interact directly with students placed in social service agencies, as well as to encourage them to reflect and discuss upon their field placement

experiences. Over the course of these discussions, I have had the opportunity to observe that students usually prefer to describe their experiences of ethics and values using critical incidents that occurred within the field placement. For students, these critical incidents served to trigger insights into the factors that influence the development of their professional ethics and values in the workplace settings and were seen as valuable examples of retrospective reflection on the ethics issues during the placement. As a result, I decided to use the CIT as the research tool in my study (conducted for my PhD work) through which students were asked to examine the development of values and ethics in the workplace during their final<sup>3</sup> field placement.

Using the CIT method, as will be presented below, the present study has been an attempt to contribute in the understanding of the processes which students undergo in the development of their knowledge and understanding of social work values and ethics in their final field placement. However, this paper discusses the part of the study findings completed with final-year students within my own Department as it is beyond its scope to delve into a detailed analysis of all the study findings. Below I present the methodology used in this study, the results and a brief discussion of the findings. It is worth noting here that this paper includes a general descriptive discussion of the findings rather than interpretation and therefore, the findings are included in the discussion in a more general way. Finally, I attempt to draw some conclusions from the study findings described here and discern implications for using the CIT method to explore values and ethics issues in social work field education.

### **Values, Ethics and Development: Definition of Terms**

In much of the current literature, values and ethics are perceived as difficult and complex topics and investigating values and ethics in social work is perceived as a real 'minefield' (McAuliffe & Ferman, 2002; Shardlow, 2002). Shardlow (2002) notes that in the available literature, there is so much ambiguity around the topic that the lexicon

of social work values and ethics is often ill-defined and misinterpreted. The most prevalent explanation is that the Anglophone literature, upon which most textbooks and journal articles on values and ethics rely, includes different concepts. Some texts use *values* and *ethics* interchangeably, others do not define the terms at all, and others offer terms either used in different ways, with different emphases and different assumptions or they are used synonymously and so can be interchanged (Banks, 2004, 2012; Reamer, 2013; Shardlow, 2002).

While values and ethics may be used similarly, they are not synonymous. Within wider social and cultural issues particularly, *values* as a concept refers to the knowledge gained by each society over time and which guides both individual and group cognitive and emotional processes, preferences and behaviours (Banks, 2012; Reamer, 2013). In the social work literature, the term *values* is often linked to *principles* as both concepts are inextricably tied into the mission of the social work profession. The connection between the two concepts in the literature can take a number of forms: i) the terms *values* and *principles* appear together; this version is often present in the Greek literature and the International Federation of Social Workers (IFSW) values global statement, ii) the two terms are treated synonymously and used interchangeably; this is evident in the English-speaking literature, perhaps, because there are some principles such as ethical principles, that are closely linked to certain social work values. Some literature separates *values* from *principles*, while *principles* is the preferred term in other texts and used to describe the same event or phenomenon as *values*. In addition, some countries, for example Greece, prefer the term *principles* throughout their ethical code for social workers to *values*.

As regards *ethics*, scholars also use this term in a number of different ways. For instance, *ethics* can be used to refer to moral philosophy or moral norms and standards, or it may also refer to 'the character or ethos' (Banks, 2004, 2012; Clark, 2000). Sometimes, the term *morality* gets thrown into the same text; however, *morality* involves

the judgment or evaluation of an action based on the norms of a larger cultural or religious context (Corey et al., 1998; Gladding, 2000).

In the social work literature, the term *ethics* usually refers to the written rules or standards that govern the conduct of members of the profession (Banks 2004, 2012; Beckett and Maynard, 2005; Clark, 2000). In other words, the term *ethics* is used to describe the practical side of values and principles expressed through a code of ethics. Ethics is normally based upon wider social work values (Clark, 2000), which, in turn, directly influence ethics (Boland, 2006). Taking into account the views in the literature as a whole, I decided to keep the terms values and ethics together while recognizing that the two terms are not synonymous. When appropriate, necessary clarification will be provided in the paper.

The remaining term to clarify is *development*, which is also used differently by different authors or in different disciplinary contexts, thus it can have various meanings and implications. Nevertheless, common to all the definitions, whether Greek or English, is the idea that *development* is used in a positive/optimistic sense to describe a dynamic process, a process of change through time. Dreyfus & Dreyfus (2004) and Benner (2004) point out that development as a positive process implies a path of progress that enables students to acquire the knowledge and skills necessary to achieve professional competence. Development in their view not only describes the process of progressing, but also the product or result of developing, a specific situation or state.

Based on the aforementioned, the term *development* in this paper includes both the concepts of process and the state aspired to, and as such, provides a holistic approach to understanding the development of social work values and ethics in the workplace during the student's field education.

## **The Study Methodology**

Given that values and ethics is an under-researched area in the Greek social work literature, as well as being complex in nature and difficult

to study as mentioned earlier, I as researcher adopted an exploratory qualitative approach (with descriptive elements) positioned within the constructivist paradigm as the most appropriate approach to the topic. According to Babbie (2011, p. 95), “exploratory research is usually conducted when a researcher examines a new interest or when the subject of study itself is relatively new”. On the other hand, “descriptive research aims to facilitate the description of situations and events” (ibid, 2011, p. 96). Qualitative methodology used in the study, is concerned with the meaning and understanding of social reality by focusing on the voices of the participants, rather than those of the researchers (Babbie, 2011). Given the type of study methodology and its objectives, finally, this study was guided by one central research question:

*“What can critical incident analysis tell us about how social work students perceive the development of their professional values and ethics whilst in the workplace?”*

#### **Data collection: The CIT as a data collecting tool**

As mentioned earlier, data were collected using the critical incident technique. The CIT is a flexible, retrospective qualitative approach initially developed by the psychologist, Flanagan (1954) a half-century ago in order to understand pilot error in flying aircraft and later applied to researching safety during anaesthesia (Green Lister & Crisp, 2007). Today, the CIT method (and its several variants) is widely used in health and social care professions for a variety of purposes. In the area of social work, the CIT has been mostly used as a tool for teaching and learning rather than as a research method, though it is recognized as a qualitative method of data collection.

Critical incidents are usually defined as “brief written or spoken depictions of vividly remembered events” that hold special significance for the person who experienced them (Brookfield, 1990, p. 84). Critical incidents can be associated with past or current experiences or observations

that occur in everyday life or professional practice and can be positive or negative<sup>4</sup> (and unpleasant) events (Ghaye & Lillyman, 2006; Green Lister & Crisp, 2007). In addition, critical incidents are unplanned, unanticipated and uncontrolled (Woods, 1993). Green Lister & Crisp (2007, p. 24), argues that, critical incidents tend to “mark significant turning points or changes in the life of a person or an institution or in some social phenomenon”. For Tripp (1993), however, “critical incidents are not necessarily dramatic or obvious; most critical incidents are straightforward accounts of very commonplace events that occur in routine professional practice; but, are rendered critical through analysis” (24-25). Due to its retrospective nature, the CIT technique is a valuable reflective tool for enabling social work students to recall learning experiences using their own words, thus helping them to learn from practice, and certainly, as Green Lister & Crisp (2007) claim, they facilitate the integration of theory and practice.

In this study, critical incidents were collected with an open-ended questionnaire. The CIT questionnaire was divided into three Sections as follows:

**Section A:** Personal Details—with demographic information (age, gender, field placement sector: public or private: for profit/not-for-profit).

**Section B:** General Instructions and Key Questions Related to the Critical Incident—giving general instructions to students on the writing of the critical incident and asking a set of key questions related to the critical incident (e.g., what the incident was about; who was involved; what was the student’s role/involvement in the incident, etc.). The questions were grouped under the common heading: “Account of Critical Incident.”

**Section C:** Additional Questions about the Critical Incident—contains a series of additional open-ended questions (and/or sub-questions) grouped under three thematic headings: 1. Professional Social Work Values Highlighted by the Critical Incident; 2. Discussion of the Critical Incident with Others; 3. Lessons from the Critical Incident.

Given that critical incidents should be short stories (Branch, 2005), there was a ~300 - 400 word limit for answering the total number of questions included in Section A. This was considered to be enough for students to provide the necessary information about the critical incident in Greek, the language of the research tool.

The study used the CIT as a written account rather than a verbal process because written reports usually allow students more time to reflect on their field practice experience and select the most representative critical incident. In addition, “written accounts have been shown to be a time-efficient means of gathering good-quality, descriptively rich data” (Handy & Ross, 2005, p. 40), although some authors argue that critical incidents collected by interviews provide more opportunity for clarification (Radford, 2006).

Students were also allowed to choose freely both the type of critical incident (positive or negative), and the role they played (observer<sup>5</sup> or active participant). As the literature review shows, firstly, both positive and negative learning experiences can be a source of knowledge about values and ethics in social work practice, and secondly, the description of an event as critical is not necessarily associated with the role that an individual plays in it (Crisp et al., 2005). Finally, I developed a working definition of the critical incident to help students better understand the specific technique. The working definition provides the main characteristics of a critical incident as identified by the researcher from the relevant literature review, as follows:

- It has a significant effect upon your thinking and knowledge as an ethical social worker.
- The incident may be a positive or negative experience.
- You may have been actively involved in it or have observed it during your final field placement.
- It may not be dramatic or obvious; critical incidents are often embedded in work routines.

- It may mark a turning point or change in the way you think and/or act as an ethical social worker.

### **Sample**

The study population consisted of social work students who had done their final 6months placement in a social service/organisation in the capital city (Athens) and its surroundings (the region of Attica). The final sample consisted of 32 students who completed the CIT questionnaire between 11<sup>th</sup> and 25<sup>th</sup> October, 2010. Among the 32 students who participated in the study, 30 were female and 2 were male, while their ages ranged from 22 to 38 years.

The study employed purposive sampling methods to select participants because it allowed the researcher to gather data from students on the basis of their first-hand knowledge and experience of the subject (Babbie, 2011). Purposive sampling also has low costs (the study was self-funded) while it provides good quality information on the given topic (Babbie, 2011). Students’ participation was completely voluntary, anonymous, and confidential, while potential participants were fully aware of the research aims and procedures through the written informed consent letter. Finally, ethical approval was obtained from the Department of Social Work in Athens using written consent procedures.

Most students (22) had the role of active participant in the critical incident, while the remaining 10 students were observers. The large number of students who were active participants in the incident is easily explained as the students were asked to describe a critical incident which, preferably, was experienced first-hand by themselves. 28 students indicated that they completed their final practice in the public health and social care services, while 4 students stated that they completed their final practice in the private not-for-profit sector.

### **Data analysis**

Qualitative content analysis was used to identify the characteristics and nature of critical incidents, as well as to extract general categories

and subcategories from the data. Qualitative content analysis is a step by step process of categorisation (Graneheim & Lundman, 2004), and as such, there are general guidelines that the researcher should follow in order to perform the analysis. For the purposes of this study, a specific four-step approach was developed and used by the researcher to analyze the data. The four basic steps involved in the process of qualitative content analysis were as follows: a) the unit of analysis; due to the nature of the data and the purpose of research, each critical incident formed a unit of analysis for this study, b) arranging the raw data; each critical incident was assigned a unique serial number, such as CI01, CI02, etc., so that no two incidents had the same number, c) coding; critical incidents were coded based on their nature, i.e., 'positive' or 'negative' as defined by the students, and d) category extraction (and subcategories); categories were based on who the 'actor' was in the account of the incident, not imposed by the researcher, but as they emerged from the data. It is important to mention here that the descriptions of critical incidents (see the tables below) under each category are in the language of the students and have not been paraphrased by the author.

For the purposes of this study, the 'actor' was defined as the *subject* (i.e. a person, a team or an institution) that either caused the critical event to occur, or engaged in it in various ways, or just performed the main action, according to the student's view. Critical incidents were then grouped into subcategories based on the general action, behaviour or attitude of the actor in the story of the incident. Given the qualitative nature of the study, I decided to create enough categories so that every critical incident could be included, according to content analysts Graneheim & Lundman (2004), and to count incidents with more than one actor category and subcategories as the same incident in order to express its full meaning (ibid 2004).

## Findings

### Characteristics of critical incidents

Of the 32 critical incidents reported by students, 28 took place in the social services of the public sector, and 4 took place in social services

of the private not-for-profit sector. Most critical incidents (30) occurred inside the workplace while handling the case and only 2 critical incidents occurred outside the workplace during a home visit. According to the respondents, 9 incidents happened at the beginning of their final practice, 11 occurred in the middle of the field placement, and 12 at the end of their final practice. Of the 32 critical incidents, finally, 18 were classified as positive experiences and 14 were classified as negative experiences according to the students' responses.

### The nature of critical incidents: Types and categories

The following sections describe the main categories that emerged from the analysis of positive and negative critical incidents. Note that the presentation of the categories of critical incidents below is in alphabetical order, not the frequency in terms of the number of either positive or negative critical incidents.

### Positive critical incidents and related categories

#### *Client [3]*

The *client* category is central to three critical incidents categorized as positive (Table 1). This category refers to the client's behaviour during his/her interaction with the professional(s), including students. Client's improper behaviour is what lies at the heart of the three positive incidents. Here, the term 'improper behaviour' involves a broad range of client behaviours (e.g., challenging, disruptive, aggressive, violent, manipulative, etc. ) and refers to interactional and behavioural processes without reference to underlying causes. Despite the fact that the client's behaviour was viewed negatively by students, it is interesting that all the critical incidents were reported as positive due to effective collaboration between team members, and the student's ability to practice ethical and professional behaviour skills effectively and cope with the incident.

**Table 1. Positive Critical Incidents/Client**

Category	Critical Incident/ Description
Client	Clients tried to disrupt existing good relations between team members to curry favour with the social worker and take advantage of this.
	A client tried to put her personal interests above the public interest by asking the student to breach the rules of the organisation. Student tried to maintain client boundaries and refused to provide any service that did not comply with the rules established by the agency.
	Manipulative client with learning disabilities sought to gain the attention of student in a deceptive and unethical manner, asking her to investigate false allegations of abuse by another staff member.

**Field instructor [3]**

The category of *field instructor* is central to three positive critical incidents. In the positive incidents the field instructors were perceived as ethical, skilled social workers (Table 2). It is worth noting here that the two of three critical incidents were also related to the personal qualities of field instructors. This means that students admired not

only the way that the field instructors as professional social workers treated clients and helped them to solve their problems, but they also appreciated their personal character traits, though they did not refer to specific traits; students generally considered their field instructors as good, both personally and professionally.

**Table 2. Positive Critical Incidents/Field Instructor**

Category	Critical Incident/ Description
Field Instructor	Social worker initiated, facilitated, and coordinated the return of a cancer patient (end-stage) with serious respiratory problems to her island village.
	Separate meetings held with divorced parents with mental health problems to get permission for their child to be assessed for possible dyslexia. Parental counselling.
	Counselling support to adult young man with problematic family relations due to his sexual orientation.

**Interprofessional teamwork [4]**

The category of *interprofessional teamwork* is central to four positive critical incidents (Table 3). This category refers to the overall behaviour and attitudes of team members from different disciplines toward third parties such as the student (e.g., acceptance of student as team member), the client (e.g., violation of organisational ethics in favour of the client’s interests) or the organisation (e.g., effective teamwork collaboration). Interestingly,

**Student [8]**

The category of *student* is the most common to emerge from the analysis of positive critical incidents (Table 4). This category refers to the student’s ability to understand and uphold the values and ethics of the profession. In all the critical incidents belonging to this category, students play the most active role in applying and developing their professional values and ethics in practice; students chose to describe incidents that were part

**Table 3. Positive Critical Incidents/Interprofessional Teamwork**

Category	Critical Incident/ Description
<b>Interprofessional Teamwork</b>	Student claimed ignorance of the organisational code of ethics and did not inform team members about formal counselling offered to a client. Team members understood the student’s position and advised her appropriately.
	Professionals from different disciplines (doctor, nurse, social worker) in a hospital setting worked together to help an indigent and uninsured young immigrant suffering from serious health problems.
	Team members’ successful crisis management of individual with learning disabilities due to separation from his beloved teacher who resigned from the agency.
	Team members violated the ethics of the organisation by changing the results of a diagnostic assessment of a poor child (with single-mother) in order to help her get the treatment she needed at a private centre free of charge.

the critical incident related to the team members’ positive attitude to student, who made mistakes during his/her performance, seems to be key component of an open, ethical and cooperative learning environment. On the other hand, the critical incident related to the violation of the organisational ethics brings to surface the topic of professionals who go against organisational norms and rules in order to benefit their clients.

of their handling of a case they were involved in as trainee students. In general, students handled these incidents either under the direct supervision and guidance of their field instructors, who praised their good work or they handled it themselves because of their field instructor absence owing to various reasons.

**Table 4. Positive Critical Incidents/Student**

Category	Critical Incident/ Description
<b>Student</b>	Student who replaced her practice instructor in group meetings with young people with learning disabilities handled the challenging behaviour of a group member, avoiding the dissolution of the group.
	Student placed in the municipal department of social services agreed to a mother's request to persuade the social welfare agency to reassess her daughter's allowance entitlement due to her learning disabilities.
	Counselling parents with difficult/aggressive behaviour after their request for a diagnostic assessment of their children for immature behaviour was rejected.
	Counselling support and guidance to family members to provide proper care to a very old family member with serious psychosocial problems.
	Counselling support and guidance to mother with immature behaviour and her partner while investigating whether conditions were suitable for the upbringing of their newborn baby.
	Counselling support and guidance to a single mother facing serious financial problems in order to help her terminate her pregnancy.
	Intake interview with a mother who wanted her child assessed for learning difficulties. Counselling and support to the mother who confided to the social worker she experienced domestic violence from her husband.
	Intake interview and counselling support and guidance to a Moldovan immigrant woman in final stages of breast cancer.

**Negative critical incidents and related categories with subcategories**

***Client [2]***

The category of *client* is central to two negative critical incidents (Table 5), one of which overlaps with the *management* critical incident that will be discussed later. Like the critical incident regarding the *management* category, this incident

also focuses on the client's challenging behaviour during his/her interaction with the social workers including the student. The incident reported in this section describes an event when the client refused to comply with the rules of the agency and asked the student who had undertaken her/his case, to give back his/her personal data file in a violent manner.



**Table 5. Negative Critical Incidents/Client**

Category	Critical Incident/ Description
<b>Client</b>	Client with challenging behaviour blamed the social agency for poor service and asked student to return her personal data file in a violent manner.

**Field instructor [3]**

The *field instructor* is central to three negative critical incidents (Table 6). This (negative) *field instructor* category refers to his/her inability to apply professional values when working with difficult and challenging clients or when guiding and supervising students in the practice context. In two of the three critical incidents, students observed their field instructors making errors or mistakes (e.g., loss of self-control, use of verbal abuse, verbal quarrel) in managing difficult clients, while in the third critical incident, the student had a bad supervisory experience because of the field instructor's indifferent behaviour toward her learning needs. According to the students, all of the above types of field instructor errors or attitudes

were forms of unprofessional conduct, which is synonymous with unethical conduct in professional practice.

**Interagency work [1]**

The category of *interagency work* is related to only one reported critical incident (Table 7). This category generally refers to the relationships between organisations (public or private) that have different and sometimes incompatible goals. Through analysis, it appears that the student, who handled the situation herself, experienced strong disappointment and frustration because of the misuse of regulatory power by another public sector organisation involved in the same case.

**Table 6. Negative Critical Incidents/Field Instructor**

Category	Critical Incident/ Description
<b>Field Instructor</b>	Loss of self-control by social worker and use of verbal abuse to a mother/client of social services who neglected her minor child.
	Student refused to work on a specific case because her field instructor did not provide her with the necessary information and guidance for handling the case.
	Verbal quarrel between drug addicted woman with wayward behaviour and the social worker in charge of the aid programme for people in need of material assistance.

**Table 7. Negative Critical Incidents/Interagency Work**

Category	Critical Incident/ Description
Interagency Work	The Migrant Services Department declined to provide the care planned by the hospital social service department to a mother immigrant patient and her minor child, permanent residents of Greece, which risked their being deported.

***Interprofessional teamwork [3]***

There are 3 *interprofessional teamwork* negative critical incidents concerning various negative aspects of the team members' behaviour and performance (Table 8). All critical incidents in this section disclose various types of unethical, illegal and unprofessional acts at work, which could have had a serious effect, either on the client's welfare or on the proper functioning of the social agency or organisation. These acts were the responsibility of the whole team with the connivance of the head of the social service agency.

***Management [1]***

The category of *management* is related to only one reported critical incident, which is seen as of particular importance to the student (Table 9). This incident is indicative of the negative attitude that some social services managers in Greece may have toward the profession of social work; especially when managers or administrators come from other specializations (e.g., economists, doctors, etc.). It also reveals the relationships that may exist between the clients of social services and local politicians; the client who behaved violently toward a city council social worker in order to gain

**Table 8. Negative Critical Incidents/Interprofessional Teamwork**

Category	Critical Incident/ Description
Interprofessional Teamwork	Team members remained indifferent to the plight of two abused and neglected children from a multi problem family who came to the social agency to get tested for dyslexia.
	Team members' inability to work together and make appropriate decisions led a drug addicted client to stop attending therapy sessions and leave the addiction treatment centre.
	Team members with the connivance of the head of social services department violated team operating rules. Student took the initiative and intervened during a meeting to restore team co-operation.

**Table 9. Negative Critical Incidents/ Management**

Category	Critical Incident/ Description
Management	Violent behaviour of client towards city council social worker was strongly supported by people with political power working within the community. Management undermined the social worker's role.

an advantage did not act alone, but was strongly supported by people with political power within the specific workplace context.

**Staff [3]**

This category refers to a number of individual or collective unethical professional actions or behaviour that happened in the working environment (Table 10). Each critical incident has its own features; the first incident describes how

the lack of the teacher's professional and ethical competence can cause communication problems between adolescents with learning disabilities. On the other hand, the second incident describes extreme actions in the workplace and illustrates the lack of ethical accountability and professionalism at all staff levels within the organisation (management and technical staff). Finally, the third incident describes the refusal of a particular staff member to provide care services to the social worker's client. This

**Table 10. Negative Critical Incidents/Staff**

Category	Critical Incident/ Description
Staff	Teacher's inability to collaborate with the teaching assistant to manage and resolve a conflict situation in a special education classroom caused serious communication problems between adolescent students and disrupted the smooth functioning of the class.
	Staff (both management and technical) abandoned the social services department to celebrate a national anniversary. Staff instructed students from different disciplines (led by social work students) to manage the social services department by themselves.
	Colleague of another specialty (psychologist) within the same social agency refused to provide care services to the social worker's client.

incident clearly shows how the lack of work ethic can impact on the client's access to the full service.

### **Student [2]**

The category of *student* is central to two negative critical incidents (Table 11). These refer to the student's inability to apply ethical standards and professional values when working with clients. In both types of incident, students failed to adhere to the expected ethical standards and skills for professional social workers. The students attributed this failure to different causes. In the first incident, for example, the student attributed her/his failure to help the client to her own lack of ability to practice proper professional ethics and skills. Here the student was unable to maintain the professional boundaries between the client and herself as she was emotionally involved with him. In contrast, in the second incident, the student criticised the field instructor for not helping him/her to handle the situation properly; the field instructor was not a social worker, but a psychologist within this specific organisation as any professional can function as a field instructor for social work students.

### **Discussion**

The findings clearly showed that both positive and negative critical incidents helped

students gain valuable insights into their ethics development process in the practice context. However, negative critical incidents served as good examples for students of what not to do in their future professional careers. On the other hand, the findings revealed that negative critical incidents may also result in a positive learning experience for students under certain circumstances (e.g., effective collaboration between team members, or the student's ability to practice ethical and professional behaviour skills).

Furthermore, the findings of this study indicated that, professional values are not simply theoretical and abstract ideas, but are core concepts which take on concrete meanings and are activated by/in the world of social work practice. As a result, their applicability and development seems to depend upon various individual and situational factors, as revealed by the CIT analysis. More specifically, the results of the qualitative content analysis showed, inter alia, variations in the content of critical incidents and highlighted a number of factors that, in different ways and to different degrees, seem to play a key role in the development of social work values and ethics in the workplace. These factors appeared under various headings (e.g., client, field instructor, student, interprofessional teamwork, etc.) under which either positive or negative critical incidents were classified. This variety of factors also confirms

**Table 11. Negative Critical Incidents/Student**

<b>Category</b>	<b>Critical Incident/ Description</b>
<b>Student</b>	Student, who had been involved emotionally with a client, was unable to think objectively so failed to provide appropriate services to the client. Student failed to deal with clients efficiently because her practice instructor was a psychologist not a social worker and unable to provide her with adequate training and guidance based on social work ethical standards.

the depth and complexity of the topic under study as has been documented in the social work literature (Banks, 2004, 2012; Bisman, 2014; Papouli, 2014). Summarizing the results of the CIT analysis, the following five factors are of particular interest:

- The students' own contribution to upholding their ethical standards. The findings confirm recent social work research and literature pointing to the adequacy of students' preparation along with their ability to implement knowledge and skills—including values and ethics—in field education (Bogo, 2010; Kanno & Koeske, 2010; Regehr et al., 2002). Bogo (2010) and Regehr et al. (2002) argue strongly that the ability of social work students to conceptualize their practice and identify the values, principles, and ideas that underlie their judgments and actions is an essential meta-competency for effective learning and development.
- The role field instructors play in the transmission of social work values and ethics to students during their placements. As has been well documented throughout the literature, field instructors as role models play a key role in the inspiration and encouragement of students to learn to act in an ethical manner in their professional life (Barretti, 2007, 2009; Bogo, 2010; Congress, 2002; Papouli, 2014). Field instructors not only teach students to act ethically, but they are offered as examples for them through their own behaviour. Thus, students learn to develop the ethical standards of the profession through direct observation of the field instructor's behaviour which also plays a major role in the development of their identities as ethical professionals.
- The importance of ethical collaboration, whether inside or outside the workplace. The findings shed light on the role of ethical collaboration in

delivering good quality social services and reveal that ethical climate within a social organisation requires not only individual ethical behaviour, but also relational (or collective) ethical practices between staff members at all levels of the organisation (colleagues, team members including students, etc.). Extensive literature reviews of behavioural ethics in organisations (Trevino, Weaver, & Reynolds, 2006) and team collaboration in health and social care (O' Daniel & Rosenstein, 2008; McAuliffe, 2014) have also identified that individual ethical behaviour, and relational factors such as staff relationships, are significant in building and maintaining ethical practice in the workplace. But the findings of this study also suggest that ethical relationships provide role modelling functions that are particularly important for students learning to perform their tasks better based on the ethical standards of their profession.

- The client's behaviour as a determinant of the ethical practice of social workers in the workplace. Negative client behaviour, particularly, was found to be a powerful trigger forcing students to actively engage with their professional values and ethics, as well as the ethics of the social agency. But, as the study findings revealed, negative client behaviour can adversely affect professionals' judgment to act ethically if they themselves are not able to manage difficult clients, and/or the work environment is not appropriately supportive. In the same way, negative client behaviour may cause stress to students and lead to poor ethics learning outcomes. Recent research on stressful encounters with social work clients showed that negative client behaviour (e.g., hostile, aggressive, unethical, etc. behaviour) including violation of the unwritten rules of the profession or the workers' expectations, is an important source of ethical distress for

social workers (Savaya, Gardner, & Stange, 2011).

- The importance of the ethics of management (including the political affiliation of the heads of organisations) in creating and sustaining an ethical work/learning environment. The findings are generally in agreement with the literature which considers ethical leadership as the major requirement for creating and developing an ethical climate within organisational settings (DuBrin, 2008; Hardina et al., 2007). At the same time, the findings also point to the complex relationships between management ethics and clientelistic practices that, to some degree, exist in the provision of public health (Sotiropoulos, 2004) and social care services in Greece. Clientelistic practices can occur when clients (e.g., individuals, families or groups) circumvent the formal processes to get welfare benefits for themselves and to the detriment of third parties. In such cases, clients exert pressure on persons who have institutional power (e.g., the manager/head of an organisation) and/or hold political positions (e.g., a municipal counsellor, mayor, member of parliament) within or outside the organization. It appears that clientelistic relationships tend to affect adversely the quality of service delivery and, consequently, the ethicality of the organisation itself.

### **Limitations**

As with all research, this study has its own limitations. One limitation is the small number of participants and the restriction of the data to only one Social Work Department, though the findings are based on qualitative inquiry. In the future, a larger study that includes students from other areas of Social Work, would help stakeholders (e.g., researchers, educators, instructors, employers, professionals associations) to have a wider and deeper understanding of the topic under

investigation. Another limitation is related to the sample composition. The study included only the students and not their field instructors. Research also including the field instructors in the sample population might have given a different balance to the data, shed more light on the subject, and enabled the field instructors' perspectives to be addressed as part of a more holistic investigation into what influences the practice experience.

### **Conclusions and Implications**

This study focused on a phenomenon that forms the bedrock of the social work profession, i.e. values and ethics. To accomplish its goals, the study used the CIT method to gather data from social work students who had completed their final placement. The CIT as a reflective method was found to be an effective tool to explore aspects of the process of the students' ethics learning and development in the course of their field placement; The CIT analysis reveals the multifaceted and situation-specific nature of the learning of social work values and ethics in the field placement, while clearly indicating that positive workplace learning experiences during placement are strong motivational factors for students to use and expand their theoretical knowledge in ethics, build their ethics skills and develop their identities as ethical professionals.

Given that the phenomenon of social work values and ethics is complex in nature and difficult to investigate using conventional research techniques, as well as the fact that competency models of learning and assessment have been criticized for not dealing well with values and ethics, the CIT method as described above could be part of the evaluation process of ethics learning and development in field practice. In this way, the CIT method used by social work students can identify whether the philosophy of the practice environment is congruent with the mission, values and ethics of the social work profession.

## References

- Babbie, E. R. (2011). *The basics of social research* (5th ed.). Belmont, CA: Cengage Learning.
- Banks, S. (2004). *Ethics, accountability, and the social professions*. Basingstoke: Palgrave Macmillan.
- Banks, S. (2012). *Ethics and Values in Social Work* (4th ed.). Basingstoke: Palgrave Macmillan.
- Barretti, A. M. (2007). Teachers and field instructors as student role models: a neglected dimension in social work education. *Journal of Teaching in Social Work, 27*(3/4), 215-239.
- Barretti, A. M. (2009). Ranking Desirable Field Instructor Characteristics: Viewing Student Preferences in Context with Field and Class Experience. *The Clinical Supervisor, 28*(1), 47-71.
- Beckett, C., and Maynard, A. (2005). *Values and ethics in social work: An introduction*. London: Sage.
- Benner, P. (2004). Using the Dreyfus Model of Skill Acquisition to Describe and Interpret Skill Acquisition and Clinical Judgment in Nursing Practice and Education. *Bulletin of Science, Technology & Society, 24*(3), 188-199.
- Bisman, C. (2004). Social work values: The moral core of the profession. *British Journal of Social Work, 34*(1), 109–123.
- Bisman, C. (2014). *Social Work: Value-Guided Practice for a Global Society*. New York: Columbia University press.
- Bogo, M. (2010). *Achieving competence in social work through field education*. Toronto ON: University of Toronto Press.
- Boland, K. (2006). Ethical decision-making among hospital social workers. *Journal of Social Work Values and Ethics, 3*. Retrieved from: <http://www.socialworker.com/jswve>
- Branch, W. T., Jr. (2005). Use of critical incident reports in medical education. A perspective. *Journal of General Internal Medicine, 20*(11), 1063-1067. Retrieved from: [www.ncbi.nlm.nih.gov/pmc/articles/PMC1490252/?tool=pubmed](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1490252/?tool=pubmed)
- Brookfield, S. (1990). Using Critical Incidents to Explore Learners' Assumptions. In J. Mezirow (Eds.), *Fostering Critical Reflection in Adulthood: A Guide to Transformative and Emancipatory Learning*. San Francisco CA: Jossey-Bass Publishers.
- Clark, C. (2000). *Social Work Ethics: Politics, Principles and Practice*. Basingstoke: Macmillan.
- Congress, E. P. (2002). Social Work Ethics for Educators: Navigating Ethical Change in the Classroom and in the Field. *Journal of Teaching in Social Work, 22*(1/2), 151-166.
- Crisp, B., Anderson, M., Orme, J., & Green Lister, P. (2005). *Learning and teaching in social work education: Textbooks and frameworks on assessment*. London: Social Care Institute for Excellence.
- Doel, M., & Shardlow, S.M. (2005). *Modern Social Work Practice: Teaching and Learning in Practice Settings*. Burlington, VT: Ashgate.
- Doel, M., Shardlow, S.M., and Johnson, P.G. (2011). *Contemporary field social work: Integrating field and classroom experience*. Thousand Oaks, CA: Sage.
- Dreyfus, H., & Dreyfus, S.E. (2004). The Ethical Implications of the Five-Stage Skill-Acquisition Model. *Bulletin of Science, Technology & Society, 24*(3), 251-264.
- Dubrin, J. A. (2008). *Essentials of Management* (8th ed.). New York: Cengage Learning.
- Ghaye, T., & Lillyman, S. (2006). *Learning Journals and Critical Incidents: Reflective Practice for Health Care Professionals* (2nd ed.). London: Quay Books.
- Graneheim, U.H., & Lundman, B. (2004). Qualitative content analysis in nursing research: concepts, procedures and measures to achieve trustworthiness. *Nurse Education Today, 24*, 105–112.
- Green Lister, P., & Crisp, B.R. (2007). Critical incident analyses: A practice learning tool for students and practitioners. *Practice, 19*(1), 47-60.
- Handy, J., & Ross, K. (2005). Using Written Accounts in Qualitative Research. *South Pacific Journal of Psychology, 16*(1), 40-47. Retrieved from: <http://spjp.massey.ac.nz/issues/2005-v16/v16-handy.pdf>

- Hardina, D., Middleton, J., Montana, S., & Simpson, R. A. (2007). *An empowering approach to managing social service organizations*. NY: Springer.
- Kanno, H., & Koeske, G. F. (2010). MSW students' satisfaction with their field placements: the role of preparedness and supervision quality. *Journal of Social Work Education, 46* (1), 23-38.
- McAuliffe, D. (2014). *Interprofessional Ethics: Collaboration in the social, health and human services*. Melbourne: Cambridge Univ. Press.
- McAuliffe, D. A., & Ferman, T. F. (2002). *Meeting the challenges of designing ethics education for social work*, *Ultibase*, (September), 1-14.
- O'Daniel, M., & Rosenstein, A. H. (2008). Professional communication and team collaboration. In R. Hughes (Ed.), *Patient Safety and Quality: An Evidence-Based Handbook for Nurses*. Rockville (MD): Agency for Healthcare Research and Quality.
- Papouli, E. (2014). Field Learning in Social Work Education: Implications for Educators and Instructors. *The Field Educator, 4.2* (Fall 2014), 1-15. Retrieved from <http://fielddeducator.simmons.edu/article/field-learning-in-social-work-education-implications-for-educators-and-instructors/>
- Radford, M. R. (2006). The Critical Incident Technique and the Qualitative Evaluation of the Connecting Libraries and Schools Project. *Library Trends, 55*(1), 46-64.
- Reamer, F. (2013). *Social work values and ethics* (4th ed.). NY: Columbia University Press.
- Regehr, C., Regehr, G., Leeson, J., & Fusko, L. (2002). Setting priorities for learning in the field practicum: A comparative study of students and field instructors. *Journal of Social Work Education, 38*(1), 55-65.
- Savaya, R., Gardner, F., & Stange, D. (2011). Stressful encounters with social work clients: a descriptive account based on critical incidents. *Social Work, 56* (1), 63-71.
- Schluter J., Seaton, P., & Chaboyer, W. (2008). Critical incident technique: a user's guide for nurse researchers. *Journal of Advanced Nursing, 61* (1), 107-114.
- Shardlow, S. (2002). Values, ethics and social work. In R. Adams, L. Dominelli, & M. Payne (Eds), *Social Work: Themes, Issues and Critical Debates* (2nd ed.). London: Palgrave.
- Sotiropoulos, D. A. (2004) 'Democratization, administrative reform and the state in Greece, Italy, Portugal and Spain: is there a 'model' of South European bureaucracy?' *Discussion Paper 17*, The Hellenic Observatory. London: The European Institute. The London School of Economics and Political Science. Retrieved from <http://www.lse.ac.uk/collections/hellenicObservatory/pdf/DiscussionPapers/Sotiropoulos17.pdf>
- Trevino L. K., Weaver, G. R., & Reynolds S.J. (2006). Behavioural ethics in Organizations: A Review. *Journal of Management, 32*(6), 951-990.
- Tripp, D. (1993). *Critical incidents in teaching: Developing professional judgment*. London: Routledge.

## FOOTNOTES

<sup>1</sup>The term *workplace* in this paper is used to describe places used as field placement settings for students by the Department.

<sup>2</sup>(or field placement setting)

<sup>3</sup>The final placement of students (i.e. professional practice placement) comes after the two first blocks of field placement (I & II) in the 5<sup>th</sup> & 6<sup>th</sup> semesters of study. The final placement is undertaken at the 8<sup>th</sup> (final) semester of study, takes place on a daily basis and lasts six months.

<sup>4</sup>In nursing research, interestingly, Schluter, Seaton, & Chaboyer (2008) replaced the term 'critical incident' with 'significant event' because in hospitals, the former term is usually synonymous with negative events or crisis events.

<sup>5</sup>Active participant means that the student was directly involved in handling the incident. Observer means that the student was not actively engaged in the incident, but observed someone else's handling of it such as the field instructor, either alone or as a team member or another professional in the workplace closely collaborating with the field instructor.



## Book Review

van den Hoonaard, W.C., & Hamilton, A. (Eds.). *The ethics rupture: Exploring alternatives to formal research ethics review*. Toronto, ON, Canada: University of Toronto Press.

Reviewed by Graham Cohen & Elena Delavega  
University of Memphis

*The Journal of Social Work Values and Ethics*, Volume 13, Number 2 (2016)  
Copyright 2016, ASWB

This text may be freely shared among individuals, but it may not be republished in any medium without express written consent from the authors and advance notification of ASWB.

In master-level social work programs there are a near ubiquitous presence of one or two courses centered on conducting research with human participants, but since only a small percentage of social workers are active researchers, the minutia and details of the painstakingly meticulous processes necessary for administering human research is not fully explored. We save such particulars for those who wish to pursue doctoral education or professional research. *The Ethics Rupture* speaks to social workers whose principal or significant activity involves research. In their ambitious attempt to collaboratively express the unspoken sentiments of social researchers, the authors candidly and artfully describe their experiences with research and express their views and frustrations with the status quo of ethics review and research procedures. The book reads like a list of grievances, but these grievances are well presented. Each is provided with historical context as well as implications of such problematic systems, many of which are undoubtedly often experienced by most of those involved in conducting research with human subjects.

However, it is not just to the distressed investigators that the authors write. If anything, the book is more of a call to those that perpetuate the current system. The authors issue a wake-up call to members of internal review boards and committees for the protection of human subjects at universities, hospitals, and other institutions, as well as to funders, and the governing bodies that regulate and certify such boards. The authors present the argument that in the area of research ethics, the policies, decisions and structures of these and other

institutions are inconsistent, onerous, constrained or compelled by ulterior factors, and at times out of touch with the realities of social research. Frequently, the authors expose the uninformed nature of ethics regulation due to its overseers being removed from the communities, individuals and mechanisms that they monitor. Furthermore, the social and educational costs of these systems are illustrated in great detail, as are some alternatives and potential amendments to make social research more efficacious and beneficial to all.

In the book's first section, "Strains in Research Ethics Review Processes," the authors detail their and others' dissatisfaction with the existing structures for ethics review; specifically the human and intellectual costs of current ethics review systems as well as the corruptive forces influencing research. Robert Dingwall, for instance, notes in his article "The Social Costs of Ethics Regulation" that universities and other research-oriented institutions guide their practices based on values of reputation management and legal considerations, not on human- or intellectual-centered values. This section of the book critically stresses how one-size-fits-all biomedical models of research regulation and ethics review stemming from the Belmont Report constrain researchers.

The book details how social scientists often find themselves compelled to work within parameters that create structural barriers for participants. Often, members of review boards do not understand subjects hailing from communities that differ from those of review members. As Rena Lederman and

Laura Stark point out, review boards repeatedly behave in culturally tone-deaf manners, failing to appreciate the linguistic and communicative differences and norms of communities outside of their own. Bilingualism and indirect communication, for example, are normative behaviors for many cultures, yet review boards may attempt to impose their own communicative standards, hindering rather than facilitating understanding by the very human subjects they are attempting to protect. This creates undue complications for the researchers, who frequently better understand the groups that they are studying.

Part II of *The Ethics Rupture* explores new methodologies and ‘frontiers’ of research. Heather Kitchin Dahringer raises intriguing questions surrounding the advent of the internet as an extension of personal identity. In this process, online spaces have become depositories for personal information that is frequently provided voluntarily and for social research purposes. Invariably, this phenomenon raises many ethical questions with regards to social investigations. Readers are moved to ponder what is private and what is public in a digital public space. Furthering this effort to drive readers to explore their own take on subjective nuances of social interpretation, Julie Bull examines the interpretive nature of engaging communities and individuals. She specifically addresses the ethical issues that arise in working with aboriginal communities and stresses the need for understanding that research methods can be applied through multiple lenses. She emphasizes that self-awareness and the awareness of the researcher’s own point of view or perceptual lens are crucial to interacting with such populations as researchers in the social sciences and helping professions.

Section III of the book arguably addresses some of the most prevalent and uncomfortable topics facing students and educators of social science. The book tackles the bureaucratic hurdles that frequently arise in large organizations such as universities, governmental agencies, and others. The resulting

systems may appear harmonious and to work well, and the bureaucratic structures may even be necessary to organizational functioning, but they often place barriers to scientific research (often intentionally). Often, systems created by funding sources, public policies, university policy makers and others “enmesh,” as Kirsten Bell puts it, making the prospect of scaling back review boards all the more daunting, if not impossible, of a task. Lisa-Jo Kestin Van Den Scott also posits that graduate students and other inexperienced researchers are among those most negatively affected by this. Since review boards frequently prioritize the interests of outside, more powerful groups and persons, over the research interests of graduate students, creativity is discouraged and opportunities for new modalities and fields of study are missed. The authors and editors of this book issue a call to action to protect research creativity and innovation and to educators to protect the interests of their students. The final segments of *The Ethics Rupture* examine several real world conflicts and potential solutions to the current dysfunctions of ethics review processes. Among these struggles are the challenges to engage populations that have developed “adversarial” relationships (as the authors state it) to researchers, such as in Australia. These conflictual dynamics are, in the eyes of the authors, mostly attributable to the lack of expertise on the part of ethics regulators, implying a need to reorganize the procedures and institutions responsible for guiding social inquiry. Zachary M. Schrag and Ann Hamilton issue the most compelling arguments regarding the need for reform. They indicate that review boards should be held more accountable so that members must justify proposed changes to research projects and the ethical and rigorous research reasons underpinning these changes. Delving even further into this cry for responsible management, Schrag and Hamilton suggest that social scientists should resist the ineptitude of review boards and seek to halt the blind expansion of their influence. Policies, regulatory bodies and the universities that supposedly oversee ethics review groups should be re-examined, if not restructured.

While the testimony of the authors' personal experiences offer insight into the trials and tribulations of social investigators, the final product could ultimately be interpreted as lacking direction. Its contributors have no shortage of frustrations to share, but the regulations do not follow from the evidence the authors have provided. *The Ethics Rupture* would better accomplish its goal of facilitating change within the ethics review system by offering readers engaged in these processes more concrete solutions to their concerns.

*The Ethics Rupture* is, overall, a necessary text that should be read and considered by both newcomers to social analysis and seasoned researchers alike. More importantly, all members of ethics review bodies should read the book with great consideration. The editors and contributors provide specific critiques of the review process as well as important insights. *The Ethics Rupture* truly illustrates the direct impact of ethics review constraints, bringing the concerns presented as concrete and real issues rather than abstract matters. Young scholars interested in pursuing higher education in the social sciences would also benefit from the text, informing them of what to expect should they enter the field. Or, as perhaps the authors would prefer they view it, what they should seek to change.

## Book Review

Bryan, V., Sanders, S., & Kaplan, L. (2016). *The helping professional's guide to ethics: A new perspective*. Lyceum Books. Chicago, IL

Reviewed by Wayne C. Evens, Ph.D.  
Bradley University

*The Journal of Social Work Values and Ethics*, Volume 13, Number 2 (2016)  
Copyright 2016, ASWB

This text may be freely shared among individuals, but it may not be republished in any medium without express written consent from the authors and advance notification of ASWB.

Valerie Bryan, MSW, Ph.D. is an associate professor and BSW program director at University of South Alabama. She has published in the areas of drug courts and applied ethics.

Scott Sanders, MSW, Ph.D. is a professor and program director at Cornerstone University. He is an advocate for ethical decision making.

Laura Kaplan, MSW, Ph.D. is a licensed clinical social worker, who has taught and published in the area of ethical decision making.

*The helping professional's guide to ethics: A new perspective* uses Gert's (1970, 2004) common ethics approach to provide a very practical, useful and in-depth approach to ethics. The book provides a clear system for approaching ethical dilemmas. Both the content and the examples illustrate the complexity of ethical issues.

Chapter 1: "The basics of moral theory, professional codes of ethics, and professional ideals," explains moral theories including Deontology, Utilitarianism, and Principlism. Deontology is a moral philosophy based on duty. It looks at intent and derives from Kant's moral imperative. Utilitarianism looks at outcomes or impacts of actions. This approach focuses on the creation of happiness or the greatest good for the greatest number of people. Principlism seeks to combine these competing moral frameworks to provide guidance for ethical practice.

Chapter 2: "Moral development and ethical decision making in social work practice," begins with the

assertion that when moral rules conflict people frequently rely on intuition to make decisions. It presents the Neo-Kohlbergian and the Four Component Model of moral development (Rest, Narvaez et al. 1999). Both seek to go beyond cognition alone to develop a more nuanced understanding of moral development. The chapter serves to expand the complexities of moral development and set up the discussion of Gert's approach to understanding morality as it is practiced.

Chapter 3: "Common morality and ethical decision making," introduces Gert's (1970) ten moral rules: Do not kill; Do not cause pain; Do not disable; Do not deprive of freedom; Do not deprive of pleasure; Do not deceive; Do not cheat; Keep your promise; Obey the law; and Do your duty. It then discusses moral rule violations and when they are justified or not. The chapter provides a series of questions to be answered in justifying a violation of a moral rule. It argues that this is the moral system all rational people would agree to and use.

Chapter 4: "Confidentiality and the duty to warn and protect," argues that to understand conditions under which one may violate privacy one must have a clear understanding of the concept of privacy. The legal and ethical rules and definitions of confidentiality are clearly explained. The chapter, then, discusses conditions under which there may be a duty to warn and/or protect, which conflicts with the duty to maintain confidentiality. A clear and understandable discussion of applying common morality thinking

based on a case study demonstrates how one can apply ethical thinking to reach a reasonable and ethical decision.

Chapter 5: "Competency," focuses on determining if a client is competent to give informed consent and freely participate in treatment. Legal definitions are reviewed. The many issues and confusions about competency are reviewed. Clear guidelines for determining competency in particular situations are provided with the cautions that mental impairment does not necessarily imply incompetence and competence may vary from situation to situation. Again, a case study is analyzed following the common morality system. Competency is defined as the ability to make rational decisions in the situation.

Chapter 6: "Paternalism," discusses the situation when one is acting on behalf of a client especially when acting against a client's wishes. Paternalism may involve withholding information, supplying misinformation or interfering with a client against the client's wishes. Always justified that the worker knows what is best for the client. To act in a paternalistic way, one must develop a rational argument that satisfies the criteria of the common morality system.

Chapter 7: "Informed consent: Important moral considerations," provides a very in-depth understanding of the requirements for effective consent. It addresses consent based upon the moral rules don't deceive and don't deprive of freedom. The social worker must provide the client adequate information about potential benefits and risks involved in the proposed intervention. There must be no coercion. The social worker must determine that the client is competent in the given situation. The chapter provides strong guidance to help the worker assure these conditions are met.

Chapter 8: "Dual relationships," addresses many possible dual relationships. It provides excellent guidance to help the worker understand possible dual relationships and how the moral rules can help the worker understand dual relationships and how to manage them. It explains what is required to justify a dual relationship.

Chapter 9: "Conclusion," explains the use of the moral rules and how they can help the social worker make better and clearer ethical decisions.

I found this book very useful. It can help students and workers learn to make clear and nuanced ethical decisions. It provides agreed upon moral rules, but also how their application can be situationally guided. I especially like that it provides a clear process for moral thinking and decision making. Many of my students can recite the ethical standards, but lack the ability to think through actual application in specific context.

## References

- Gert, B. (1970). *The moral rules*. New York, Harper and Row.
- Gert, B. (2004). *Common morality: Deciding what to do*. New York, NY, Oxford University Press.
- Rest, J., et al. (1999). *Postconventional moral thinking*. Mahwah, NJ, Lawrence Erlbaum.

# Book Review

Bodenheimer, D. R. (2016). *Real world clinical social work: Find your voice and find your way*. Harrisburg, PA: The New Social Worker Press.

Reviewed by Peggy Proudfoot Harman, MSW, Ph.D.  
Marshall University

*The Journal of Social Work Values and Ethics*, Volume 13, Number 2 (2016)  
Copyright 2016, ASWB

This text may be freely shared among individuals, but it may not be republished in any medium without express written consent from the authors and advance notification of ASWB.

Danna Bodenheimer introduces herself by discussing her professional, pre-doctorate MSW life, and the process of her decision to enroll in a doctoral program. The author explains that she was very unsure about how to practice clinical social work as a new professional graduating from a master social work academic program. Bodenheimer explores this topic in depth and makes the reader aware of her confusion regarding the “actual ways” theory informs social work practice and the tasks and manifestation of identified tasks within the helping relationship.

Bodenheimer indicates that she has created this text for a variety of professionals from the newly graduated MSW to the seasoned professional. In fact, the author provides many reasons why this book was written, from resource manual, to road map for clinical social workers to find their own style. It appears that the ultimate motivation for the book appears to be a reference guide on “how to” practice clinical social work, based on Dr. Bodenheimer’s experiences.

Bodenheimer presents and incorporates the case of Rita, a client whom the author meets as a newly graduated MSW working in an inner city clinic setting. Bodenheimer explains that she initially assessed Rita based on Rita’s presenting issue using the skills she had attained in her master of social work program. After treating Rita for a number of years for various issues, Bodenheimer realizes that she and other professionals had overlooked key issues in Rita’s life. Bodenheimer takes the

reader on a journey from her initial sessions with Rita, to later professional encounters, where she once again assumes various social work roles in Rita’s life. Bodenheimer candidly discusses her difficulty with terminating the client/social worker relationship and shares how, as a new clinical social worker, she was confused about the importance she played in Rita’s life. The reader is given insight into various issues that Rita experienced throughout her relationship with Bodenheimer, who discusses various professional roles and types of services she provided for Rita throughout the years. Bodenheimer also notes her “lack of clarity” with regard to Rita’s engagement with the “shared treatment goals” (p. 23), explaining her absence of understanding of why Rita was not achieving the goals that the mental health treatment teams set out for her.

Rita’s case is a clever vehicle to highlight issues faced by new social workers attempting to simultaneously utilize the social worker’s fund of knowledge, practice skills, and critical thinking. All in all, the “Introduction to the Story of Rita” raises good questions with regard to the author’s confusion about exactly what clinical social work is. Bodenheimer eventually creates a list of questions designed to prompt a dialogue to engage the clinical social worker’s understanding of “what achieves wellness” (p. 41). Bodenheimer eventually looks at a key question regarding how self-awareness links with wellness in the helping relationship, but she missed an opportunity to discuss boundary issues

with regard to her idea that “Rita could not live without her [sic]” (p. 25).

Once Rita is introduced, Bodenheimer provides approximately 20 pages of elements that comprise “The Lens of Clinical Social Work,” such as the strengths perspective and the influence of trauma on interpersonal issues. Bodenheimer covers aspects of human development and the processes of “individuation” (p. 36) and cultural competence as requirements to understand behaviors. Bodenheimer discusses specific pieces of knowledge that are needed for new social workers which would make them feel less anxious during the transition from the classroom to the field, and includes in those pieces of knowledge definitions of the term clinical social worker from various sources including the Council on Social Work Education (CSWE), whose definition maintains that clinical social work is a “mindset” that is characterized by content and process, to include ethics, behaviors, and thoughts (p. 29).

After Bodenheimer orients the reader to the Lens of Clinical Social Work, she dives into theoretical aspects of social work practice focusing on how to clinically apply object relations theory, ego psychology; self psychology; and cognitive behavioral therapy, describing how to clinically apply these theories to clinical social work practice.

Bodenheimer offers some excellent personal advice to young clinical social workers coming out of college with regard to their professional choices throughout the years to include supervision, how to choose the right setting for clinical practice, how to think about the monetary aspects of social work practice, and the choice to pursue higher education in the social work field.

The book contains an abundance of good information for clinical social work practice, and I recommend it to practitioners and all MSW students and graduates.

## Book Review

Davis, Larry E. (2016). *Why are they angry with us? Essays on race*. Oxford University Press (formerly Lyceum Books, Inc.)

Reviewed by J. Porter Lillis, Ph.D.  
University of North Carolina at Pembroke

*The Journal of Social Work Values and Ethics*, Volume 13, Number 2 (2016)  
Copyright 2016, ASWB

This text may be freely shared among individuals, but it may not be republished in any medium without express written consent from the authors and advance notification of ASWB.

This book is diminutive in both size and length, and yet, it is a very powerful and compelling reader for laypersons and scholars alike. The author, Larry E. Davis, MA, MSW, Ph.D., uses this collection of personal essays to answer a childhood question he asked himself while growing up as a black male and experiencing racism and prejudice at the end of the Jim Crow era. His question “*Why are they angry with us?*” was prompted by the fact that whites he saw and heard of, who had historically enslaved African Americans, were seemingly angry with African Americans, but the African Americans he saw weren’t angry with whites.

The book is readily accessible, written in plain prose, meant to reach an audience outside of the world of academe for whom Davis has been writing over his career. The essays chronicle his experiences starting with the history of his immediate family and then his own. With each essay, he is also chronicling our collective cultural racism and prejudices both as he remembers them and as history informs us. Each of the respective essays focuses on a different aspect of racism—but they are also his story and experiences, replete in very rich detail of the political and social milieus in which they occurred.

This alone would make this a very good book, and it is; but Davis adds another subtle academic layer. Though purported to have written for the layperson, Davis upfront tells us that with his training as a social worker and psychologist, he has discovered answers to his question. Those answers are provided in the book, with “a personal history of race with a social

science bent” (p. 2). That “social bent” is social science informed by solid theory.

Davis uses three social psychological theories throughout the essays to “make sense” of the world he has experienced as an African American male growing up and as a researcher of race. Using cognitive dissonance theory, relative deprivation, and internalized racism, Davis provides compelling explanations for racism, its perpetuation, and current issues for African Americans and African American communities.

Lastly, these rich essays with supporting theories also reference seminal and important works on race and race theory. Each essay has a concise reference section for readers who wish to learn more.

Lay persons and scholars not familiar with social psychological theories will find this book an intense and amazing read just for the value of seeing racism through the eyes of one who has experienced it, studied it, and can, with scientific objectivity, analyze it. For any student of race issues, this is not just a light read, but a fantastic starting point for discussion and exposure to the ideas of some of the leading researchers and theories used in such studies. Best of all, it is a personal and heartfelt story that makes the cost of racism palpable and yet is also a wonderful launching point for social workers and social scientists who are beginning the work of studying racism and race issues.