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Editorial: The Right for the Elderly to Commit Suicide

Stephen M. Marson, Ph.D., Editor

For my book *Elder Suicide: Durkheim's Vision*, I surveyed (questionnaires and interviews) more than 1,000 elders. Although I generated a great deal of information regarding the propensity to commit suicide, one perplexing phenomenon continued to emerge from interviews. It started toward the beginning of my research, when I approached a chapter president of AARP. I explained my suicide project and she became incensed. She responded by commenting on two particular social science research publications and concluded that social scientists hold the position "Like it or not, we're going to fix things so you can't kill yourself." When I explained Durkheim's theory and the book I was writing, she became relieved and said that Durkheim's position on suicide did not seem oppressive.

Throughout the time I worked on this project, other elders restated the position of the AARP chapter president but in a much less militant posture. During this time period, I attended a committee meeting whose membership constituted retired gerontologists. When it was my turn to speak about my recent activities, I noted that *Elder Suicide* was in press. The response of the membership can best be described as controlled hostility. As I did with the chapter president of AARP, I summarized Durkheim's position on suicide; the members of the committee were relieved. I actually heard a sigh of relief.

The data on attitudes of the elderly toward suicided is quite scarce. A strange experience: The American Foundation for Suicide Prevention responded to my *Elder Suicide* grant application with outrage. They commented that they were shocked that my university's IRB approved such research and that I should never discuss suicide with elderly populations. To me it seemed like they were saying that elderly people were too emotionally fragile to discuss their attitudes toward suicide. Our university's grants office personnel and I were dumbfounded at their emotional and seemingly irrational response. They had virtually no comment on the research methodology. Clearly, they will not fund research addressing suicide among the elderly. This might be one reason for the scarcity of research. However, in my interviews, I found that elders wanted to talk about suicide. *It is the younger people who don't want to hear them speak about it!*

I will not acknowledge the elderly person in particular, but the attitude of militant elderly can best be summed up with the statement, "I have lived a long time and it is *no one's business* to stop me from accelerating the inevitable." There is an ethical dilemma here. On one hand, clients have the right to self-determination, but suicide contradicts the value of life. Do social workers have the moral authority to stop an elderly person from committing active or passive suicide? *The NASW Code of Ethics* (revised January 1, 2018) addresses this issue:

> *1.01 Commitment to Clients*
> Social workers' primary responsibility is to promote the well-being of clients. In general, clients' interests are primary. However, social workers' responsibility to the larger society or specific legal obligations may on limited occasions supersede the loyalty owed clients, and clients should be so advised. (Examples include when a social worker is required by law to report that a client has abused a child or has threatened to harm self or others.)

1.02 Self-Determination
Social workers respect and promote the right of clients to self-determination and assist clients in their efforts to identify and clarify their goals. Social workers may limit clients' right to self-determination when, in the social workers' professional judgment, clients' actions or potential actions pose a serious, foreseeable, and imminent risk to themselves or others.

Data from *Elder Suicide: Durkheim's Vision* note that when practitioners are aware of the desire for suicide and are able to address the causes, 80% to 85% of elderly persons change their minds. I am not sure that militant members of AARP would be happy with this data outcome. Here, we see intervention to prevent suicide.

NASW (2004) does not take a stance on the morality of end-of-life decisions but affirms individuals' rights to determine the most appropriate level of care. Specifically, NASW (2003) embraces the position "It is inappropriate for social workers to deliver, supply, or personally participate in the commission of an act of assisted suicide when acting in their professional role" (p. 46). What is your experience with elder suicide? Send your comments to smarson@nc.rr.com and I will publish them in the next issue of *The Journal of Social Work Values and Ethics.*

References

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LETTERS TO THE EDITOR

When a letter is approved for publication by the author, JSWVE has always published. Some are positive, while others are negative. Regardless, once we have approval, these letters are published.

Steve,

In August 2017, the National Association of Social Workers approved revisions to the NASW Code of Ethics, including 19 amendments to existing standards and 19 new subsections. Most of the changes were related to social workers' use of technology, although there were other updates, including the exceptions to confidentiality under Standard 1.07(c) for situations in in which there may be serious imminent harm to the client or others. In the recent issue of the *Journal of Social Work Values and Ethics*, some articles referred to the 2008 version of the Code of Ethics. I realize that these articles were submitted prior to the 2018 effective date of the revised Code. I encourage authors and others to refer to the 2018 version of the Code so that social workers are apprised of the most current standards. For an article summarizing the changes, please see http://www. socialworker.com/feature-articles/ethics-articles/ the-2017-nasw-code-of-ethics-whats-new/

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The following email was in response to the editorial found at Volume 14, Number 2 (2017) http://jswve.org/download/fall_2017_vol._14_ no._2/2-Editorial-President-Trump-2017-14-2.pdf

Hello Dr. Marson
I'm prepping the required Boston University Ethics course that all our students take and doing my best to include some sort of reference to the current ethical "moment."

Your non-editorial will make a great statement.

Thanks!

Betty J Ruth
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Principal Investigator, Leadership in Public Health
Social Work Education Initiative (BU-ALPS)
Director, MSW/MPH Program
Boston University School of Social Work

Changes at JSWVE and THANK YOU

Stephen M. Marson, Ph.D., Editor, and Laura Gibson, Ph.D., LCSW, Book Review Editor

We welcome Sonia Salari, Ph.D., from University of Utah to our Manuscript Editorial Board. Dr. Salari is a gerontologist.

A great deal of work goes into each issue of the *Journal of Social Work Values and Ethics*. All work on our journal is completed by volunteers and *no one*—including our publisher ASWB—makes a financial profit from the publication. In addition, we have unsung heroes on our editorial board who contribute to the existence of our journal. Because we have a rule that requires our manuscripts to be assessed blindly, I cannot offer public recognition by their names. I thank them! However, I can publicly announce the names of our hard-working copy editors. Their work is not confidential. For their major contributions for the last two issues, I must publicly thank:

> Anthony Bibus
> W. Gilmore
> Veronica L. Hardy
> Roger Ladd
> Eric M Levine
> Alison MacDonald
> Melissa A Schaub
> Laura Smith

Thank you to the book reviewers who contributed their time to this issue. Additionally, I owe Rebecca McCloskey an apology: Her review was inadvertently left out of the last issue. I'm sorry for the oversight, and I appreciate her grace and patience. Following are the book reviewers who have given of their time to read books and write reviews in the last two issues of the journal.

Thank you!

> Ann Callahan
> Maureen Cuevas
> Bishnu Dash
> Elena Delavega
> Charles Garvin
> Joan Groessl
> Veronica Hardy
> Peggy Proudfoot Harman
> Theresa Hayden
> Destiny Hope Higgins
> Larry Hostetter
> Michele Johnston
> J. Porter Lillis
> Rebecca McCloskey
> Ottis Murray
> Elaine Spencer
> MaryAnn Thrush

JSWVE is included on the list of the 20 Best Online Journals and Forums for Social Workers, which can be found at https://mswonlineprograms.org/2012/20-best-online-journals-and-forums-for-social-workers/. JSWVE can only be as good as the members of our editorial boards.

Who's In and Who's Out? The Ethics of Excluding Language Minorities in Social Work Research

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Abstract

The percentage of non-native English speaking individuals in the United States is growing and is predicted to continue to grow for the foreseeable future. Between 1990 and 2013, the number of people in the United States who are described as Limited English Proficient grew by 80%, with the number of individuals unable to speak English fluently in 2013 reported at approximately 25 million (Zong & Batalova, 2015; U.S. Census Bureau, 2013). By 2020, the number of Spanish speakers alone in the United States is predicted to rise to between 39-43 million (Lopez & Gonzalez-Barrera, 2013).

Despite their growing numbers within the population, language minorities—individuals whose native language is not English—continue to be excluded from research. Because research findings influence the systems and structures within our society by informing policy-making, program development, and public opinion, it is critical that research efforts include the diversity of individuals that make up our society. When groups within society are systematically excluded from participating in research, both the individuals within those groups and society as a whole are negatively affected through misleading results and ineffective policies and programs. From a social work perspective, this systematic exclusion of language minorities becomes a question of ethics when we consider the issue in relation to the NASW Code of Ethics, which provides standards for ethical behavior in both research and practice.

This paper seeks to describe the problem of excluding language minorities from research, examine the issue from two opposing ethical perspectives, and offer possible solutions.

Keywords: ethics, language minorities, research, exclusion/inclusion

Problem Description

The percentage of non-native English speaking individuals in the United States is growing and is predicted to continue to grow for the foreseeable future. According the Migration Policy Institute, the number of people in the United States who are described as Limited English Proficient grew by 80% from 1990-2013 (Zong & Batalova, 2015). In 2013, the number of individuals in the U.S. who described themselves as being unable to speak English fluently was approximately 25 million (U.S. Census Bureau, 2013). By 2020, the number of Spanish speakers alone is predicted to rise to between 39-43 million (Lopez & Gonzalez-Barrera, 2013).

Despite these staggering statistics, a 2016 systematic review of 58 random-controlled trials for Type 2 diabetes found that half of the RCTs used "English language proficiency" as a screening tool, and only 3 studies provided a rationale for this exclusion criterion (Isaacs, Hunt, Ward, Rooshenas, & Edwards, 2016). An earlier review of 212 studies of provider-patient relations found that only 22% included non-native English speaking persons

(Frayne, Burns, Hardt, Rosen, & Moskowitz, 1996). The primary reason given for the exclusion was that they had not considered the issue (Frayne et al., 1996). A report compiled by the National Institute on Aging identified cost as the primary barrier to including language minorities in research (Li, McCardle, Clark, Kinsella, & Berch, 2001). "Geographic distribution, language change over time, lack of coherence with research goals, and the use of community members as translators and interpreters" were identified as additional barriers (Li et al., 2001, p. 9).

In 1993, the National Institutes of Health Revitalization Act was created to ensure inclusion of minorities in federally-funded research. Despite these national-level policies, a 2015 systematic review of federally-funded studies found that inclusion of racial or ethnic minorities was found in only 5% of NIH-funded studies of respiratory disease (Burchard, Oh, Foreman, & Celedón, 2015). It is apparent that this gap in the representation of ethnic minorities (language minorities being a subset of this group) in many areas of research persists, particularly with regard to clinical trials. This gap has been argued to be a contributing factor to growing disparities in physical and mental health outcomes in the United States (Flores et al., 2002).

Target Population

The target population impacted by this issue includes language minorities—individuals for whom English is not their native language—living in the United States; however, the problem also impacts social work practitioners and their work with clients because it determines the evidence that is made available to them. Approximately 64% of the language minority population in the U.S. are Spanish speakers; 6% speak Chinese; 3% speak Vietnamese, 2% speak Korean; and 2% speak Tagalog (Zong & Batalova, 2015). Because language minorities make up a significant subset of the ethnic minority population, particularly the growing Hispanic population, and are more likely to live in poverty (Zong & Batalova, 2015), this problem should be a concern for social workers and the profession as a whole.

Purpose

The purpose of this paper is to provide a thorough description of the issue of the exclusion of language-minorities from research studies, the factors contributing to this problem and the consequences that may arise at a variety of levels as a result. The author will also utilize two divergent ethical perspectives on the issue in order to provide a framework from which to analyze and consider ethical action. In short, this paper will examine, from opposing perspectives, the ethics surrounding the decisions that researchers make regarding who they will study, the justifications given for these decisions, the consequences of these decisions for research and society, and possible solutions to the problem.

Ethical Issues

In order to understand the ethical problem being addressed, it is first necessary to identify the ethical issues that are raised. The clear articulation of the issues at hand allows us to use ethical decision-making frameworks that enable the researcher to weigh the relative importance of the principles underlying these issues and make choices that are rational rather than reactionary. Because social work researchers are bound by the National Association of Social Workers (NASW) Code of Ethics (2017) as well as ethical guidelines specific to research, such as the Belmont Report, both will be referenced in this paper. The Ethical Rules Screen and Ethical Principles Screen developed by Dolgoff, Harrington, and Lowenberg (2012) will be utilized as a tool to rank conflicting ethical principles.

NASW Code of Ethics

The Ethical Rules Screen indicates that social workers must first reference the NASW Code of Ethics when faced with ethical issues (Dolgoff et al., 2012). When we look to the Code for guidance, there are no rules that specifically refer to including or excluding subjects from research. In fact, the "Evaluation and Research" section of the Code focuses solely on protecting subjects from harm in research (NASW, 2017). They require the researcher

to "follow guidelines developed for the protection of evaluation and research participants" (NASW, 2017, p. 27). The Code goes into great detail about guarding against coercion of participants and taking steps to gain informed consent through thorough and complete disclosure of the risks and benefits of participation. These codes specific to research only address ethical behavior towards research participants once they have been chosen as study subjects; they provide no guidance with regard to the inclusion or exclusion of study subjects.

Though the NASW Code of Ethics does not provide specific guidance with regard to the issue of inclusion/exclusion of study subjects, researchers may then look to the Ethical Principles outlined in the Code in an effort to ensure that social work research reflects the same values as the profession as a whole. Of the six social work principles outlined in the Code, those that are identified as most relevant to the issue at hand are those of social justice and competence. With regard to the principle of social justice, the NASW Code of Ethics states, "Social workers strive to ensure access to needed information, services, and resources; equality of opportunity; and meaningful participation in decision making for all people" (NASW, 2017, p. 5). Seen through the lens of the social justice principle, a lack of access to participation in research for language minorities reflects inequality of opportunity and, thus, may be seen as a form of discrimination.

The social work principle of competence holds relevance for this issue if we consider the consequences of exclusion of a particular group from research for the knowledge base available to the profession as a whole. The competence principle states, "Social workers should aspire to contribute to the knowledge base of the profession" (NASW, 2017, p. 6). If social work researchers should be held to the same principle as social work practitioners, it may be argued that the gap in professional knowledge that results from the exclusion of language minorities negatively affects the level of competence of the entire profession.

Ethical Principles Screen

Though the ethical principles outlined in the NASW Code of Ethics describe what is of value to the profession, there is no guidance with regard to the relative importance of each for ethical decision making. For this reason, it is helpful to utilize the Ethical Principles Screen to identify the relevant principles and weigh their respective value for social work. The Ethical Principles Screen identifies seven principles that are at play in any ethical dilemma and ranks them in order of importance: Principle 1: Protection of Life; Principle 2: Equality and Inequality; Principle 3: Autonomy and Freedom; Principle 4: Least Harm; Principle 5: Quality of Life; Principle 6: Privacy and Confidentiality; and Principle 7: Truthfulness and Full Disclosure. The principles that are relevant to the identified problem and that will be discussed in this paper are Principle 2: Equality and Inequality and Principle 3: Autonomy and Freedom (Dolgoff et al., 2012).

The principle of equality and inequality relates to the issue of inclusion/exclusion of study subjects because the level of knowledge that is gained from research and made available to practitioners will be more accurate and representative of particular populations and may be inaccurate or incomplete for others who have been excluded. In the past, there has been concern that minority groups have unfairly borne the burden of research without enjoying the benefits. However, protections that are now in place to guard against exploitation of human subjects may place undue burden on researchers, and this burden contributes to unequal representation of language minorities in research studies. Thus, equality must be examined in terms of both burdens and benefits of participation for human subjects.

The principle of autonomy and freedom should be considered in relation to this ethical issue as well. When researchers exclude language minorities from research studies for reasons based on convenience, budget, or logistics, it could be argued that the researcher is then robbing an entire segment of the population of their autonomy and freedom to choose to participate. Autonomy is often

thought of in relation to consent and ensuring that participants do not feel coerced into participation. However, the concept is rarely considered in relation to the decisions that researchers make in setting inclusion/exclusion criteria. From this perspective, it is equally important for an individual to have the freedom to participate as it is for them to have the right to decline participation.

The Belmont Report

Outside of social work, there are also guidelines that have been established to promote ethical research practices and guard against abuses. One such guideline is the Belmont Report, which was written in response to the uncovering of the abuses perpetrated against African-American study subjects in the Tuskegee Syphilis Study (Department of Health, Education, and Welfare, 1979). Because these guidelines were developed in response to serious and egregious violations of basic human rights in the name of science, they tend to be conservative in nature and focus on the protection of individual study subjects.

The Belmont Report highlights three core principles for ethical research practice: respect for persons, beneficence, and justice (DHEW, 1979). The principle of justice is particularly relevant to the issue of study subject selection in that it addresses the question of "who ought to receive the benefits of research and bear its burdens?" Though this section begins by stating that research involves both benefits and burdens for participants, the majority of the report focuses on the conceptualization of research as a burdensome activity.

Later in the report, the authors specifically address the issue of subject selection in relation to the core principle of justice at both the social and individual level (DHEW, 1979). They state that, at the individual level, researchers "should not offer potentially beneficial research to patients who are in their favor or select only undesirable persons for risky research" (DHEW, 1979, Selection of Subjects section, para. 2). At the social level, the report points out that injustice may occur, despite fair selection procedures on the part of the researcher, due to

institutionalized biases that exist in society. The report categorizes racial minorities, which would include language minorities, as vulnerable subjects, who are characterized as having a dependent status and a compromised capacity for free consent (DHEW, 1979). The basis for this categorization is unclear, but it may serve a discriminatory function if it encourages systematic exclusion of a population group from research participation.

Because the Belmont Report focuses primarily on the protection of human subjects from research abuses and does not explicitly address the inclusion/exclusion of language minorities, some Institutional Review Boards (IRB) have found it necessary to interpret the principle of justice in order to provide some guidance for researchers under their authority. For example, section 4.5 of the 2017 protocol submission guidelines developed by the IRB at University Hospitals in Cleveland, Ohio not only requires researchers to provide a precise definition of the population to be studied, but goes further to state: "Part of subject selection includes ensuring that no person is unduly denied access to research from which they could potentially benefit, without good reason (Belmont Report, ethical principle of Justice)" (University Hospitals, 2017, p. 3). The next statement in section 4.5 goes so far as to provide direction specific to the issue of the inclusion/exclusion of non-English speaking persons in research and addresses two of the most commonly-reported justifications for exclusion: "For example, excluding non-English speaking individuals purely because it is inconvenient to have the consent form translated into an understandable language, or because the research staff does not speak the language is not an acceptable reason for exclusion" (University Hospitals, 2017, p. 3). The type of explicit language utilized by the University Hospitals IRB should be considered a best practice to be followed by both university and organizational review boards across the country.

Ethical Analysis

Utilizing the core principles identified in the previous section, we will now look to ethical

theories for guidance in resolving the issue of inclusion/exclusion of language minorities in research studies. Various ethical theories have been developed over the centuries, from Socrates to Rawls, in order to answer the timeless question, "What is right action and how do we decide what is right action?" In order to make a decision that can be justified, it is necessary to articulate the ethical theory that forms the basis of that decision. The following section will present an analysis of the issue from the perspective of two contrasting ethical theories: utilitarianism and deontology.

Voluntary versus involuntary acts

However, before we enter into such an analysis, it is necessary to address the concept of voluntary versus involuntary acts. In *Summa Theologiae*, Saint Thomas Aquinas (1948/1485) argues that knowledge is a prerequisite for an act to be deemed voluntary. However, he also emphasized that lack of knowledge does not necessarily mean that an act should be considered involuntary. In order to determine the voluntary or involuntary nature of the act, we must also examine the power of choice. If an individual is ignorant because he/she does not take the proper steps to obtain knowledge that is available, this is considered consequent ignorance; the act that results from consequent ignorance would, therefore, be determined to be a voluntary act of will.

This distinction is critical for the discussion of the issue at hand when we consider that, in the study by Frayne et al. (1996), over half of the medical researchers who had reported excluding non-English speakers from their study said that they had not considered the issue when designing and implementing their study. If we take into account that the National Institutes of Health Revitalization Act was enacted in March of 1994 and declared that women and minority groups and their subpopulations, which would include language minorities, must be included in NIH-supported research, we can consider the reason provided by the researchers in the Frayne study to be a case of consequent ignorance; therefore, the decision on the part of these researchers to exclude non-English-speakers would be considered a voluntary act on the part of the researchers.

The claim of ignorance becomes even less justifiable given policy developments over the last twenty years. An Executive Order was issued by President Clinton in 2000, which was aimed at improving access for Limited English Proficiency individuals under Title VI of the Civil Rights Act of 1964 (Bustillos, 2009). More specific guidelines established in 2003 by the DHHS Office of Civil Rights further outlined requirements that individuals should not be excluded from participation in programs that receive federal funding based on criteria including LEP status, which was subsumed under national origin (Bustillos, 2009). Because these policies are now well-established and should be required knowledge for all researchers, claims of ignorance can no longer be used as justification. Therefore, for the purposes of the current analysis, exclusion of language minorities for any reason will be considered a voluntary act on the part of the researcher.

Utilitarianism

Utilitarianism is an approach to ethical decision-making that emphasizes the value of promoting the greatest good for the greatest number of people. Bentham suggested that determining the right action could be simplified to a type of mathematical equation in which "one would add up all the possible pleasure an action would bring and then subtract the amount of unhappiness the action would bring" (Freeman, 2000, p. 51). Therefore, utilizing this perspective requires one to predict the outcome of competing choices of action and choose the act that will bring about the greatest good to the greatest number.

We will now walk through the steps of the decision-making process from the point of view of the decision-maker, in this case the Principal Investigator (PI) on the research study, who must decide the inclusion/exclusion criteria for their study. Because one of the main responsibilities of the PI is to manage the resources of the project, the efficient and effective use of those resources

must be taken into account when making decisions. Typically, when a study is funded there is a fixed amount of money given over a specified amount of time, and the PI is responsible for making sure that the project reaches its goals while staying within that budget.

Set against this contextual background, we can look at the setting of exclusion/inclusion criteria as an aspect of resource allocation. From a utilitarian perspective, the desire to complete the most scientifically rigorous study possible with the designated funds would likely guide the setting of exclusion/inclusion criteria. In fact, Meinert (1999) compared two RCT studies with different ethnic and gender mixes and found that the inclusion of women and minorities almost doubled the cost of the clinical trial. The cost involved in including language minorities is perhaps the most significant of all population subgroups due to the need for translated materials, including consent forms and measurement instruments, and/or interpreters at various stages of the project. The increasing complexity of consent forms has resulted in increased translation costs, which multiply depending upon the number of language groups. For language minorities who are illiterate, in-person or telephone interpretation services may be necessary to gain informed consent.

Considering that most research budgets are fixed, spending on items that allow for the inclusion of language minorities often means sacrificing in other areas of the project. The outcome may be fewer staff employed on the project or fewer students to be sponsored by the project. It may mean that the sample size will be reduced, which often has an impact on the study design and/or analytical methods that can be used. If members of the research team had plans to publish the results of the study, the compromises to the study design may affect the type of journal that will publish the article.

From a utilitarian perspective, we can see that the exclusion of language minorities from a study may be justified by the disproportionate amount of the budget that would need to be spent on inclusion. In fact, regulations provided by the Department of Health and Human Services state that "the resources available to the grantee/recipient and costs" may be considered when determining "meaningful access" to federally funded programs for LEP individuals (U.S. Department of Health and Human Services, 2002, Section 5, Article 4). Therefore, from a utilitarian perspective, the strength of the argument for exclusion can be seen as directly related to the percentage of language minorities found in the target population of the study. A type of cost-benefit analysis would be performed for each language group and exclusion/inclusion decisions would be based on the size of the particular language group within the target population, the benefits for generalizability of results, and the costs associated with inclusion of that language group.

Deontology

Deontology is an ethical approach that was developed by Immanuel Kant and lies in direct opposition to the utilitarian approach discussed above. A deontological approach to ethical decision-making emphasizes the importance of using principles to guide action rather than determining the rightness of an action based on its potential outcome (Kant, 1963; 1785/1993). From a deontological point of view, the rightness of an action can only be judged on the basis of the intention of the actor. Kant believed that the only motivation that characterizes good intention is a sense of duty beyond the individual.

As we did using a utilitarian theoretical perspective, we will now walk through the decision-making process faced by the PI with regard to the inclusion of language minority subjects in the study. In contrast to our utilitarian researcher who utilized a cost-benefit analysis approach to making the decision, our deontological researcher will look to principles to guide this decision.

From a deontological perspective, the relevant values and principles that were identified in the NASW Code of Ethics and the Belmont Report would take priority. The principle of social justice found in the NASW Code of Ethics is similar to the principle of justice outlined in the Belmont Report.

The NASW principle highlights the duty of social workers to promote the right of individuals to have meaningful participation in decision-making. The systematic exclusion of language minorities from studies based solely on their language ability robs members of this population of the opportunity to make decisions that affect their life and further contributes to their marginalized status within the society.

Drawing on the NASW principle of competence, we can look at the decision to include language minorities as it relates to the duty of social work researchers to contribute to the knowledge base of the profession. The decision to exclude language minorities has the consequence of excluding an entire segment of the population, in many cases Hispanic/Latino groups, and these groups often comprise a significant portion of the client population served by social workers. In this way, social work researchers who choose to exclude language minorities are contributing to poor quality service on the part of social work practitioners and causing potential damage to clients who are not represented in research.

From a Kantian perspective, the difficulties posed by including language minorities, including additional time, manpower, and cost, are not sufficient justification for their exclusion. This conclusion holds true even if the burden is significant and results in making sacrifices in other important aspects of the project. It would also be considered unethical for a PI to choose research questions that will allow him/her to avoid addressing the issue by focusing on issues that would naturally exclude language minorities. Because the intention is based on self-interest, the resulting action would still be considered unethical from a deontological perspective.

Ultimately, in order to settle on a decision that could be considered ethical, the PI will need to ask, "Would I want this action that I choose to become a universal law?" In this particular case, "If I were a member of a language minority group that was part of the target population of the study, would I want the opportunity to be able to decide for myself if I participate or not?" It can be assumed, for the vast majority of people who value self-determination, that their answer would be that they would want to be presented with the opportunity, regardless of their language ability.

The value of a deontological perspective for social work research

Despite criticisms that deontology is too rigid and lacks the flexibility to address real-life problems, it is clearly the approach that aligns closest with the principles and values of the social work profession, particularly the values of social justice and the dignity and worth of the person. In fact, it could be argued that a shared adherence to a deontological approach to ethical decision-making based on the NASW core values is the ideal mechanism to unify the three major areas of the profession (practice, teaching, and research) moving forward. Utilizing a decision-making framework, such as utilitarianism, that focuses on providing the most good for the greatest number of people would be problematic for a profession, such as social work, that is dedicated to advocating for the needs of marginalized groups. Certainly, challenges such as limited funding and policy regulations make the implementation of deontological decision-making more difficult in practice; however, these challenges should not deter social work researchers from abiding by their principles and setting the standard for research with marginalized populations that will serve as a guide for other professions.

Implications for Social Work Research

The preamble of the NASW Code of Ethics (2017) states that social workers should "strive to end discrimination, oppression, poverty, and other forms of social injustice" through a wide variety of activities that include research and evaluation (p. 1). In our mission statement we are called to use research to end social injustice, which means that we must advocate for the fair representation of language minorities in all areas of research. Ignorance of the language minority communities

within target research populations is no longer an acceptable justification for exclusion.

Casado, Negi, and Hong (2012) have suggested strategies for social work research to conduct culturally-competent research with language minorities. However, it is not enough for each individual researcher to commit to ethical practice with regard to the inclusion of language minorities; this issue requires purposeful action at the national level of the profession in order to move from avoiding unethical practice to promoting social justice. Historically, guidelines regarding inclusion of minorities in research were written in reaction to abuses of power on the part of researchers; yet we must move past this view of minorities as "vulnerable populations" or we run the risk of perpetuating a different, yet still oppressive, form of discrimination. In order to support the ethical and just practice of individual social work researchers as they lead the call for the fair representation of language minorities in research, a three-part macro-level approach to addressing this ethical problem is outlined in the following section.

Code of Ethics for social work research

Though the NASW Code of Ethics touches on the area of research, inclusion and exclusion of study subjects and the justification for either choice is not discussed. The code highlights the importance of protecting the rights of study participants and points researchers to their appropriate institutional review boards for more specific guidelines. However, most institutional review boards do not address the issue of inclusion/exclusion of language minorities, and those that do tend to focus on protecting minorities from the burdens of research. For this reason, social work researchers must not be satisfied that simply adhering to the guidelines provided by their IRB ensures ethical research practice. Social work researchers must hold themselves to a higher standard grounded in their values and tying them to fellow social workers in the field.

In order to accomplish this goal, a code of ethics specific to social work research must be developed that addresses the issue of inclusion

from a social justice perspective. The code should articulate the ways in which research may be used as a tool of oppression and require social work researchers to take necessary steps to avoid these unethical practices. For example, purposefully choosing research questions that result in a sample that does not include language minorities in order to avoid addressing the issue should be identified as an unethical practice.

Social work journal requirements

The second part of this macro-level plan involves action on the part of social work journals, their editors and reviewers. Social work journals must make explicit the requirement that authors describe their exclusion/inclusion criteria in detail and provide an explanation for the exclusion of language minorities. Social work journal guidelines for authors must emphasize that studies that do not provide exclusion criteria or fail to provide adequate justification for exclusion of language minorities will not be accepted for publication. Because great emphasis is placed on the number of publications for hiring, promotion and tenure, this move would certainly be motivation for researchers to address this issue at the initial stages of designing their study.

Not only should studies that improperly exclude language minorities be rejected by social work journals, but studies that take the necessary steps to include language minorities should be recognized and awarded points by reviewers and editors. Editors should instruct reviewers to look for this component of the article and ask for clarification if this information is missing. In this way, social work journals will be reaffirming the values of the profession, helping to develop a depth and breadth of knowledge within the profession, and distinguishing social work from other fields based on our commitment to social justice.

Breaking down financial and legal barriers

It is important that we recognize that conducting research with language minorities involves a greater expenditure of resources than

research with English-speaking participants only. Acknowledging this reality, it is necessary that the profession create mechanisms for providing additional resources to accommodate this need. Research grants specifically designed to cover the additional costs of including language minorities should be offered by organizations such as the Society for Social Work Research. At the same time, social work researchers and their organizations must begin to gather evidence of the costs involved with the responsible inclusion of language minorities in research and advocate for appropriate levels of funding from major funders such as the National Institutes of Health. Efforts should also be made to share resources such as consent forms in multiple languages so that the burden of including language minorities will lessen over time.

Social work researchers must also advocate for the removal of the designation of minorities as "vulnerable populations" in the language of guidelines for ethical practice. Historically, this designation served a purpose in the protection of minority populations from being exploited in the name of research. However, this designation implies that minorities lack their own decision-making abilities and robs them of their dignity and right to self-determination in all aspects of their lives. It is time to remove this type of language from research guidelines and address the right to participation as much as we highlight the right to protection.

Conclusion

Though statistics show that the number of non-native English speaking individuals in the United States continues to grow, research practices have failed to change to accommodate this changing demographic. The unjustified exclusion of language minorities from research across a number of fields should be viewed as a social justice issue and a pressing ethical dilemma for those whose mission is to serve marginalized populations. For social work research in particular, ignoring a significant minority of the population in much of our research will certainly leave us at a disadvantage in serving our language-minority clients.

With the current political climate shifting towards greater exclusion of immigrants in many aspects of society and increasing threats to the funding of scientific research, it will, no doubt, become more challenging for social workers and social work researchers to call attention to unethical practices and advocate on behalf of the inclusion of language minorities in all areas of research. Despite these challenges, social work researchers must take the lead and move past the reliance on institutional review boards for guidance on ethical research practice. A comprehensive approach that involves policy changes at the national organizational level combined with individual and project-based efforts holds the most promise for addressing the issue. A clear articulation of the profession's stand on the inclusion of language minorities in research is necessary to ensure that the core values and mission of social work are reflected in our research practices and that social work research is serving to build a knowledge base that accurately reflects all parts of our diverse society.

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Practice-Informed Research: Contemporary Challenges and Ethical Decision-Making

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Abstract

The 2015 Educational Policy and Accreditation Standards (EPAS) by the Council on Social Work Education (CSWE) call for social work students to be prepared to "engage in practice-informed research and research-informed practice" (CSWE, 2015, p.8). This standard reinforces a position that ensures social workers are trained to utilize both practice and research proactively within their work. However, examples in social work literature of social workers using practice experiences to inform scientific inquiry are not plentiful, as practitioners are usually positioned as consumers rather than co-producers of research. An example is presented that illustrates dismissing without recognition what is not yet well-grounded in research literature but is verified in social work practice as an ethical consideration. Values-based questions such as the following are explored: Is it ethical for social scientists to discount practice-informed research in favor of research-informed practice? Do journal reviewers and editors dismiss contributions as not being a "good fit" or "adequately grounded in existing literature" if the topic falls outside of what is familiar or comfortable for them? Specific recommendations for social workers, researchers, and the social work publishing community are presented, such as ensuring journal reviewers and editorial boards have an understanding and appreciation for the importance of practice-informed research, and actively work to enlist the input of practitioners as reviewers and editorial board members.

Keywords: practice-informed research, competence, social work ethics, journals as gatekeepers, research-informed practice

Introduction

The relationship between practice and research within the social work profession has been perceived as almost dichotomous—that is, as two divisions that are classified separately. Practitioners rely upon researchers to identify best practices, evaluate the effectiveness of interventions and programs, document human need, and advocate for change. Conversely, researchers depend upon practitioners to offer valuable insight concerning emerging issues, needs of population groups, and the efficacy of interventions. Historically, it has

been imperative that practitioners and researchers maintain a harmonious relationship in order to propel the field forward and find solutions to human problems. As the profession has progressed and expected competencies within the field have become standardized, it is expected that social workers function in a dual role, demonstrating competence with engaging in research-informed practice and practice-informed research.

Hence, in the 2015 Educational Policy and Accreditation Standards (EPAS), the Council on Social Work Education expects for social work students to be prepared and trained to operate in a dual function and "engage in practice-informed research and research-informed practice" (CSWE, 2015, p.8). This standard ensures that social workers are trained to utilize practice and research proactively within their work. While social work students are being trained and encouraged to use research and practice in a dual function, EPAS has not allowed for the advent of some contemporary problems. Additionally, existing social work practitioners and researchers have not readily received preparation and training to serve in these dual functions. As a result, new graduates entering the field trained under the expectation of research-informed practice and practice-informed research, are entering a profession where the current practitioners and researchers have not yet clearly navigated how to engage seamlessly in these previously considered dichotomous practices.

Purpose

The purpose is to identify and highlight challenges and ethical considerations of incorporating practice-informed research into the work of existing social work practitioners and researchers. It will specify contemporary challenges with a particular focus on how to embrace social workers "in the trenches" as valued partners and producers in the research process. The social work literature is replete with examples of social work research conducted to inform practice. However, examples of social work practitioners using practice experiences to inform scientific inquiry

are less plentiful and evident as they are most frequently positioned as consumers rather than co-producers of research. Identifying these challenges and ethical considerations will assist in advancing social work practitioners to be seen as co-producers of research. Lastly, specific recommendations for practice-informed research for social work publishing companies, social work practitioners, and researchers are presented.

Review of Research Informed Practice

When social work practitioners are positioned as producers (Dudley, 2010) or co-producers of research, they contribute crucial insight and input in the research process, including practicalities associated with implementation, ethical considerations specific to the research topics and subjects, access to data, and sensitivity and competency with regard to issues of diversity. Viewing practitioners as co-producers of research supports the notion of social work being both a science and an art. The art of social work describes the less tangible and more intuitive aspects of practice where decisions, actions, and skills are based upon "cumulative experiences of helping professionals" and practice wisdom (Powers, Meenaghan, & Toomey, 1985, p. 12). Oftentimes, these are the individualized solutions crafted from years of experience and practice. As a result, the profession benefits significantly from the art of social work. Although the artistic context of the profession is part of its history, perhaps it is overlooked as social work leans even more to evidence-based practices. Evidence-based practice has its origin within scientific research, which can benefit from additional practitioner input regarding capturing, defining, and evaluating practice methods aligned with the art of social work.

The development of research for use in practice has matured considerably during recent decades and well beyond Meyer's (1976) characterization of social work research as being haphazard and with little demand. Austin (1999) chronicles and describes the advancement of social work research highlighting the development

of national support for research structures (e.g., the Institute for the Advancement of Social Work Research), national research awards (e.g., from the National Institute for Mental Health), research conferences (e.g., the Society for Social Work Research), and research structures in social work education programs (e.g., institutes and centers inside schools and colleges of social work).

While expansion of research resources has been critical for supporting researchers and the proliferation of knowledge, less evident is the development and progression of practice-informed research. During the growth and expansion of social work research came the creation of research team models where community and agency practitioners partnered with and informed social work researchers and doctoral students from universities and free-standing research institutes and centers (Austin, 1999). However, it can appear that these efforts may not have been sustained models and have not further developed throughout the years. It is also important to note that "controlling dissemination of information and access to data is a form of power: the more control an organization or group of organizations has, the more dominant it becomes in identifying what issues will be addressed by social research" (Meenaghan, Kilty, Long, & McNutt, 2013, p. 67). As a result, it benefits practitioners to align with organizations with power and control in order to have more influence and contributions towards research areas.

Social workers actively practicing in social service agencies face unique challenges for participating in research processes. By organizational mission, a social worker's agency is typically dedicated to a cause that does not have the production of research as a primary purpose or function. Practicing social workers are typically charged with utilizing limited resources to help clients and are employed in organizational settings characterized by "a lack of research addressing populations seen in practice" (McCracken & Marsh, 2008, p. 3030). Social workers also face large caseloads, budget cuts, the demand to perform multiple roles, and limited access to library data

and information (Lietz & Zayas, 2010). When considering the pressures and constraints placed upon practicing social workers, the notion of dedicating precious time and energy to partner with and inform researchers about problems, population groups, and interventions is often impractical.

Practicing social workers should be important participants in promoting, formulating, conducting, interpreting, and utilizing research. MSW and BSW level practitioners often receive limited education and training concerning research methodology (Lietz & Zayas, 2010) and statistics, however, especially when compared to research-dedicated social and health scientists at the doctoral level. Not only do practitioners and researchers typically dwell in distinct and separate organizational contexts and cultures, social workers with direct practice experience are not always assimilated or reconciled to the methodological and statistical sophistication of their doctoral prepared and research-oriented counterparts. Whatever the reason(s), a disconnect and lack of regular and ongoing contact and communication between practitioners and researchers is an important consideration when examining the lack of research addressing cutting-edge populations and problems seen in practice, but not yet appearing in published research literature.

Ethical Considerations

As the social work profession increases its commitment towards practice-informed research, contemporary challenges and corresponding ethical considerations need to be addressed. The inclusion of practice-informed research in national standards and its impact on practitioners, researchers, and social service systems has received limited discussion. Social work educational programs implementing this EPAS standard must work to ensure that social work graduates are equipped to contribute meaningful work to this underdeveloped area and help to integrate practice-informed research.

Acceptance of Practice-Informed Research Contributions

The National Association of Social Workers' Code of Ethics (NASW, 2008) addresses evaluation and research standards in section 5.02 suggesting that "social workers should promote and facilitate evaluation and research to contribute to the development of knowledge" (5.02[b]). Social work practitioners and researchers are responsible for contributing to the knowledge base of the profession, thereby advancing the field. However, are social work practitioners adequately positioned to contribute to research teams and as scholarly contributors to social science literature, or must they be paired with a researcher for validation? Is their research contribution considered valuable to the field?

Beyond the functional challenges of linking practitioners and researchers, publication of practice-informed research can experience resistance with regard to publication in peer-reviewed journals. Examination of new ideas, concepts, and population groups revealed through the experience of practitioners, but lacking formal recognition and grounding in published literature, it can be subject to skepticism, scrutiny, and dismissal. Despite the opportunity for discovery, editors and reviewers who are predominately doctoral prepared and come from academic and research institutions may be reluctant to recommend publication of manuscripts depicting populations and concepts not well-grounded and documented in a substantive body of research. Publication can especially be an issue when examining very marginalized or small at-risk populations, as well as less visible or unpopular client groups.

Case Illustration

To illustrate challenges for publication of practice-based research, consider a case example where the partnership between community-based practitioners and researchers was crucial in expanding the social work knowledge base: social work practitioners working with a social service agency engaged in HIV-prevention work with a particularly marginalized segment of the community. These practitioners work with young Black gay men and other men who have sex with men (MSM), as well as Black transgender women, who bear a disproportionate burden of new HIV infections (CDC, 2017a; 2017b) with young Black MSM accounting for more new infections than any other subgroup (CDC, 2016). The practitioners found it was difficult to engage clients in traditional HIV-prevention interventions and decided to "meet them where they are" by hosting a house/ball event with an HIV-prevention theme. The goal was to engage with the members of the house/ball community (Rowan, Long, & Johnson, 2013), in a manner that was culturally tailored, and to deliver HIV-prevention messages in terms that embraced and celebrated their rich cultural traditions.

This strategy was successful and provided HIV-prevention education to hundreds of attendees within the target population. The practitioners were interested in garnering research support for their work and enlisted the help of a local university researcher. The researcher was very interested in the innovative way the practitioners had designed an intervention that was culturally tailored to reach this group, which was both hard to engage and extremely high-risk. The researcher partnered with one of the practitioners to write an article about the house/ball culture. It was discovered that there were very few articles published on this specific subculture and they were limited to public-health-oriented literature. Until that date, social work literature had been silent on work with this group. Since the practitioner had no experience with writing for a journal, and the social work researcher had no experience with writing on a topic that was not yet appearing in the literature, they enlisted the support of a senior faculty member with success in academic publishing.

Interestingly, the process of enlisting the support of the senior social work faculty member required some education and convincing. Although keenly aware of the need to engage with marginalized groups experiencing vulnerabilities, this topic involved transgender issues, dressing in drag, and same-sex sexual behaviors within

the more mainstream African-American culture, which was unfamiliar and uncomfortable ground. Upon becoming informed and aware of the highly marginalized status of the group, however, the senior faculty member recognized the need to develop a literature and research base of knowledge about members of this population and how to reach them with health-promoting messages. To provide groundwork to facilitate research, Rowan, Long, and Johnson (2013) produced a scholarly article detailing the history of the subculture, the specific terminology that accompanies it, and a discussion of approaches to interventions for social workers. It was followed by an empirically grounded study with participants from the house/ball community (Rowan, DeSousa, Randall, White, & Holley, 2014).

Although this practice-informed research contributes significantly to practice, this particular type of practice-informed research creates potential challenges and conflicts when considering publication within peer reviewed journals. Consider the potential reservations and skepticism that might be held by journal editors and reviewers which may inadvertently be framed under areas such as relevance to the journal's audience, newness of the content, the fit with other articles being published in the journal, and lack of previous literature. While the content is informed and supported by the insight of practitioners, reviewers might question the validity and credibility of the information. Is it ethical for social scientists to discount practice-informed research in favor of research-informed practice? Do journal reviewers and editors dismiss contributions as not being a "good fit" or "adequately grounded in existing literature" if the topic falls outside of what is familiar or comfortable for them?

Competence of Practitioners for Research

The social work profession strongly advocates for practice within one's area of competence. The NASW Code of Ethics has competence as a core value (NASW, 2008), encouraging social workers to engage in work within their knowledge and expertise. When the competence level is not sufficient for a particular subject area or populations, practitioners are encouraged to refer the case to someone with more expertise or knowledge. With the focus on practice-informed research, are current social work practitioners fully competent and prepared to contribute to social science research? If they have not received doctoral-level preparation and development, are they practicing within their area of competency?

Research suggests that social work students are often apprehensive and intimidated by the study of research methods (Morgenshtern, Freymond, Agyapong, & Greeson, 2011), and several approaches have been suggested to increase competency and comfort with research (Kranke, Brown, Atia, & Knotts, 2015; Bolin, Lee, GlenMaye, & Yoon, 2012). Engagement in practice-informed research would require for social work practitioners to have a clear understanding and assessment of their research-based competence level. Practitioners would need to know when and if it is necessary to seek a trained, experienced researcher to assist with carrying out their research agenda. It is important to consider the risks of engaging untrained practitioners in adding knowledge to the social sciences field if they do not have the level of competency and training necessary to ensure all research related risks are minimized.

Social work educational programs vary within their curricula, specializations, and research requirements. While some programs have a heavy clinical focus, other programs are more focused on research and evaluation. While CSWE-accredited programs all operate within the same educational standards, the implementation of those standards varies across programs. Thus, it is difficult to assess whether graduating social work students are prepared to engage in practice-informed research. As the standard of practice-informed research did not apply to graduates of social work educational programs prior to 2008, existing practitioners who have been in practice for a while may be even less trained, prepared, and competent to engage in this form of research.

Discussion

Practice-informed research is supported nationally by CSWE EPAS standards and is being implemented throughout accredited social work educational programs. Ethical challenges should be considered with the inclusion of this standard. The social work profession needs to be proactive in minimizing any ethical conflicts and identifying strategies to support practice-informed research.

Strengthening the training for competence in practice-informed research requires initial education of existing researchers and practitioners within the field. This was illustrated by the example provided of educating the senior faculty member about the importance of examining the needs of a population group well outside the mainstream in the literature. Fortunately, in this scenario, the faculty member was receptive. However, senior colleagues can use their power and position and influence to squelch research and publication initiatives involving new and less researched topics introduced and conducted in affiliation with a community agency. Conversely, practitioners need additional education by researchers about strategies for engaging in research and scholarship utilizing current practice experiences. This will aid in increasing overall competence of researchers and practitioners ensuring that professionals are practicing within their areas of knowledge and competence.

As social workers are to contribute to the knowledge base of the field, it is vital that journal reviewers and editorial boards have an understanding and appreciation for the importance of practice-informed research. Presently, journal reviewers can inadvertently favor manuscripts grounded in existing literature and of already known significance. Any such tendency is contrary to the mandate to produce "practice-informed research." If the practitioners are speaking and the journals are not willing to listen, discovery is limited and decisions can be made on the basis of values and subjective criteria, such as the perceived importance of a submission.

Additionally, editorial judgments and decisions made on the basis of population groups and topics not being "a good fit" with a journal can be biased and disadvantage lines of research (e.g., by not welcoming a substantive domain of research into mainstream journals). This occurs when a manuscript addresses the journal's aim and mission but is devalued or dismissed due to lying outside of social norms and comfort levels of reviewers and journal editors.

To normalize practice-informed research within the literature, the use of population-sensitive and savvy practitioners and researchers as manuscript reviewers is suggested. This will assist with valuing the positions of social workers serving in the trenches and familiar with marginalized population groups. It will also help to provide additional training and development for practitioners with research.

Recommendations for the Social Work Publishing Community

Practice-informed research has much to offer the social work publishing community, but strategies need to be implemented to assist with its implementation and acceptance. Practice-informed research must be considered as a valuable part of the "bench to bedside and back" feedback loop that is commonly used in other health-related fields. When submissions originating from practitioners arrive for review at journals, they should be recognized as such. Gatekeepers holding the keys to the professional journals must exercise some flexibility when considering practice-informed research submissions. Inflexibility may permanently frustrate clinicians and other practitioners who want to contribute what they know to the literature, in an attempt to share best practices, open dialogue, and further investigation through research. Journals should consider a separate venue for practitioners to communicate their experiences, such as "notes from the field" that do not require empirical support. The publishing community is encouraged to consider the development of a venue for translation of academic research findings into more practice-based language, such as for an online, searchable professional magazine.

Reviewers and editors must guard against

their own biases and values affecting decisions about publication. Practice-informed research may focus more on marginalized populations not discussed in mainstream literature. Editors must recognize that a reviewer who was possibly arbitrarily assigned to a manuscript may not have the depth of understanding of a population available to a practitioner or researcher devoting all of their time to interfacing with that population's issues. Thus, it's important to consider adding seasoned practitioners as reviewers of manuscripts that are more practice-informed.

Lastly, social work practitioners should find additional ways to contribute to practice-informed research that is outside of the publishing pipeline and not be limited by publishing demands and academic journals (Reamer, 1992). This will allow for more participation and dissemination of practice-based research.

Recommendations for Practitioners and Researchers

To spark interest and participation in practice-informed research, strategies must be developed by researchers to consistently seek input and involvement of practitioners in research, including new population groups for study. Researchers should welcome and value practitioner input to identify important issues, needs, and population groups to keep research on the cutting edge. This also includes advocating for the inclusion of practitioners on editorial boards and as reviewers.

Proposal, funding, and manuscript submission criteria should reward the active inclusion of practitioners in the research process. This ensures that practitioners are engaged during the development and research initiation phases. As a result of the inclusion of practitioners, researchers are also positioned to encourage practitioners to increase access and readership of professional publications.

At the university level, researchers could educate local practitioners about the importance of representation on editorial boards and encourage them to apply. Social work programs could also seek the involvement of social work field agency staff and supervisors in research projects.

Conclusion

It is necessary for social workers to continue fully to embrace a longstanding professional commitment to "promote and facilitate evaluation and research to contribute to the development of knowledge" (NASW, 2008, p. 13), to help people in need, and alleviate social problems. Although theory and conceptual frameworks serve as insightful and valuable components in research, social work practitioners are positioned in unparalleled ways to offer much needed information and context concerning contemporary population groups, problems, and issues for inquiry and collaborate in research. Partnerships between researcher and social work practitioners will require a deliberate and concerted effort. Meanwhile, in order for practice-informed research to be more fully valued and represented in the published literature, those in positions of power governing publication and the research enterprise will need to be challenged to acknowledge formally and to include practitioners as key members for translational research that completes the "bench to bedside and back" feedback loop used in other health-related fields.

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Ethical Dilemmas Facing Clinical Supervisors in Integrated Health Care Settings

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Abstract

The various professions in Integrated Health Care Settings (IHCS) implement confidentiality differently. Lower status clinical social workers in IHCS need to advocate effectively for their profession's perspective. Clinical social work supervisors have special responsibilities. This article explicates this ethical dilemma and explains how a social worker traversed this dilemma.

Keywords: Ethical dilemma, clinical supervision, integrated healthcare, confidentiality, and psychotherapy notes

Introduction

The entire March 2013 issue of *Families, Systems & Health: The Journal of Collaborative Family Healthcare* focused on how, in IHCS, various professions' ethical guidelines can co-exist and conflicts can be dealt with. Regrettably, social workers and clinical supervisors were not included. This article addresses these issues from a supervising clinical social worker's perspective.

The article will first explore the relevant issues for clinical social work supervisors in IHCSs and will also share how the author dealt with these challenges in the IHCS that he worked in.

The Study Issue: Ethical Dilemmas in an Integrated Health Care Setting

Clinical social work supervisors face unique ethical challenges when they work in IHCS. IHCS maximize integrated, holistic care by integrating behavioral health into a health setting. The various professions in these IHCS teams come at relevant ethical issues from different value stances and different levels of power. These settings are common on college campuses, rural settings, military care, and when treating populations with unmet mental health needs due to a high degree of stigma (Mullin & Stenger, 2013, p. 69).

There are a variety of ways that healthcare administrators integrate behavioral health into their setting. In some, the behavioral health practitioners (BHPs) (including clinical social workers) consult in 15- or 30-minute increments in the same curtained exam rooms that the primary care physicians (PCPs) use. (BHPs are comprised of psychiatrists, psychiatric nurse practitioners, psychologists, clinical social workers, marriage and family therapists, and counselors.) In others, behavioral health is provided behind closed doors in offices slightly removed from the hubbub of the PCP's environment, and short-term therapy is provided within the 50-minute hour context. In some IHCS settings, the BHPs only see clients who are referred by the PCP, in others they see those clients—as well as self-referred clients. (Bryan, Corso, Neal-Walden & Rudd, 2009, p. 149). BHPs in an IHCS are more likely to work on helping clients cope with chronic physical health problems (e.g., pain, asthma, diabetes) than are their colleagues in traditional settings (Cummings, O'Donohue, Hayes, & Follette, 2001, p.24).

The various professions that work together in

an IHCS have different codes of ethics and traditions related to client confidentiality, informed consent, and record keeping (Browne, A et al., 1995, p. 1002; Dobmeyer, 2013, p. 67; Hodgson, Mendenhall, & Lamson, 2013, p. 28; Hudgins, Rose, Fifield, & Arnault, 2013, p. 9; Hudgins, Rose, Fifield, & Arnault, 2014, p. 388). The hierarchy, which decides how the IHCS agency will resolve its ethical conflicts, has administrators at the top, PCPs near the top, ancillary health care providers under the PCP's direction next, and BHPs as members of the team who do not directly work under the PCP's direction, but are considered independent providers in a relatively new and ambiguously collegial position (Boice, 2012, pp. 136–37). BHPs are perceived as acclimating to the IHCS and coming to it with impractical ideas about patient care from prior experiences in 'specialty clinics' (Dobmeyer, 2013, p. 67; Hudgins et al., 2013, p.15; Hudgins et al., 2014, p. 383; Kanzler, Goodie, Hunter, Glotfelter, & Bodart, 2013, p. 48). To cope within this new environment, Boice (2012) recommends, "BHPs should work diligently at building collaborative relationships while being careful to respect and avoid criticizing the (IHCS) culture" (pp. 136–37). Kanzler et al. (2013) cautions "(BHP's) ethics code(s) … seem most applicable to mental health providers practicing in specialty mental health clinics. As such, the (BHP) may have to extrapolate discipline-specific ethical principles and incorporate the ethics guidance from health care professionals (e.g., AMA) to ensure ethical practice in the (IHCS) environment" (p. 48). In stark contrast, Hudgins et al. (2013) discourages:

> the assumption by some in the field that due to the more medically focused interventions of a BHP in an (IHCS), that BHPs differ from that of a traditional or specialized mental health provider … and their practice is, therefore, not governed by the regulations applied to their licenses. … The assumption of immunity of the BHP from mental health licensing laws and ethical standards has not yet been tested, and BHPs … remain

under scrutiny by (their profession's) standards as their interventions are seen to fall within the scope of their regulatory boards. Licensing laws apply to one's profession and not exclusively to the type or location of practice. ... If it waddles, quacks, and swims like a duck, it will be treated like a duck, even if you are calling it an elephant (p. 15).

BHPs often have little formal power, but they can have significant influence on how their IHCS implements client confidentiality, informed consent, and record keeping if they use their active listening and effective teamwork skills (Kotter, 2010) and can demonstrate that their work improves patient outcomes (Runyan, Robinson, & Gould, 2013, p. 4). In this IHCS mélange of various physical health and BHP professionals, tough ethical issues are extant and being worked out. The voices of social workers and clinical supervisors need to be included in this conversation.

Non-supervising BHPs can more easily defer to their IHCS's values of efficiency and holistic medical care. Therefore, *de minimus* progress notes can be used and they can require clients to sign a Notice of Privacy Protection form (NPP) that broadens who, within the IHCS, can read their short, sparse, efficient notes. Non-supervising BHPs may need to keep their own triple locked, handwritten "psychotherapy notes" out of the electronic health record (EHR) in order to track clinical process and sensitive material, or—if their EHR software allows—create psychotherapy notes, in addition to their progress notes, that are only accessible to them. This meets the minimal legal standards that differentiate short, efficient "progress notes" from much more highly protected "psychotherapy notes" (Luepker, 2012, p. 91)—as long as these handwritten notes are considered a part of the client's chart. However, this may pose a dilemma. It would not allow the mental health team to best treat their client in crises when the BHP is absent. In addition, the non-supervising BHP would need to rationalize why they are prioritizing agency efficiency over

their client's self-determination when a client does not want to sign an NPP that allows a broad array of IHCS staff to read their mental health progress notes. These notes may be succinct, but they do document that the client is in therapy, as well as their diagnoses and prognosis. Many clients want to limit who has access to that "succinct" information. Non-supervising BHPs can ethically practice in an IHCS, but it involves decisions that could affect the quality of patient care since the notes in the EHR are designed to not be robust and detailed and since some clients will feel coerced by the requirement that the IHCS's NPP had to be signed. A potential outcome of this is that some staff will have access to their client's mental health progress notes, even though the client doesn't want those staff to even know that they are in therapy. A non-supervising BHP could say that the reduction in stigma about receiving mental health services where clients receive their physical health care and the potential efficiencies that allow more clients to be served can tilt the balance of conflicting ethical concerns toward accommodating the IHCS's ethical priorities. Non-supervising BHPs would be wise to not consider this a settled issue since IHCS administrators may push to broaden the NPP, so even more IHCS staff, outside consultants and others can read their progress notes (coaches, team doctors, physical therapists, dieticians, etc.) In addition, administrators and insurance companies who prioritize the values of efficiency and do not fully understand the importance of confidentiality in psychotherapy (or "behavioral health") may push legislation to change the Health Insurance Portability and Accountability Act (HIPAA) and state licensure laws to save money and serve more clients with limited resources.

Why is it more challenging for the BHP who is a clinical supervisor? Clinical Social Work supervisors are more responsible than their non-supervising BHP peers in the ethical resolution of confidentiality, informed consent that respects client self-determination, and how records are documented. In addition to responsibility for being an exemplar with their own clinical work, they are responsible for their supervisees' work and for teaching them

how to be ethical clinicians (Boulianne, Laurin & Firket, 2013; Cohen, 2004; Congress, 1992; Jacobs, David & Meyer, 1995; Kadushin & Harkness, 2002; Munson, 2001; Storm & Todd, 2002). Clinical supervisors rely on standards of clinical social work supervision, HIPAA, and both NASW's and the Society for Clinical Social Work's Codes of Ethics. Supervising BHPs are concerned about the values of efficiency and holistic care, but give priority to the values of (1) protecting client privacy and confidentiality, (2) expanding students' and interns' scopes of practice while maintaining clinical quality through close supervision and (3) respecting client self-determination. Supervisors, therefore, seek to minimize the IHCS staff who can read their supervisees' clients' mental health notes and to ensure that clients can "opt out" of a holistic, integrated health care agency's HIPAA NPP without losing access to services.

Clarity about the three different kinds of mental health notes promotes the understanding of what documentation options exist for mental health practitioners in the United States. HIPAA (HIPAA, 2010), prompted by the court rulings *Jaffee v. Redmond* (1996) and *Berg v. Berg* (2005), designates two types of mental health documentation that are a part of a client's chart, and traditional psychotherapy supervision practice uses a third that is not a part of the client's chart. The three types of documentation are: (1) progress notes, (2) psychotherapy notes, and (3) process recordings. Some non-clinicians confuse what a psychotherapy note is versus a process recording because the definition of a psychotherapy note, within HIPAA, includes analyzing the content of the therapeutic process. Hudgins et al. (2013) clarifies how the first two "notes" are legally defined in HIPAA:

> No distinction is made for information generated by a BHP (compared to a health care practitioner) according to HIPAA, except in the case of "psychotherapy notes." HIPAA defined these notes as that by a mental health professional documenting or analyzing the

contents of a conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's medical record. (But are still a part of it). The definition excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date (45CFR 164.501) (p. 13).

Within HIPAA, mental health progress notes were predominantly designed to document information that the billing staff could use to process payment, and this is what BHPs document in IHCS to facilitate holistic care with their physical health teammates. Since they exclude most of the information about clinical process, the BHP's analysis and details about the client's sensitive information, these notes are not adequate for clinical supervision. Psychotherapy notes are richer documents that are more conducive to effective clinical supervision. However, the need for them to be separated from the rest of the chart (but still a part of it) allows support staff to release information without releasing sensitive chart details that could harm the client if released without discretion. Psychotherapy notes can help clinical supervisors better decide which client's therapy session should be more deeply explored via a process recording.

Supervisees often document between 10 and 30 sessions a week. Clinical supervisors read these notes, cosign them and glean information about their supervisees' learning issues, quality of care and indications of countertransference (the supervised clinician's feelings about their client that can be an obstacle to care or an opportunity for enrichment) (Freud, 1910) (Greenberg & Mitchell, 1983) and projective identification (when a client reenacts a personal issue within the therapeutic relationship outside the awareness of the client) (Ogden,

1977). Clinical supervisors often have four to five supervisees at a time. This can lead to an avalanche of paperwork review that can feel overwhelming and bureaucratically useless, unless useful information that enhances the clinical supervision process is inside the notes. Having supervisees write psychotherapy notes, instead of progress notes, promotes this. Supervisees are often directed to read their supervisor's clinical documentation. They would, also, learn more by reading the supervisor's more detailed psychotherapy notes.

For clarification, here are three different mental health notes for the same fictional session (with fictional clients):

As the exemplar notes indicate, the progress note is too sparse to alert a supervising clinician that more focus, depth, and understanding is needed with this case. The psychotherapy note is much richer and allows the clinician to be alerted to potential learning problems, countertransference, and problems with the quality of care that the supervisee provides. Social workers who do not supervise may not be aware that supervisees can tend to focus on cases that are going well instead of problematic cases (Jacobs, David & Meyer, 1995, p. 47). Supervisees are often highly anxious about their clinical work being judged and may have only had past non-clinical supervisors who were punitive and belittling.

It is not uncommon for a supervisee to write a progress note like the exemplar of Ms. U's parent guidance session that states briefly what happens but almost obfuscates the issues involved. A supervisor would be curious about the progress note's emphasis on Ms. U's poor executive functions, the possibility of her having borderline personality disorder, and her preference to not be called by her first name but would be clearer about how to proceed in clinical supervision if the exemplar psychotherapy note was read instead. With the process recording exemplar there is information about how racial and class differences may be affecting the work, and how countertransference and projective identification might be in play. The intense focus of a process recording would more likely be assigned to this case and optimally promote the supervisee's learning.

Figure 1 | Progress Note

Pt: Shantaya Untaya	Collateral: Kwane Untaya	Date: 01/30/2014
Meds: Adderall (takes regularly as Rx)	Meds: None Rx at IHCS	Start/Stop: 3:17/3:45
Modality: Parent Guidance (Shantaya not present)	PsychTests: None	

Tx Plan Goal #6: Discussed parenting skills and began to address how Ms. U dealt with a recent parenting issue. Tx used Love & Logic Parent Ed model emphasizing accountability and natural consequences.
Dx (MO's): PTSD, R/O Borderline PD
Sx (MO's): poor executive functions, low impulse control,
Progress/Prognosis: Ms. Untaya (*prefers to not be called by her first name*) is making slow progress. She may not be ready to parent Shantaya without external support when Shantaya's MATGRMO dies. She encouraged Tx to not give up on her.

<div align="center">

Tx Signature: _____

Date: 02/01/2014

</div>

Figure 2 | Psychotherapy Note

Psychotherapy Note
Parent Guidance with Ms. Kwane Untaya (31 yo) (for Shantaya Untaya (13 yo))
2nd of 8 planned PG sessions Ms. U,
16th of 30 planned individual sessions with SU,
7th of 12 planned family therapy sessions with SU & GS (Ms. U may join in March.)

02/01/2014

D: Ms. U was 17 minutes late to her session and started by focusing on the different types of cars she and the therapist (tx) have. Tx encouraged her to use our remaining time today to work together and figure out what happened at her daughter's birthday party. (This is the first birthday that Ms. U attended in 9 years, is the first since the family was told that Ms. U's MO, (Gertrude Smith, Shantaya's GRMO and primary parenting figure since 3 yo) has untreatable Stage III ovarian cancer, and the first where she has been "clean & sober" for more than 6 months.)
Instead, Ms U. continued to insist that we talk about "the light green, eco-car out in the parking lot – not a dark, black powerful car." When Tx set limits and tried to refocus on her being late to her daughter's birthday party and unexpectedly bringing her boyfriend (who was high), Ms. U alluded to her being very dark skinned compared to her daughter and this Tx and to her Caucasian mother.
Ms. U ended the session early and left with the mixed message that she does not want me to give up on her, and that she thinks she is going to meet with my supervisor and ask for a therapist who can work with "people like me." She added that she might ask the supervisor to assign a new therapist for her daughter.
A: Ms. U needs her Tx to work more on building a strong therapeutic relationship. She may need a clinician who is not also her daughter's therapist and her family's family therapist.
P: Nonjudgmentally encourage Ms. U to assert what she needs from her parent guidance worker/therapist. Continue to encourage the use of the same parenting program that Shantaya is used to (Love & Logic Parenting), but allow more room for MS. U to alter it so it can incorporate her own style.

Signature: _____   Date: ___/___/_____
Sup Co-signature: _____   Date: ___/___/___

Figure 3 | Process Recording 1ˢᵗ page

Verbatim Process	Pt's Feelings/ Affects/ Behavior	My Gut Level Thoughts & Feelings	Analysis of Interventions/ Major Themes/ Issues/ Hunches	Diversity Issues	Theory	Supervisor's Comments/ Questions/ Reflections
Third Parent Guidance Session 17" late Ms. U: I think I figured out that you drive the light green, eco-car in the parking lot am I right?	Embarrassed?	Annoyed				
TX: Kwane' we have about 30 min. left to today's session. I'd like us to focus on what happened at Shantaya's birthday party.		I need to set appropriate limits and expectations.		Where I come from showing up on time is a sign of respect. Ms. U comes from a different subculture.		
Ms. U: I know you are not flexible about time. … Most people do a little socializing before they get down to business. … So you want to know about Shante's birthday party. Okay, ask away!	Angry.	OK, now we can get done what is needed.	Projecting blame for being late onto me.			
TX: I heard from Shantaya. I wanted to hear your side of the story.	Moved on? Snarky?		Relationship Building.			
Ms. U: And I want to know if that is your light green eco-car; why not a dark black powerful car?		The stare freaks me out. Is she going to be violent?				
7 second pause, with a long stare.	Stubborn?				Anal Stage?	
TX: Kwane, my job is to help your daughter and in the time we have left I'd like to focus on your daughter's birthday party.			Limit setting, clarifying purpose of parent guidance.			
Ms. U: I never gave you permission to call me by my first name. You have hee hee gee bees, don't you? My mother and my daughter — you've already taking their side. They talk like you, they look more (wipes away tear) … you take what I say with suspicion. I think I want to talk to your supervisor I don't think you can work with people like me.	Clarifying where she sees our relationship. Tears — suppressed anger?	What are hee bee …? I do feel nervous.	I was so caught up I did not respond to her tears.	Is Hee Bee Gee Bee a black culture term I am not familiar with?	She is projecting her suspiciousness on to me.	

Figure 4 | Process Recording 2nd page

Process Recording 2nd page

Verbatim Process	Pt's Feelings/ Affects/ Behavior	My Gut Level Thoughts & Feelings	Analysis of Interventions/ Major Themes/ Issues/ Branches	Diversity Issues	Theory	Supervisor's Comments/ Questions/ Reflections
TX: I do work better with people who show up on time. Here's my supervisor's card. Please feel free to call.	Surprised look on her face.	What happened? This isn't me. I am so cold and uncaring, why?	I am screwing up and making things worse.	Is she from a subculture where you have to earn calling her by her first name?	Masterson? BPD?	
Ms. U: You want to ....? ... Don't give up too easily on me and Shantaya. ... You need to toughen up.	Fighting for Tx, but fighting.					
TX: Sometimes there is simply a personality conflict between a therapist and a client. There is no judgement here. I'm sure my supervisor can find a different counselor who will be less likely to have a personal...	Listened with a stare	A really sick feeling. I was a bitch. Why? What happened?	Cold. I need to warm up to her.			
Ms. U: Shut up bitch! You give up too easy. Maybe I'll tell your supervisor that I want Shantaya to have a different therapist too!	Pure anger, threatening to take away what she knows I value.	Very worried that I just blew up Shantaya's Therapy.	I don't want to lose Shantaya. Her GrMo is dying. She needs me. Jealous of my good relationship with Shantaya?			
Ms. U gets up and leaves, and slams the door behind her.						

The supervisor might not be alerted to this need if the agency restricts documentation to progress notes.

Method: Exploring Teaching Strategies That Address Ethical Dilemmas

At the very beginning of clinical supervision, the supervisor emphasizes that supervision needs to be a space where the supervisee can talk about anything related to their work. Discussing countertransference, sexual attraction, the effects of racial/ethnic/gender differences, applying a variety of theories and strategies, and ethical dilemmas are specifically identified as areas that are essential for effective clinical supervision (Cohen, 2004). However, given young clinicians' anxiety over being judged by their supervisor and their lack of familiarity with professional ethical issues, it is important to ask frequently about these issues, to role model their discussion in the supervisor's presentation of their own cases during individual supervision, group supervision and case conference and by introducing supervisees to systematic approaches to resolving ethical issues.

When the overall agency faces an ethical dilemma, the clinical supervisor needs to go beyond their typical supervision strategies. Supervisees need to learn how to research the literature to better understand legal and ethical issues, know how to professionally seek a variety of perspectives to inform how they will attempt to resolve the issue, and determine if this is an issue they can quietly resolve in their supervised practice. At the micro level, does the client understand the NPP? Does the client know what will be in the notes that other team members can see? At the mezzo level, is it simply a matter of management not being fully informed? Or, are there intra-agency political issues involved that may need to be understood and addressed in order to advocate optimally to the agency administration? Or has it reached a point where macro level advocacy (outside the agency) is the only ethical route left? Part of this process includes developing the supervisees' skills in effective, professional advocacy—even if it is

decided that a quieter, in-house approach is needed.

Training starts with the supervisor asking supervisees to read broad ethics articles. Two of these include Topazian, Hook, & Mueller's (2013) article on the ethical duty to speak up to prevent patient harm, and Mattison's (2000) article on "applying the person-in-situation construct to ethical decision making." Articles like these introduce supervisees to their ethical role as a clinician and a strategy that is consistent with social work values that encourages the regular application of a process that requires self-awareness and knowledge of professional ethical concerns with the day-to-day ethical issues in clinical practice. Over their careers, students and post-graduate supervisees also need to use this foundation to deal with more complex and serious issues. The CA Society for Clinical Social Work has used Mattison's article as a guide for its ethics committee members for years (M. Montgomery, personal communication from CSCSW ethics committee chair, (March 15, 2012)).

Another author who helps supervisees understand the ethical resolution process is Reamer. Reamer (2013) explains:

> No precise formula for resolving ethical dilemmas exists. Reasonable, thoughtful social workers can disagree about the ethical principles and criteria that ought to guide ethical decisions in any given case. But ethicists generally agree on the importance of approaching ethical decisions systematically, by following a series of steps to ensure that all aspects of the ethical dilemma are addressed. Following a series of clearly formulated steps allows social workers to enhance the quality of the ethical decisions they make. In my experience, social workers attempting to resolve ethical dilemmas find these steps helpful (pp. 77–78).

Reamer's very comprehensive framework should help the clinician find a path outside ethical quagmires that McAuliffe and Sudbery (2005)

describe when they state, "ethical dilemmas occur when the social worker sees herself as faced with a choice between two equally unwelcome alternatives which may involve a conflict of moral principles, and it is not clear which choice will be the right one. Ethical dilemmas, then, are difficult situations where often no "right" answer can be found" (p. 23).

Mattison (2000) also captures this sense of ambivalence even after an ethical dilemma is resolved. She clarifies, "Typically, the more troubling ethical decisions involve choosing from among possible choices of action, each of which offers potential benefits (good/good) or those in which each of the options at hand appears unattractive or undesirable (bad/bad). In either case, any option is never entirely satisfying" (p. 203).

It is the supervisor's role to both give structure and support to guide his/her supervisee towards an ethical resolution that the supervisee and supervisor can live with, and to provide support to hold the ambivalence and "not knowing" that is a component of ethical decision-making.

The supervisor must be able to live with their supervisee's ethical resolution because they are responsible for their supervisees' work and this includes legal liability and risk to their licensure status. Reamer (2013) clarifies, "These claims usually cite the legal concept of *respondeat superior*, which means 'let the master respond,' and the doctrine of vicarious liability. That is, supervisors may be found liable for actions or inactions in which they were involved only vicariously or indirectly (and they) had some degree of control" (pp. 196–197).

The research in the supervision then focuses on the specific issue. Many graduate students, and even postgraduate clinicians, have not thought that they might need to protect their client's confidentiality from administrative directives.

The following quotes are from articles my supervisees in an IHCS college counseling center found useful in their journey toward resolving the ethical dilemmas in that IHCS. They were eager to discuss and process how these related to their situation in their group supervision. The predominant lesson learned by the supervisees is in brackets and in italics after each quote.

1. "BHPs are increasingly entering the world of primary care, and they are often struggling to satisfy the ethical standards of their profession as they manage relationships in this new world" (Reiter & Runyan, 2013, p. 20). [*We are not alone; others are struggling with this transition.*]

2. "BHPs are very susceptible to ethical violations in primary care. They must take special care to maintain fidelity to the ethical standards, and a patient-centered focus, while also being flexible to the unique demands of primary care" (Reiter & Runyan, 2013, p. 27). [*There are no easy black and white answers. If we get dogmatic we need to seek support/ consultation to better appreciate the dilemma.*]

3. "Including (the patient's history and full diagnostic formulation) in the patient's general medical record might constitute a breach of privacy should patients (and non-BHP colleagues) not understand the terms used or why (bio-psycho-social) history—beyond what is needed to help the staff manage current medical conditions—is being communicated" (Benefield et al., 2006, p. 276). [*We need to write our notes with a broader audience in mind. We don't just write for our supervisor and ourselves; our clients and our non-BHP colleagues can read these progress notes!*]

4. "(The client's) sensitive information … that does not immediately impact the patient's current care should be omitted from the (BHP's progress

notes); instead this information should be included in a separate patient file and stored with the mental health practitioner's secure files" (Benefield et al., 2006, p. 275). [*Working here, we can become inured to how sensitive our client's information is to them. We need to keep this in the front of our mind when we write our progress notes. But we also need to remember the details and share them with our supervisors so we can better understand our clients' needs.*]

5. "BHPs balance the protection of patient privacy with the necessary disclosure of information to other clinicians for care coordination. In the name of efficiency, … patients who agree to collaborative care understand that sharing appropriate patient information with other clinicians on the treatment team is a customary part of practice. In documenting patient information in the medical record, which can be easily accessed by various medical personnel, (BHPs) in the (IHCS) communicate the necessary information to facilitate seamless integrated team care of behavioral health issues while being sensitive to and protective of patient information that is not relevant to medical care" (Nash, Khatri, Cubic, & Baird, 2013, p. 335). [*Our clients benefit from collaborative care. In our efforts to protect privacy, confidentiality, and client self-determination, we will also need to appreciate efficiency and collaboration.*]

6. "(Information releases are) designed to be analogous to speed bumps, not roadblocks to care, adherence to the regulations requires thoughtful

evaluation of what is necessary for the well-coordinated care of the patient" (Benefield et al., 2006, p. 276). [*Social workers value comprehensive informed consent when releasing client information to protect the therapeutic relationship. PCPs value timeliness and efficiency more than comprehensive informed consent because they are protecting the client's health and see clients every 15 minutes.*]

7. "The primary goals of (HIPAA are) … working to improve health care consumers' trust in the privacy of their personal information while creating integrated and fluid health care delivery systems" (Benefield et al., 2006, p. 274). [*HIPAA is more complex than we thought it would be. If we keep its intent in mind, it will help us serve the client.*]

8. "The regulations known as HIPAA are the legislative grandchildren spawned by well warranted concerns for the privacy of patients' personal health information (PHI) and the noble desire to create a more integrated health care delivery system. These regulations provide for the proper assembly and secure maintenance of patient records. Additionally, patients are given greater control over and access to their personal information. Health care professionals are charged with using greater sensitivity and clarity when charting their patients' status and progress" (Benefield et al., 2006, p. 276). [*It is easy for us to see HIPAA as a bureaucratic obstacle. It is important that we understand that its intent is client empowerment and improved client care.*]

The graduate students spoke of these eight above quotes from the administration's, the medical provider's, their clients', and "how they would feel if they were the client's" perspectives in individual and group supervision. The clinical supervisor needs to encourage multiple perspectives taking in order to facilitate their ability to not resort to all or nothing thinking.

Discussion Through Case Example: An IHCS/Confidentiality Case Over Three Years

Three second year MSW students each year and two post MSW associates were supervised and taught micro and mezzo level advocacy within a college counseling center where the Vice President of Student Affairs created a corporate culture which encouraged university administrators to be skeptical of the clinical director's reports of increased students' mental health needs and acuity (Varlotta, 2012). This management philosophy underlied the Health Center's Chief Administrative Officer's (COA) decision to change the HIPAA NPP to one where all staff including receptionists, dieticians, medical assistants, x-ray technicians and ophthalmologists, as well as people outside of the IHCS (coaches, team physicians, exercise physiotherapists) would have access to all notes—including from BHPs. The CAO changed the external staff component of the new NPP to be more in compliance with HIPAA after the mental health staff advocated through education. This educational advocacy was done for our clients and to uphold our professions' standards and had an internal political cost.

Working in an IHCS where the administration plans to implement confidentiality in an "expanded, cutting edge, efficient" manner that is inconsistent with the community's standard of care (e.g., Kaiser Health, Native American Health Center), required all clinicians—including supervisees—to research the legal and ethical issues more deeply than in more traditional settings. It was supportive and growth promoting to involve student supervisees' field instructors, to assign professional article searches and readings, and to require presentations on the

issue in group supervision. Though more work, and a detour from traditional clinical supervision, this research—in such a setting—is empowering and clarifies that ethical decisions are not decided in a top down manner, but are resolved through honest self-reflection, information gathering and thoughtful deliberation. It helped that the graduate students' field instructors were aware of the agency's challenges and addressed them in their classroom setting and in assigned papers.

It is imperative that the supervisor dispels groupthink amongst the supervisees. A space needs to be created where each supervisee learned how to resolve the agency's ethical dilemma in a way that was consistent with their understanding of what best meets their clients' needs, while staying within the structure of the clinical social work profession's values and the agency's mandates. In this specific case, some supervisees a.) Only entered progress notes in the chart and hand wrote the more extensive psychotherapy notes that were then kept in a thrice-locked cabinet, b.) Others always wrote progress notes for the IHCS team to read, but—when needed—added psychotherapy notes that our electronic health record e-locked and only allowed the supervisee and the IT director to unlock, and c.) A third smaller group predominantly wrote progress notes, but—when needed—wrote the e-locked psychotherapy notes instead of a progress note. There were administrative consequences for all three solutions.

Administrators wanted the chart to be completely electronic and did not want to provide lock boxes that supervisees could put their handwritten psychotherapy notes into. The supervisees who went this route purchased their own lock boxes and gave their supervisor the second key. They then, over time, allied with others who wanted material kept separate from the electronic chart—psychologists who wanted primary testing material and art therapists who wanted client's art kept separate. The administration was unhappy with all three of these groups keeping some material out of the electronic chart, but eventually stopped demanding that primary testing information and

client art be scanned into the electronic chart. They eventually defined the supervisees' hand written psychotherapy notes as process recordings and agreed they should, therefore, not be in the chart. This meant the supervisees often wrote two notes for one session, and at their supervisor's discretion might also need to do a genuine process recording. It also meant that the psychotherapy note did not meet the HIPAA standard of being a part of the chart, but with restricted access.

The second group received feedback from administration that their e-locked psychotherapy notes appeared in the chart as locked, and that it hurt trust and teamwork when team members did not have full access to all notes. The supervisor informed the primary care physicians about the type of information that was in these e-locked notes (e.g., trauma details) and they no longer asked for access. However, receptionists and medical assistants complained, "the therapists must think they are special, nobody else can lock a note." This continued to be a source of friction with administration. They were concerned that the use of e-locked psychotherapy notes slowed down the process of integration into a fully integrated health care system and threatened to take that e-capability away from the therapists. The PCP's provided quiet support for the therapists who write locked psychotherapy notes along with progress notes by pointing out that they (PCPs) can also e-lock notes (when they relate to HIV/AIDS) and by emphasizing that in both cases the staff who were complaining did not need the information in the e-locked notes to serve the student client efficiently.

The third strategy only lasted one month. Administration insisted that a note that was available to all had to be written in the chart for each service, so unlocked progress notes had to accompany any e-locked psychotherapy note.

This struggle between competing values can become personalized in agencies, and can put the supervisor's employment at risk if they advocate too loudly and passionately. However, if the supervisor advocates too quietly the supervisees can believe they are acquiescing and not advocating

for client needs. The clinical supervisor is often an agency employee with influence, but little formal power (Kotter, 2010) and needs to advocate for these issues on a mezzo level quietly, respectfully and behind closed doors. The need to advocate effectively while teaching supervisees how to identify and resolve the ethical issues themselves is a complex balance. On a micro level, the supervisor should discuss their own challenges and difficulties in explaining the NPP to a variety of students (from recently raped and in shock, to those with severe OCD) and how they discuss with clients what they will put in the chart that the entire Student Health & Counseling Services staff can read.

In this IHCS, as a consequence for this advocacy, the clinical supervisor's contract was not extended into the next academic year (along with four other clinicians who advocated for these issues on a mezzo level) and the college counseling center shifted to supervising pre-doctoral and post-doctoral psychology students instead of second year MSW student interns and graduated MSWs working toward licensure. Since the agency was a state university in California it could not require a 'gag order' that would prevent me from presenting this case. But, since the author would like to teach at this university he has not been explicit about its identity.

Implications for the Profession & Conclusion

Clinical social work supervision needs to be considered in IHCS's deciding how to develop their NPP and implement HIPAA. To assure quality of care and supervisee learning, IHCS's flexibility in allowing psychotherapy notes to be written and read only by mental health clinicians will promote the agency's mission. In this time of transition to more agencies becoming IHCS, micro and mezzo level advocacy skills are indicated and should be used by all mental health clinicians. However, in agencies where there are other agendas, the supervisor needs to identify when lawyers, union grievance and whistleblower procedures are necessary. NASW and Society for Clinical Social Work Code of Ethics need to be revised to strengthen clinical

supervisors' ability to assure quality patient care and strong learning opportunities. Myles Montgomery, LCSW, JD, the Ethics Chair of the California Society of Clinical Social Work, while revising the Code of Ethics in 2014 stated, "After the Great Recession agencies have started to do things they have never done before in the name of efficiency and cost savings. Clinical supervisors are often in the crucible, where they have an important role in pushing against policies that hurt clients. Our Code of Ethics needs to protect them in their efforts to protect the clients" (M. Montgomery, personal communication, July 14, 2014).

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Ethnicity, Values, and Value Conflicts of African American and White Social Service Professionals

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Abstract

This aspect of a broader study included 110 (68 White/European American and 42 Black/African American) social service professionals. The primary focus of this aspect of the study was to verify the value orientation or core beliefs of the practitioners who deliver services to clients through social service agencies and programs. The conceptualization of the core beliefs explored the values and value conflicts in relation to professional practice. The participants were employed in a Midwestern metropolitan region. They responded to a survey instrument that included vignettes, closed-ended items, scaled responses, as well as either-or type items. Major categories of the exploration included: life and death issues, lifestyle, domestic and social perspectives, value conflicts with the social work profession, and personal responses to value conflicts. Specific items measuring values related to abortion, homosexuality, religiosity, euthanasia, and corporal punishment were included. Study results showed statistical significance on 26 issues as African American participants were compared with White participants.

Keywords: value conflicts, social work, ethical dilemmas, ethnicity, professional relationship

Introduction

The complexity of American society (Jarrett, 2000), specifically due to its historic, economic, social, and ethnic makeup, requires that social work professionals take their clients' ethnicity, values, and professional-client value conflicts into consideration. Historical dynamics, such as unproductive treatment, have contributed to the reluctance of various population groups to engage with professional service providers. This history (Barker, 2014) has influenced the adoption of guidelines that require social workers to be culturally aware during interventions and recognizing that diversity-related characteristics have influence upon an individual's thoughts, feelings, and behaviors. Barker (2014) further noted that the concept of values is influenced by one's perceptions of what comprises appropriate principles, practices, and behaviors. An individual's personal values are often considered as a representation of one's core beliefs and what an individual may perceive as right. Therefore, these beliefs do not require supporting evidence for those who embrace them and may result in behavioral and attitudinal guidelines. The expression of values helps individuals to verify and/or maintain their integrity and self-worth. Therefore, for the purpose of this study, values were categorized according to the following: (1) social,

(2) cultural, (3) religious, (4) professional, and (5) personal values.

Literature Review

The National Association of Social Workers (NASW) Code of Ethics outlines specific values and standards for professional practice. As professionals, it is critical to abide by the standards of the profession in addition to engaging in efforts to promote self-awareness. The awareness of one's own personal values will allow the social worker to recognize and confront value dilemmas that may impede professional practice. As noted, for the purposes of this study, values were identified across five categories. The *social values* category (Barboza, 1998; Sears & Osten, 2005) includes principles, customs, and beliefs that are generally accepted as norms of a particular society. These types of values are regulated by social pressures rather than public policy. For example, appreciation of loyalty, honesty, and a work ethic represent social values. Specific ethnic codes of conduct are expressions of social values because they are embraced by a major segment of society and regarded as correct ways of thinking and behaving. In contrast, *cultural values* (Edwards, 2014) is a category that represents norms and standards integrated into public policy. In other words, cultural values are institutionalized as standards for the American culture. For example, education and equality (Clay, Lingwall, & Stephens, 2012; Imber & VanGeel, 2000) are addressed through laws that require some form of educational activity for American youth.

The *religious values* category (Edwards, 2014; Edwards 2000) reflects behavioral guidelines for those who identify as members of specific faith communities. These values are typically written in doctrinal statements and refer to a type of holy reference book as the foundation for the principles. Examples of religious values relate to sexual behavior, interpersonal behavior, dietary restrictions, and childrearing methods.

The *professional values* category consists of standards and principles designed to regulate the behavior of those who practice within a specific profession. For example, the National Association of Social Workers (NASW, 2017) Code of Ethics identifies social work values including respecting the dignity and worth of an individual and one's right to self-determination. In contrast, the *personal values* category (Edwards, 2014) reflects when individuals adopt aspects of the previous four value categories as guiding principles for their lives.

In relation to professional social work practice, a practitioner may experience an internal struggle (Edwards, 2014) when compelled to engage in behaviors or tasks that are contradictory to one or more aspects of one's core belief system. As a result, a value conflict may occur which refers to a disagreement between one's core belief system and that of a group, organization, or society (Edwards & Allen, 2008). Consequently, some professionals who face value conflicts when providing services become perplexed or even omit some tasks associated with completing their professional obligation. As a result, value conflicts may hinder the social worker-client relationship necessary for appropriate service provision.

Zastro and Kirst-Ashman (2010) suggested that many decisions, both personal and professional, are influenced by one's beliefs about life, freedom, and protective standards. Furthermore, social work competence (Segal, Gerdes, & Steiner, 2016) requires self-awareness and a commitment to social justice, which supports the need to explore personal values. As a result, the current study sought to examine the experiences of Black/African American and White/European American social service providers based on their ethnicity, values, and value conflicts in relation to their personal beliefs.

Behaviors are an important manifestation of values particularly when there are conflicts pertaining to values such as equality and economic security. However, there may be occasions when a person must choose one of these values based upon what it means in relation to a specific social or economic circumstance. Jacoby (2006) suggested that values have a hierarchy and may reorder themselves based upon specific situations.

Other researchers noted that individuals respond to complex value-related issues such as abortion (Alvarez & Brehm, 1995) and homosexuality (Craig et al., 2005) with ambivalence due to their underlying beliefs. Therefore, conflicts between core beliefs and values of an individual may exist at a personal level yet, at the same time, conflict with prevailing public perceptions. For example, a person may hold contradictory perspectives toward homosexuality such as it is either morally wrong and/or it could be a result of genetic inheritance versus choice (Craig et al., 2005).

The research literature provides multiple examples of value conflicts social service professionals may experience. Paprocki (2014) explored when the personal beliefs of psychology graduate students lead to complications in their attempts to provide therapy to patients. For example, certain program administrators expressed challenges with students who sought to abstain from providing services to clients in same-sex relationships based upon religious beliefs. Pertaining to physician-assisted suicide and euthanasia, Himchak (2011) suggested that this has a cultural component that is important when providing services. For example, reportedly African American, Hispanic, and Asian populations value respect toward elders resulting in resistance to physician-assisted suicide. In addition, regarding the issue of abortion, Denbow (2013) suggested that welfare and healthcare systems may have instances of encouraging pregnant women to engage in abortion. This researcher further noted that women experiencing poverty encounter substantially greater difficulties than their more affluent counterparts in giving birth. Denbow (2013) also pinpointed that women experiencing abuse, poverty, and pregnancy could face a multitude of challenges if they opted to bring pregnancies to term. Millner and Hanks (2002), discussed the possibility of value conflicts that clinical providers could encounter when engaging with clients who were considering abortion.

However, this current study examines a comparison of Black/African American and White/European American social service professionals on their adherence to several family-related values, domestic relationship issues, social preferences, and their experiences with value conflicts in relation to professional practice.

Method

Participant and data collection

The primary researchers received approval from the required institutional review board to conduct a survey of social service professionals. Combined lists of social service agencies and programs were used to develop a composite list of 342 agencies and programs of which 185 were selected for study participation. The social service settings included: child welfare and adoptions, disabilities and rehabilitation services, substance abuse treatment, family service/counseling, juvenile corrections, adult corrections, schools, mental health settings, community development/planning, crisis intervention, community organization/advocacy, medical settings, and nursing homes/services for older adults. The social service administrators as well as the selected respondents returned, via mail, the signed participation agreement in a separate envelope without the questionnaire. Sixty-nine social service agencies and programs agreed to participate in this study.

The data collection instrument included multiple choice, closed-ended, scaled-response, and a series of one-paragraph value conflict case scenario items. The value-related variables were generated from a classroom exercise that undergraduate and graduate social work students participated in for four years. This tool was used to examine diversity in values, the reality of value conflicts, and realization of issues central to one's core belief system. The reoccurring value-related themes generated from the classroom exercise became the foundation for constructing the survey instrument for the purpose of this study. To enhance the validity of the instrument, it was implemented with two graduate level social work students and three social workers who were employed by a community child development center.

Results

Personal value related to fidelity in marriage

In response to this issue, there was a significant difference between African American participants (71.4%) and White (88.2%) social service professionals with a chi square result of $\chi^2(1, N = 110) = 4.93$, p<.05. This means that the White respondents were more likely to agree that their personal values support fidelity in marriage.

Personal value about abstaining from sexual intercourse prior to marriage

In response to this issue, there was a significant difference between African American (31%) and White survey participants (5.9%) with a chi square of $\chi^2(1, N = 110) = 12.49$, p<.05 indicating that significantly more African American respondents adhered to the personal value to abstain from sexual intercourse prior to marriage.

Personal value about maintaining a meaningful and personal relationship with God

In response to this issue, there was a significant difference between African American (92.9%) and White (54.4%) social service professionals with a chi square of $\chi^2(1, N = 110) = 17.97$, p<.05, indicating that African American survey respondents identified a personal relationship with God was one of their personal values.

Personal value about attending a church, mosque, synagogue

In response to this issue, there was a significant difference between African American survey respondents (71.4%) and White (30.9%) survey participants with a chi square of $\chi^2(1, N = 110) = 17.16$, p<.05 indicating that significantly more African American participants agreed that attending churches, mosques, or synagogues was one of their personal values.

Personal value about monetary and financial wealth

In response to this issue, there was a significant difference in responses between African American (31%) and White (10.3%) respondents with a chi square result of $\chi^2(1, N = 110) = 7.45$, p<.05 indicating that for African American survey participants, money and wealth were very important.

Support for homosexual ideology and lifestyle

In response to this issue, 70.6% of White participants in the sample agreed to this variable, compared to 11.9% of African American participants with a chi square of $\chi^2(1, N = 110) = 35.81$, p<.05, indicating that significantly more White survey participants support homosexual ideology and lifestyle.

Having a belief in salvation or a positive after-life in eternity

In response to this issue, there was a significant difference between African American and White participants as 88.1% of African Americans agreed to this variable, compared to 48.5% of White respondents with a chi square of $\chi^2(1, N = 110) = 17.56$, p<.05. This indicates that significantly more African American participants believe in salvation or a positive after-life in eternity.

Mercy killing, euthanasia, right to terminate one's own life, or to assist others in the act

In response to this issue, there was a significant difference between White (42.6%) and African American participants (11.9%) with a chi square of $\chi^2(1, N = 110) = 11.49$, p<.05. This indicates that significantly more White survey respondents support mercy killing, euthanasia, right to terminate one's own life, or to assist others in the act.

Outside of value system to accept or support abortion as a response to rape or incest

In response to this issue, there was a significant difference between African American

(36.6%) and White (15.2%) survey participants with a chi square of $\chi^2(2, N = 110) = 6.53$, p<.05. This indicates that African American respondents believe that abortion in situations of rape or incest is outside of their value system.

Outside of core value system for a man to allow a woman to support him financially

In response to this issue, there was a significant difference between African American (69%) and White (18.2%) respondents with a $\chi^2(2, N = 110) = 29.65$, p<.05. This indicates that significantly more African American survey participants believe that men should not allow women to support them financially.

Acceptance of interracial marriage

In response to this issue, there was a significant difference between African American (14.3%) and White (1.5%) survey participants with a chi square of $\chi^2(2, N = 110) = 8.21$, p<.05. This indicates that significantly more African American survey participants agree with interracial marriage.

Healthy women who refuse to work outside of the home is outside of core value system

In response to this issue, there was a significant difference between African American and White respondents, as 26.2% of African Americans agreed to this variable, compared to 4.5% of White participants, with a chi square of $\chi^2(2, N = 110) = 11.99$, p<.05. This indicates that significantly more African American survey participants believe that healthy women who refuse to work outside of the home is outside of their core value system.

Having multiple children without ever being married is outside of core value system

In response to this issue, there was a significant difference between respondents as 61.9% of African American respondents in the sample agreed to this variable, compared to 31.8% of White respondents with a chi square of $\chi^2(2, N = 110) =$

10.78, p<.05. This indicates that significantly more African American survey participants believe that having children without ever being married would be outside of their core value system.

Supportive of homosexual ideology and lifestyle is outside of core value system

In response to this issue, there was a significant difference between the two groups as 83.3% of African American participants agreed to this variable, compared to 16.7% of White participants with a chi square of $\chi^2(2, N = 110) = 48.23$, p<.05. This indicates that significantly more African American survey participants believe that being supportive of homosexual ideologies and lifestyles would be outside of their core value system when compared to White respondents.

Frequently using cuss words and vulgar language is outside of core value system

In response to this issue, there was a significant difference between the two groups as 45.2% of African American participants agreed to this variable compared to 22.7% of White participants with a chi square of $\chi^2(2, N = 110) = 7.33$, p<.05 showing that significantly more African Americans believe that the frequent use of cuss words and vulgar language in a professional setting is outside of their core value system.

Some of my core beliefs regarding human sexuality are not embraced by the social work profession

In response to this issue, there was a significant difference between the two groups as 26.8% of African American participants responded with 'not at all' compared to 54.7% of White participants with a chi square of $\chi^2(4, N = 110) = 15.94$, p<.05. This indicates that significantly more White participants believe their core beliefs regarding sexuality are embraced by the social work profession.

Some of my cultural beliefs are in opposition to what is embraced by the social work profession

In response to this issue, there was a significant difference between the two groups as 47.4% of the African American group responded with 'not at all' to this variable, compared to 75% of White respondents with a chi square of $\chi^2(4, N = 110) = 12.31$, p<.05. This indicates that significantly more White survey respondents believe that their cultural beliefs are embraced by the social work profession as compared to the African American group.

My beliefs regarding race are not embraced by my family of origin (or those who raised me)

In response to this issue, there was a significant difference between the two groups as 60% of African American participants felt their beliefs regarding race were 'not at all' opposed to their family of origin in comparison to 47.9% of White participants with a chi square of $\chi^2(4, N = 110) = 14.32$, p<.05. This indicates that significantly more African American participants feel that their beliefs regarding race are not in conflict with the beliefs of their family of origin as compared to White participants.

My beliefs regarding religion/spirituality are not embraced by my family of origin (or those who raised me)

In response to this issue, there was a significant difference between African American and White professionals as 53.8% of African Americans responded with 'not at all' to the question compared to 29.5% of White participants with a chi square of $\chi^2(4, N = 110) = 19.03$, p<.05. This indicates that significantly more African American survey respondents feel their beliefs regarding religion/spirituality are embraced by their family of origin.

My beliefs (acceptance of) regarding corporal punishment/spanking children is not embraced by the social work profession

In response to this issue, there was a significant difference between African American

and White survey participants, as 20.5% of African Americans responded with 'not at all' and 37.5% of White participants with a chi square of $\chi^2(5, N = 110) = 14.90$, p<.05. This indicates that more White participants feel their beliefs regarding corporal punishment/spanking children are embraced by the social work profession.

My beliefs regarding what is appropriate language and my rejection of cussing and/or vulgar language are not embraced by most of the people at the social services agency where I work (or do my field work)

In response to this issue, there was a significant difference between African American and White professionals as 30.3% of African Americans responded with 'not at all' compared to 60.9% of White participants with a chi square of $\chi^2(4, N = 110) = 13.72$, p<.05. This indicates that significantly more White respondents feel their beliefs regarding appropriate language and their rejection of cussing and/or vulgar language in a professional setting are embraced by the majority where they work.

Agree to refer clients to religious organization as a support system

In response to this issue, as described in a case vignette, there was a significant difference between African American and White participants as 13.2% of African Americans responded with 'not at all' to this variable in comparison to 39.5% of White respondents with a chi square of $\chi^2(4, N = 110) = 17.93$, p<.05. This indicates that significantly more African American respondents would agree to refer individuals to religious organizations as a support system when compared to White colleagues.

Agree to urge sexual responsibility to their clients

In response to this issue as described in a case vignette, there was a significant difference between African American and White research participants as 35.3% of African Americans responded with 'not at all' compared to 47.1% of White participants with a chi square of $\chi^2(4, N = 110) = 12.91$, p<.05.

This indicates that significantly more African American respondents would agree at some level to urge sexual responsibility to their clients than their White colleagues.

Agree with the advice to client to resist same-sex affection in public

In response to this issue, as described in a case vignette, there was a significant difference between the two groups as 33.3% of African Americans responded with 'not at all' compared to 46.7% of White colleagues with a chi square of $\chi^2(4, N = 110) = 20.99$, p<.05. This indicates that significantly more White research participants would disagree with advising a client to resist same-sex affection in public.

When a client chooses an option contrary to my beliefs I feel loss of integrity

In response to this issue, there was a significant difference between the two (ethnic) groups as 10.3% of White participants agreed with this variable as compared to 0% of African Americans with a chi square of $\chi^2(1, N = 110) = 4.62$, p<.05. This indicates that significantly more White participants feel a loss of integrity when a client chooses an option contrary to their own beliefs.

When a client chooses an option contrary to my beliefs I feel angry

In response to this issue, there was a significant difference between the two groups as 2.4% of African American participants agreed to this variable in comparison to 14.7% of White participants with a chi square of $\chi^2(1, N = 110) = 4.38$, p<.05. This indicates that significantly more White research participants feel angry when a client chooses an option contrary to their beliefs.

Discussion

Throughout this study, a key focus was the verification that value-related dilemmas may evoke emotional responses from the professional. The emotional feeling may influence decision-making

as well as what may represent the perception of what is identified as normal behavior exhibited by clients. As a result, this discussion section is organized around headings that are associated with value-related issues that are common to professional social service practice.

Issues related to life and death

The issue of abortion is a multifaceted, value-related dilemma where there are underlying causes as well as consequences related to the decision to accept or reject abortion as an option. If the response is based upon a fixed moral rule, then it is referred to as *ethical absolutism;* if various situations impact one's response or behavior, then the dilemma is referred to as *ethical relativism* (Dolgoff, Harrington, & Loewenberg, 2012) which may suggest that morality is relative to the norms of one's culture. Therefore, in the study survey, the issue of abortion was divided into multiple items: abortion to save the life of the mother, abortion as a form of birth control, and abortion as a response to rape or incest.

There was no statistically significant difference between African American and White survey participants regarding their acceptance of abortion as a method to save the life of the mother as well as for birth control. Both groups agreed that abortion was acceptable under lifesaving and birth control conditions. However, there was a statistically significant difference between the groups regarding abortion as a response to rape and incest. African Americans in the sample suggested that abortion in response to incest and rape was outside of their value system. White survey participants suggested that abortion was acceptable in the context of each of the three conditions. African American respondents indicated more of an *ethical relativist* view since they chose abortion as the option to save the life of the mother but also chose to reject abortion as an option in the case of incest or rape.

Study results show that White survey participants were more accepting of mercy killing, euthanasia, and the right to terminate one's own life and to assist others in the act of terminating their lives. Most African American respondents rejected

mercy killing, euthanasia, and an individual's right to assist others in terminating a life. The issue of African American respondents rejecting such a practice corresponds with the results that indicated a high percentage (92.9%) embraced a value about maintaining a meaningful and personal relationship with God. They also indicated that they embraced a value that required attending church, mosque, or synagogue. This also corresponds with African American respondents embracing a belief in salvation or a positive afterlife in eternity. The concept of *religiosity* as expressed in the response to the three survey items may explain the rejection of mercy killing, euthanasia, and the right to terminate one's own life, and to assist others in the act of terminating their lives. These values related to religious beliefs may have an impact on their attitudes toward various lifestyle and domestic issues and the general social perspective (Ladner, 1998, Boyd-Franklin 2003, Edwards, 2014).

Issues related to lifestyle, domestic, and social perspectives

Although White participants were more likely to agree that their personal values supported fidelity in marriage, more African American participants adhered to the personal value of abstaining from sexual intercourse prior to marriage and were more likely to agree to urge sexual responsibility for their clients. The findings revealed that although the overwhelming majority of the two groups indicated that they did not embrace abstaining from sexual intercourse prior to marriage, statistically more African American participants embraced that view as well as that of being supportive of interracial marriage. In addition, African American participants suggested that having multiple children without ever being married was outside of their core value system. Furthermore, this corresponds to the impact of cultural *religiosity*.

The results indicated that White respondents showed statistically significant results pertaining to embracing a value that was supportive of homosexual ideology and lifestyle. In contrast, African American participants indicated that they did not support homosexuality as it was outside of their value system. Consequently, White participants were more likely to disagree with advising a client to resist same-sex affection in public. In other words, certain White respondents would not recommend a client to resist same-sex affection in public. This was in response to a scenario in the survey describing a same-sex couple that shared a vehicle to go to their places of employment. As one of the men dropped his partner off at his place of employment before continuing to his own place of employment, the men engaged in a kiss while in the parking lot as children observed them. The survey respondents were asked, to what degree did they believe that the couple should restrain their public display of affection? There was a significant difference in the responses of the two groups, as African American participants tended to believe that the men should resist demonstrating their affection in public. This was also consistent with two other items in the survey which indicated that African American participants did not feel supportive of homosexual ideology and believed that homosexuality was outside of their value system.

Statistically significant results indicated that more African American participants did not accept a woman's option to refuse to work outside of the home (being a *stay-at-home mother*). In a similar question, African American participants suggested that men should not allow women to support them financially. This issue related to working to earn money was reflected in another question regarding the centrality of money and financial wealth in the belief system. In both sub-samples, the majority of the two groups of respondents did not embrace money and wealth as a personal value as these issues did not show a strong level of importance to be central to their value system.

Regarding the frequency of using cuss words and vulgar language, even though the majority of the two groups rejected it as a value, more African American participants showed statistically significant results that using such language was outside of their value system.

Issues related to value conflicts with the social work profession and family

More White respondents indicated that their personal core beliefs as well as their cultural beliefs were embraced by the social work profession. African American participants showed statistically significantly results that certain of their core and cultural beliefs were not embraced by the social work profession. In addition, corporal punishment (spanking) seems to be a value with race-related divergence. A survey item was used to ascertain the degree to which the individual's belief regarding spanking was embraced by the social work profession. A statistically significant number of White participants indicated that the social work profession embraced their acceptance of spanking. Also, there was an ordinal scale for the respondents to indicate to what degree their beliefs regarding race were embraced by their family of origin (or those who raised the respondent). A significant number of African American participants indicated that their beliefs regarding race were not in conflict with the beliefs of their family of origin.

Issues related to social workers' value conflicts and emotional responses

There was a vignette describing a scenario with a client who felt hopeless, helpless, in despair, and who verbally indicated that he did not have a reason to continue living. The value dilemma was whether it was appropriate to make a referral to a faith-based organization for support services. There was a significant difference between the two groups of respondents as the African American participants tended to believe that it would be appropriate to make a referral to a faith-based organization for support services. This was consistent with other responses indicating that African American participants had a greater identification and expression concerning religiosity.

Another scenario in the survey described a male client who, while married to his current wife, maintained active sexual involvement with several other women and fathered two children outside of marriage. His wife was aware of his sexual behavior but did not complain. They have two pre-adolescent children in their household. The husband's sexual behavior was not related to the reason he was referred to the social service agency. The dilemma was whether or not it was appropriate for the social worker to challenge the man to accept a more responsible sexual attitude. There was a significant difference concerning this issue as African American participants believed that they should urge the client to accept a more responsible sexual attitude.

If social workers experience value conflicts when providing services to clients, the conflicts may have an emotional impact on the professional. Therefore, the survey included items for the respondent to identify which emotions they experienced when a client chose an option that was contrary to the professional's belief system. Both groups of respondents were similar in identifying feelings such as guilt, depression, feeling ineffective, and feeling unaffected. However, two emotional responses, *loss of integrity* and *anger,* showed statistical significance in prevalence as reported by White respondents as compared to African American participants.

Limitations

Although two ethnic groups were included in the study, a limitation is that the sample size was small and concentrated within a metropolitan region, which limits the generalizability of the findings. Another possible limitation is that the study participants with social work degrees may have a greater sensitivity to diversity and value-related issues due to their educational training and standards outlined by the NASW Code of Ethics. In addition, since there were no survey items to distinguish study participants with a social work degree from participants without a social work degree, values or elements of the core belief system of those with a social work degree as compared to those with degrees in other related areas could not be distinguished.

Implications for Social Work Practice

The research findings are deemed useful for social workers as they further develop methods related to relationship building and addressing value conflicts in the social worker-client dyad across ethnic and cultural groups. Issues related to value conflicts may contribute to cognitive dissonance and the resulting frustration could be expressed through various defense mechanisms (e.g. displacement, projection, and denial). Therefore, it is important for social workers to be able to identify and understand their core values and to determine ways to reconcile the variations, distortions, and rigidity among various belief systems. If social workers lack understanding of their own core belief systems or do not contain them while interacting with a client, then challenges may occur in the professional relationship. Five problematic issues that may take place when there is value conflict between the practitioner and client include (Edwards & Allen, 2008; Edwards, 2014) challenges in establishing rapport, decreased service quality, professional burnout, social worker's sense of integrity loss, and a negative impact on a client's right to self-determination by imposing one's own values. Therefore, it is essential for social workers to be aware of the significance of their value orientations.

This study highlights major value-related issues that may contribute to limiting the effectiveness of social work practice. This study also emphasizes the need for stressing value conflicts, value incongruence, and the need for self-awareness in social work education. The concepts and value-related issues may serve as areas for self-examination as well as topics for classroom discussion and homework activities. In addition to implications for university teaching and application for those in professional social work practice, the data presented in this research may be helpful for those who conduct in-service trainings for professionals to address specific ways to implement ethical and value-related decision-making processes that are related to race and ethnicity.

In conclusion, social workers need a meaningful understanding of the variations related to values that are embraced by diverse groups. This understanding may facilitate and enhance interpersonal relationships and allow professionals to conceptualize life issues that shape clients' decision-making processes. Although the participants for this study may have received a form of social service education, the research results indicate that there are value-related conflicts associated with ethnicity and practice decisions. The NASW Code of Ethics outlines standards of practice which highlight cognizance of social justice, self-awareness, and appreciation for diversity. The underlying issues explored through this study are related to emphasizing the key tenants embedded in the NASW Code of Ethics. To further enhance the knowledge related to the findings of this current study, recommendations for areas of future research include a larger sample size with broader demographics including various locations and ethnic groups. A larger sample size would also allow for the examination of possible difference between social workers as compared to social service professionals with an academic degree in a related field.

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The Role of Social Work Values in Promoting the Functioning and Well-Being of Athletes

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Abstract

Recent studies show college athletes are susceptible to problems such as depression, suicidal ideation, substance use, and disordered eating (e.g., Cox, 2015, Rao & Hong, 2015). In an effort to investigate athletes' perceptions of current behavioral health services, this study explored whether athletes believed existing services embody the values of the social work profession. The researchers used a cross-sectional, web based survey design to collect information from college athletes. The final sample included 221 college athletes who completed a demographic questionnaire and a values survey. A MANOVA was run to explore the impact gender and class standing had on college athletes' perceptions of how services on their campus adhered to the values of the social work profession. Results showed an overall significant difference between athletes' class standing and their perceptions of social work values being used by service providers on their campus (Pillai's Trace $= 0.11$, $F_{(4, 216)} = 6.81$, $p < 0.001$). In conclusion, the values and ethics of the social work profession could help engage athletes in overcoming behavioral health risks.

Keywords: values, ethics, sport, athletics, social work

Introduction

Over the last few years, a group of dedicated social work faculty members, practitioners, advocates, and students started grassroots efforts to lead the integration of social work into all realms of sports. These social workers recognize the need to share a collective voice in advocating and educating about the breadth and depth of behavioral health and psychosocial needs of the athlete population. They also recognize the need for social workers to establish a professional network that can further the social work perspective of promoting the safety and well-being of athletes. This is coupled with advocating for athlete rights and ensuring all athletes receive the recognition and help they need to become strong global leaders.

Through these collective efforts, a sub-field of social work emerged—sport social work. Sport social work promotes social justice and social change by focusing on the unique needs of athletes at both an individual and an environmental level (Moore, 2016). Sport social workers promote the health and well-being of athletes through direct

practice, community organizing, advocacy, policy development, education, and research (Moore). Sport social workers seek to enhance the capabilities of athletes to address their own psychosocial needs. They also encourage athletic organizations, communities, and other social institutions to recognize athletes as a vulnerable population and to join in the fight to reduce the challenges present in athletics (Dean & Rowan, 2014). At the heart of these efforts, is a focus on the values and ethics of the social work profession.

Social Work Values

Sport social workers believe strongly in the values and ethics that drive the larger social work profession (NASW, 2008). The core values of service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence are prominent in the sport social worker game plan (See Figure 1.)

One particular interest is the exploitation of athletes, which relates directly to the concepts of social and economic justice.

We often associate exploitation with concepts such as human trafficking and child sexual abuse. However, an argument exists for the exploitation of college athletes as well. Athletes are often commercialized and targeted for economic gain (Murty & Roebuck, 2015). At the collegiate level, it is not uncommon to see the NCAA with revenues nearing one billion dollars and particular athletic programs seeing multimillion-dollar revenues off of their athletes (USA Today, 2014). From a sport social work perspective, if athletes are producing these revenues, athletic organizations should properly use these revenues to ensure the overall health and well-being of their athletes. In other words, are athletes granted access to value-based services that can help in their overall development as an athlete and as a person?

A sport social workers' goal is to help athletes in need and to address the behavioral health and psychosocial needs impacting their abilities to be successful both in and away from competition. In order to do this, sport social workers must be aware of the micro, mezzo, and macro mechanisms of the social work profession (Moore, 2016). From a micro perspective, Sport social workers engage directly with athletes, teams, and sports organizations to facilitate social, emotional, and behavioral change. From a mezzo perspective, Sport social workers help teams, sports organizations, colleges and universities, and other entities involved in athletics to promote cultural and institutional change that better supports the needs of athletes. Sport social workers engage in macro social work by involving professional sport leagues, college athletic governing bodies, and legislative bodies in conducting research, organizing athletic communities, and advocating for public policy that influences athletes' well-being. Without an emphasis on micro, mezzo, and macro levels, addressing the behavioral health and psychosocial needs of athletes would be a much tougher task.

Service
Helping athletes to address the behavioral health and psychosocial challenges impacting their abilities to be successful both in and away from competition.

Social Justice
Ensuring access to education on behavioral health and psychosocial needs and the availability of services to address identified needs.

Dignity and Worth of the Person
Being mindful of the individual and cultural differences each athlete brings to competition and their life aspirations.

Importance of Human Relationships
Understanding the relationship an athlete has with both their athletic and non-athletic supports.

Integrity
Following the mission, values, ethical principles, and ethical standards established by NASW.

Competence
Repurposing existing social work competencies to the athletic arena and developing an understanding of athletic identity and culture.

To promote athletic well-being, sport social workers promote sensitivity to and knowledge about the behavioral health and psychosocial needs facing athletes. Ensuring access to education, availability of services to address identified risks, and providing athletes a safe space to advocate for their own needs are paramount in the sport social work approach.

Sport social workers are mindful of the individual and cultural differences each athlete brings to competition and their life aspirations. Sport social workers recognize athlete individuality means no two athletes experience athletic participation in the same manner. Additionally, sport social workers must understand the multiple roles that an athlete fulfills. While many individuals only see an athlete who competes in their sport, sport social workers see them as students, friends, family members, community leaders, and through other lenses an athlete identifies.

Sport social workers must understand the variety of human relationships an athlete has in their life. Understanding the relationship an athlete has with teammates, coaches, athletic personnel, other helping professionals, friends, and family is important for helping athletes make changes in their lives. Social workers must work collaboratively with others in the helping process to restore, maintain, and enhance an athlete's ability to be successful in all areas of life.

Study Significance

The social work profession has a track record of working in facilities that assess, plan, and intervene in a variety of behavioral health and psychosocial needs. This study explores whether athletes believe existing services available to them embody the values of the social work profession. In particular, whether the services available to Division I college athletes encompass social work values. Knowing college athletes may be at jeopardy for developing behavioral health and psychosocial needs, examining the perceived presence of value-based service delivery is paramount. In many cases, an athlete's initial perception of services dictates whether or not they seek treatment (Barnhard,

2016). A lack of treatment could have a negative impact on the short- and long-term aspirations and life trajectories of these athletes (Cox, 2015).

The results of this study will illustrate the strengths and areas of growth for existing service structures. The study will also illustrate the impact Sport Social Workers could have in promoting and providing value-based services to vulnerable athletes. To date, there is no study exploring the role of social work values in athletic support services. This study will further promote the Sport Social Work Movement and provide a framework for supporting the functioning and well-being of athletes.

Literature Review

Social work values

The primary mission of the social work profession is to enhance human well-being and help humans meet their basic needs (NASW, 2008). In order to promote social justice for clients and support the functioning of their clients, social workers need a foundation of values to guide their professional conduct. These values include: service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence (NASW, 2008) (See Table 1.)

Throughout history, social workers have applied these values to successful practice in many domains. Recent studies illustrate how incorporation of social work values helped juvenile offenders improve their case outcomes (Prinsloo, 2014), improved services in community mental health centers (Brophy & McDermott, 2013), encouraged human service administrators to become stronger leaders (Watson & Hoefer, 2014), refined family centered health care (Craig, Betancourt, & Muskat, 2015), promoted self-determination for members of the LGBT+ population (Erdley, Anklam, & Reardon, 2014), and provided insight on working with members of the military community (Olson, 2014). This list of recent articles illustrates the diversity of clients social workers serve through their value-based practice. It also encourages social workers to critically examine additional populations that social workers might serve.

Value	Definition
Service	Social workers primary goals are to help people in need and to address social problems. Using knowledge and skills to help people in need and to address social problems achieves this value.
Social Justice	Social workers challenge social injustice by pursuing social change on behalf of vulnerable individuals and groups. Social workers seek to promote sensitivity to and knowledge about exploitation and oppression.
Dignity and Worth of the Person	Social workers respect the inherent dignity and worth of the person. Social workers are mindful of individual differences and promote the self-determination of clients.
Importance of Human Relationships	Social workers recognize the central importance of human relationships. Social workers engage people as partners in the helping process to encourage clients to make needed improvements in their lives.
Integrity	Social workers behave in a trustworthy manner by promoting ethical practice.
Competence	Social workers practice within their areas of competence and develop and enhance their professional expertise.

(NASW, 2008)

One specific population under the examination of social work lenses is that of college athletes. College athletes face immense pressures including performing in their sport, doing well in the classroom, managing finances, and maintaining a social and family life (Murty & Roebuck, 2015). It is problematic to assume that the status of being an *athlete* automatically equips these individuals with an innate resilience to these stressors (Student-Athlete Mental Health Initiative, 2017). Sadly, college athletes are often overlooked as a vulnerable group, which places them at risk of developing behavioral health or other psychosocial needs (Dean & Rowan, 2014).

Behavioral health and psychosocial needs of athletes

Recent studies show college athletes are susceptible to problems such as depression, suicidal ideation, substance use, and disordered eating (e.g., Cox, 2015; NCAA, 2013; Rao & Hong, 2015; Wolanin, Hong, Marks, Panchoo, & Gross, 2015). Additionally, athletes are often under the spotlight for sexual assault and interpersonal violence, impairments in physical health (e.g., concussion,

overuse injuries), criminal justice involvement, and an array of other health and safety issues (NCAA, 2017). Having knowledge of college athlete needs makes it easier for social workers to identify them as members of a vulnerable population. This will further allow social workers to advocate on their behalf and provide support using a value-based social work approach.

A study by Cox (2015) found an estimated 33% of Division I college athletes self-identified as being depressed. Wolanin and colleagues (2015) found 23% of Division I college athletes met clinically relevant levels of depression. A study examining mental health needs across division levels found that 26% of college athletes felt a moderate to severe need to seek mental health services (Moore, 2015, 2016). Suicide is also a central concern ranking as the fourth leading cause of death in college athletes (Rao & Hong, 2015). Moore (2015, 2016) found 9% of athletes across division levels felt a moderate to severe need to seek suicide prevention.

Up to 52% of college athletes report they have consumed more than five drinks on multiple occasions in the past year (Druckman, Gilli, Klar, & Robison, 2015). In addition to concerns over

alcohol abuse, the high-risk consumption of alcohol correlates with risky sexual behaviors and criminal activity in the college athlete population (Grossbard, Lee, Neighbors, Hendershot, & Larimer, 2007; White & Hingson, 2013). Moore (2015, 2016) found 11% of college athletes reported a moderate to severe need for alcohol-related treatment. The NCAA (2013) found 22% of college athletes use marijuana and smaller percentages of athletes use various other controlled substances.

Wollenberg, Shriver, and Gates (2015) found 6.6% of female college athletes showed symptoms of disordered eating. Nearly 10% of female college athletes had low self-esteem about their appearance and 12% of female college athletes were dissatisfied with their body image (McLester, Hardin, & Hoppe, 2014). Male athletes also have a subculture that promotes the use of unhealthy weight control measures (DeFeciani, 2016). Male athletes often stress about their body image, which encourages restrictive eating practices, binging and purging, and consuming steroids and other performance enhancing drugs (DeFeciani, 2016; Galli, Petrie, & Chatterton, 2017).

Existing challenges in service delivery

In addition to facing a wide-range of behavioral health and psychosocial needs, current service structures often present several barriers that discourage college athletes from seeking help (Moore, 2016). These barriers go against the value structure of the social work profession.

First, college athletes are socialized to accept pain and deal with adversity, which may lead athletes to underutilize behavioral health services (Martin, 2005). More specifically, college athletes, coaches, and staff members tend to minimize behavioral health symptoms, as it is counter-productive to traditional sport culture that tells athletes they are supposed to be mentally tough (Baumann, 2016; Birky, 2007; Carr & Davidson, 2015; Corrigan, Druss, & Perlick, 2014). This is especially concerning given the impact behavioral health services can have on a college athlete's needs. Services available to college athletes can improve alcohol and substance abuse (Brenner &

Swanik, 2007), difficulties with eating (Reinking & Alexander, 2005), and performance anxiety (Humara, 1999). Researchers have hypothesized that the social stigma of using behavioral health services could help explain athletes' negative attitudes (Beauchemin, 2014; Lopez & Levy, 2013; Wahto, Swift, & Whipple, 2016; Watson, 2003, 2006). These studies build onto existing concerns about mental health stigma in the overall population (e.g., thoughts of insecurity, inadequacy, inferiority, and weakness) (Lannin, Vogel, Brener, Abraham, & Heath, 2016).

Second, a college athlete's mental health literacy, which includes athletes who cannot distinguish between normal and abnormal distress, is a service barrier (Gulliver, Griffiths, & Christensen, 2012; Kelly, Jorm, & Wright, 2007; Kim, Saw, & Zane, 2015).

Third, college athletes may resist using services because of the type of language used to describe treatments, rationales provided for using various treatments, and socialization factors, such as an athlete's cultural background (Maniar, Curry, Sommers-Flanagan, & Walsh, 2001). College athlete's attitudes and views regarding helping professionals, which include a college athlete's lack of confidence in helping professionals and preconceived ideas about how a helping professional will view their problem, are a major concern to providers (Lopez & Levy, 2013). College athletes also have concerns over privacy and confidentiality with services (Lopez & Levy).

Finally, college athletes also believe that disclosing a behavioral health risk could result in loss of playing time, loss of scholarship, loss of relationships with teammates, and cause disappointment in the eyes of a coaching staff and their informal support network (Ford, 2007; Williams et al., 2008). These findings reinforce the belief for athletes that their athletic success is more important than their overall health and well-being.

Current study

This study seeks to explore whether current Division I college athletes perceive the values of the social work profession as being present in the current behavioral health services available to

them. Knowing the success of value-based social work practice, it is important for these values to be apparent in the mind of athletes to potentially remove some of the service barriers previously discussed. The results of this study will illustrate the perceived strengths of services and areas where the perceived presence of social work values could improve. As the social work profession continues to advocate for positions in athletic departments, research of this nature provides solid evidence for what social work could bring to athletics.

Method

Research question

This research study explored college athletes' perceptions on the value base of existing behavioral health and psychosocial services on their campus. Researchers structured the perceptions of values around the primary social work values. Additionally, this research explored whether or not significant differences existed between a college athlete's perception values based on their gender and class standing (e.g., freshman, sophomore, junior, senior, or fifth-year senior/graduate student). Researchers selected gender as a variable as there are over 200,000 college athletes who identify as male and female. Understanding whether or not there are significant differences between genders could provide practitioners with key strategies for engaging the majority of athletes who identify with one of these genders. The researchers selected class standing as a variable for two primary reasons. First, freshman and sophomores are more likely to receive mandatory training on behavioral health risks and routine discussions on available services. College athletes in their third year of competition or beyond do not always receive ongoing training on behavioral health risks and available services. Second, athletic culture and identity becomes more engrained as college athletes progress in their athletic career. In other words, college athletes tend to minimize behavioral health symptoms as it is counter-productive to traditional sport culture that tells us athletes are supposed to be mentally tough (Carr & Davidson, 2015). Knowing if there is a

difference based on class standing could provide useful information to athletic administrators and support persons on how best to engage athletes in discussions about behavioral health risks and the service structure on their campus.

Research design

For this exploratory study, the researchers used a cross-sectional, web-based survey design to collect information from college athletes at NCAA Division I affiliated colleges or universities. To determine the desired sample size, the researchers began by selecting the statistical test necessary to answer the research questions. The researchers used a Multivariate Analysis of Variance (MANOVA) for answering the research question. The researchers used a statistical power of 0.80 and a medium effect size. With the lack of existing research to build a theoretical framework, the researchers used a medium as opposed to small or large effect size. The researchers used confidence intervals of 0.05, which were liberal rather than accurate estimates. The final sample included 221 college athletes. With this sample size, the statistical power for the research question exceeded 0.8.

To obtain responses from college athletes, the researchers used publicly available and complete lists of colleges and universities from the NCAA (2016) to conduct a random sample of Division I programs. To ensure they obtained a statistically significant sample, the researchers included 30 Division I programs in their final sample.

Once the researchers used random sampling techniques to identify 30 colleges or universities, the researchers used the school's website to obtain the contact information (name and email address) for the athletic director. The researchers asked the athletic director to pass along the link for a web-based survey, a cover letter, and a study information sheet to his or her college athletes for completion. To avoid potential selection bias, the researchers asked the athletic director to send the survey to all college athletes competing at the university.

Study participants

The researcher collected participation

information regarding age, gender, race, class standing, and sport played. (See Table 2.) The age range for this sample was 18–25 years ($M = 20$). Female athletes accounted for 54% of the total sample. A majority of the athletes identified as white (71%). Fifty-five percent of the respondents were upperclassmen (juniors, seniors, of fifth-year senior/graduate student). The most popular sports played were volleyball (12%), swimming/diving (12%), and basketball (10%). Overall, the sample comprised athletes from 19 sports.

Demographic Characteristic	N	%
Age (*M*, SD)	20 (1.39)	
Gender		
Male	102	46%
Female	119	54%
Race		
White	156	71%
Black	45	20%
Multi-racial	7	3%
Asian	6	3%
Pacific Islander	5	2%
American Indian	2	1%
Class Standing		
Upperclassmen	121	55%
Underclassmen	100	45%

Measures/instruments

Development of web-based survey

The researchers were not able to locate previously validated surveys for this study. Thus, the researchers developed a new survey. The researchers provided the draft survey to a panel of five experts in the field of social work for their review and feedback of the survey's readability, content, length, and face validity. Feedback from these experts was incorporated into the survey. The researchers then pilot tested the survey. The researchers conducted the initial piloting of this measurement tool by randomly selecting Division I athletes from a Midwestern university to answer the proposed research questions. The goals of the pilot test were to (1) evaluate the flow of the survey instrument as a whole and (2) revise the questions developed specifically for this survey. Twenty athletes completed the survey and provided feedback. The researchers incorporated feedback from the pilot testing in the final survey.

The final version of the survey indicated strong internal consistency, Cronbach's alpha ($\alpha = 0.89$). The researchers did not remove any items from the questionnaire, as the internal consistency did not increase significantly with item removal. The composite mean for final survey was 66.24 with a standard deviation of 11.96 and a variance of 142.97. Test for skewness and kurtosis revealed the results of the survey were normally distributed.

Value survey

Twenty-one questions relating to the presence of social work values in college athlete mental health services were factor analyzed using principal component analysis with Varimax rotation. College athletes were asked to answer each question about the values on a five-point Likert scale ("1 = Strongly Disagree" to "5 = Strongly Agree"). The analysis yielded four factors (Table 3) explaining a total of 61.92% of the variance for the entire set of variables. All four factors had eigenvalues greater than 1.00.

Factor one was labeled service and social justice due to high loadings by the following items: caring about athlete mental health, availability of mental health services, affordability of mental health services, access to mental health services, and ability of mental health services to address athlete needs. This first factor explained 22.15% of the variance.

The second factor was labeled dignity and worth of the person due to high loadings by the following factors: respectfulness of mental health providers, whether athletes are encouraged to seek mental health services when needed, level of privacy for mental health services, and whether providers understand the dual role of being a student-athlete.

Social Work Value(s)	Service-related Questions (Mean Score and Standard Deviation)
Service and Social Justice	My college or university cares about the mental health of student-athletes. (3.55, 1.15)
	The current mental health services on my campus are available when student-athletes need them. (3.19, 0.94)
	The current mental health services on my campus are affordable for students. (3.62, 0.85)
	My college or university ensures access to all mental health services a student-athlete might need. (2.97, 0.88)
	The current mental health services on my campus help student-athletes in need address their problems. (3.07, 0.92)
Dignity and Worth of the Person	The current mental health providers on my campus treat student-athletes in a respectful fashion. (3.68, 0.98)
	My college or university encourages student-athletes to seek mental health services when needed. (3.38, 0.93)
	The current mental health services on my campus ensure the privacy of students. (3.67, 1.01)
	My college or university works hard to help student-athletes balance academics, athletes, and social engagements. (3.75, 1.00)
Integrity and Competence	The current mental health providers on my campus are mindful of individual differences and cultural diversity. (3.33, 1.05)
	The current mental health services on my campus employ staff that is well trained on mental health issues. (3.41, 0.94)
	My college or university provides a high level of care for student-athletes with a mental health challenge. (3.09, 0.96)
	The current mental health services on my campus are providing trusted care to student-athletes. (3.45, 0.97)
	The current mental health services on my campus provide student-athletes with ongoing support. (3.17, 0.88)
	The current mental health providers on my campus are knowledgeable about the challenges facing student-athletes. (3.27, 0.97)
Importance of Human Relationships	The current mental health providers on my campus work cooperatively with our athletic department. (3.07, 1.02)
	My athletic department educates me about the mental health risks facing student-athletes. (3.10, 1.01)
	If I were experiencing a mental health problem I know where to access services. (3.36, 1.03)
	My college or university works with agencies in the community to help support student-athlete needs. (3.10, 1.05)
	My college or university informs me about available mental health services on a routine basis. (3.02, 0.89)

This second factor explained 15.76% of the variance.

The third factor was labeled integrity and competence due to high loadings by the following factors: whether providers are mindful about individual differences between athletes, the training level of mental health staff, the quality of mental health services, the trustworthiness of mental health providers, levels of ongoing support offered by mental health services, and whether providers have knowledge about athletic identity and culture. This third factor explained 13.33% of the variance.

The fourth factor was labeled importance of human relationships due to high loadings by the following factors: the level of cooperation

between athletic department staff and mental health providers, the level of education provided to athletes about mental health risks and campus services, the utilization of community partners to address athlete needs, and whether colleges and universities inform athletes about mental health risks and services on a routine basis. This fourth factor explained 10.68% of the variance.

Data analysis

There were two independent variables in this study—gender (male or female) and class standing (upperclassmen or underclassmen). Athletes had the opportunity to identify their gender as something other than male or female. However, no participants identified as anything other than male or female. Underclassmen included freshman and sophomores. Upperclassmen included juniors, seniors, and fifth-year seniors/graduate students. Both of these independent variables were categorical.

There were multiple dependent variables for this study as the researchers created four composite (sum) scores using the previously discussed factors. Composite scores included a sum score for all the questions associated with each social work value. The researchers calculated four composite scores: (1) a composite score for the social work values of service and social justice, (2) a composite score for the social work value of dignity and worth of the person, (3) a composite score for the social work values of integrity and competence, and (4) a composite score for the social work value of the importance of human relationships. All four of the dependent variables were measured at the interval level.

The researchers used descriptive statistics to provide details about the sample and an overview of the survey results. The researchers used a MANOVA to explore the impact gender and class standing had on a college athlete's perceptions of how well the behavioral health and psychosocial services on their campus adhered to the values of the social work profession. This test allowed the researchers to examine the mean differences between levels of the independent variable(s) on the four dependent variables. The use of a MANOVA not only protected the inflation of type I error, but also allowed the

researchers to examine group differences on each dependent variable, as well as group differences on the combined construct (Field, 2009).

Results

Descriptive statistics

Athletes answered questions about the presence of service/social justice, dignity and worth of the person, integrity/competence, and importance of human relationships in existing behavioral health and psychosocial services. Mean scores on individuals questions ranged from 2.97 (ensuring access to behavioral health and psychosocial services) to 3.75 (helping college athletes balance academics, athletics, and social engagements) (See Table 3). Of the 20 service-related questions, the mean scores never reached the point of agree or strongly agree. Most athletes felt social work values had a moderate presence in existing services.

When comparing the means of the composite scores, athletes believed the dignity and worth of athletes was most prevalent ($M = 3.62$), followed by integrity/competence ($M = 3.29$), service/social justice ($M = 3.28$), and importance of human relationships ($M = 3.13$). Of particular concern with these score is the percentage of athletes who strongly disagreed or disagreed with these values being present in existing service structures. Thirty percent of athletes did not feel service/social justice was present, 13% felt the dignity and worth of athletes was absent, 23% felt integrity/competence was lacking, and 32% did not feel the importance of human relationships had prominence in service delivery.

MANOVA statistical assumptions

The researchers used a MANOVA to answer the research question. Prior to analysis, data for the research question was evaluated to ensure that the assumptions for this multivariate test were fulfilled. First, each participant's score was independent from all other participant's scores. Second, all four dependent variables were continuous and measured at the interval level. The two independent variables were categorical with two mutually exclusive and exhaustive groups. Third, a cross tabulation of

the independent variables showed all cells had a minimum of 42 cases, thus showing a large sample size for a MANOVA.

Fourth, measures of skewness and kurtosis, histograms, and normal Q-Q plots were examined for all dependent variables. Inspections of these measures and plots revealed non-normal distributions for all dependent variables. While the variables were not normally distributed, a MANOVA can be robust to this violation so long as the smallest cell has 20 cases (Abu-Bader, 2011).

Fifth, the variance on all dependent variables must have equal variance across all groups of the independent variables. To test this assumption, the researcher used Levene's Test of Homogeneity. This assumption was satisfied for all variables ($p > 0.001$).

Sixth, the relationship between all pairs of the dependent variables must be linear. To test this assumption, the researcher used Bartlett's Test of Sphericity. The results of Bartlett's Test of Sphericity showed a significant correlation between the dependent variables ($p < 0.001$).

Seventh, the assumption of homoscedasticity implies that the covariance of all dependent variables across all levels of the independent variables is equal. This assumption was violated (Box's M is significant; $p < 0.001$). Thus, the researchers used Pillai's trace to infer the results of the MANOVA.

Eighth, to test for multicollinearity, the researcher examined the relationship between pairs of the dependent variables. The relationship between variables was not too high ($r < 0.8$). Additionally, scores for the VIF were less than or equal to ten, and scores for tolerance were less than 0.1. These findings indicate the dependent variables for each research question do not appear to be highly correlated.

Results of the MANOVA

Main effect–gender

The results of the MANOVA showed no significant difference between an athlete's gender and their perceptions of social work values being present in behavioral health and psychosocial services on their campus (Pillai's Trace = 0.007, $F_{(4, 216)} = 0.39$, $p > 0.05$).

Main effect–class level

The results of the MANOVA showed an overall significant difference between under and upperclassmen and their perceptions of social work values being present in behavioral health and psychosocial services on their campus (Pillai's Trace = 0.11, $F_{(4, 216)} = 6.81$, $p < 0.001$).

The results of the post hoc between-subjects effects indicated under and upperclassmen differed significantly based on their class level to the level of dignity and worth they believe current behavioral health and psychosocial providers demonstrate towards athletes ($F_{(1, 219)} = 12.26$, $p = 0.001$). Underclassmen ($M = 15.17$) perceived providers to care more about the dignity and worth of athletes than upperclassmen ($M = 13.90$). There were no significant differences between under and upperclassmen on perceptions of social justice, integrity and competency, and the importance of human relationship.

Interaction effect–gender x class level

The results of the MANOVA showed no interaction between an athlete's gender and their class level impacting their perceptions of social work values being present in behavioral health and psychosocial services on their campus Pillai's Trace = 0.006, $F_{(4, 214)} = 0.35$, $p > 0.05$).

Discussion

Significant findings

Overall, the results of this study indicate college athletes believe the values of the social work profession are moderately prevalent, in the current behavioral health and psychosocial services available on their campus. Furthermore, their gender or class standing does not largely influence the perceptions of college athletes. A possible concern is the fact that athletes do not agree or strongly agree that social work values are present. More must be done to consistently support the primary mission of the social work profession—enhancing human well-being and helping to meet the needs of humans. The only value that was significantly influenced by class

Social Work Value	Sport Social Work Approaches
Service	• Evaluating the effectiveness of Sport Social Work on behavioral health, psychosocial, and competitive outcomes • Implementing interventions to achieve practice goals and enhance the capacities of athletes • Using interprofessional collaboration to achieve beneficial practice outcomes for athletes • Ensuring that all athletes have access to adequate services that promote their safety and well-being
Social Justice	• Understanding current polices and regulations guiding the treatment of athletes • Recognizing how athletic participation can lead to the exploitation of athletes and factors impacting their health and well-being • Exploring strategies that eliminate structural barriers that leave athletes susceptible to behavioral health and psychosocial risks • Advocating for policies that promote athlete well-being at the federal, state, local, and organizational levels
Dignity and Worth of the Athlete	• Understanding how diversity and individuality shape an athlete's experience and their identity • Assessing strengths, risks, and needs of athletes throughout the chance process. • Identifying the influential social, cultural, economic, organizational, and environmental factors that affect athlete well-being • Recognizing how personal thoughts on athletes can influence professional judgment
Importance of Human Relationships	• Apply evaluation findings to improve practice effectiveness at the micro, mezzo, exo, and macro levels. • Valuing principles of relationship-building and interprofessional collaboration to improve an athlete's well-being • Understanding the roles of other professions in promoting athlete health and well-being
Integrity	• Understanding the value base and ethical standards of the social work profession • Advancing our understanding of athlete well-being through critical thinking
Competence	• Understanding the roles of other professions in promoting athlete health and well-being • Using interprofessional collaboration to achieve beneficial practice outcomes for athletes • Selecting appropriate intervention strategies based on the assessment, research knowledge, values of the social work profession, and preferences of the individual athlete

standing was dignity and worth as underclassmen athletes perceived providers to care more about this value than upperclassmen. A likely reason for the difference in perceptions of dignity and worth has to do with the integration of underclassmen into their athletic programs. Upon entry into college athletics, underclassmen often go through baseline behavioral health testing, receive routine evaluations, and participate in multiple educational programs about possible health risks (NCAA, 2017). These opportunities are not as prevalent in athletes who are later in their college career.

Knowing that athletes have concerns about the existing values present in support services, an

opportunity exists for social work professionals to change these perceptions. To do this, sport social workers must connect the core values of their profession within an athletic framework (See Table 4.)

Limitations

This research study had limitations that might have impacted the results. First, despite an attempt to randomly select an initial study sample, the response rates made the final sample more of an availability sample. This causes concerns with the generalizability of the findings to all Division I college athletes. Second, it is possible the survey used for this research lacks reliability and validity. Third, this study relied on self-reported data. There is in inability to verify participant responses.

Future directions

Future studies should explore strategies for incorporating the ethical and professional behaviors of social workers into existing support services. First, future research should consider the difference in opinions about social work values among college athletes who actively use behavioral health services and those that do not. Second, studies could explore the difference in opinions about social work values between college athletes and non-athletes. Third, studies should explore the perspectives of athletes on what it would take for these values to be more present. Fourth, once these values are more consistently incorporated into support services, researchers should examine their effectiveness at assessing and intervening in the behavioral health risks of athletes. Fifth, researchers need to explore strategies to instill these values in the individuals comprising an athlete's informal and formal support systems. Sixth, future studies could focus more on the reliability and validity of the measurement tool to increase validity and reliability.

Conclusion

The values and ethics of the social work profession (Dean & Rowan, 2014; NASW, 2008) are a strong fit for understanding the environmental and internal stressors that allow these behavioral health concerns to develop. The values and ethics of the social work profession could not only help

engage athletes in overcoming these risks, but could also ensure that services themselves no longer act as a barrier between an athlete receiving the help necessary to promote their own autonomy.

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Deserving to Deserve: Challenging Discrimination Between the Deserving and Undeserving in Social Work

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Abstract

A distinction between the deserving and undeserving has been in some respects a distinguishing, and in many others, divisive, feature of the social work profession. The apparent distinction has traditionally been drawn on the basis of ethical and moral appraisals of virtue and vice. This tradition has a much longer pedigree dating from antiquity in which considerations of personal desert were crucial, indeed decisive, in redistributive and retributive justice (Zaitchik 1977). Over the passage of time, moral authority has yielded more and more power to knowledge (Foucault, 1973). Rationality has superseded dogmatism, and the assessment of those eligible for welfare has been well honed. Although income and means tests form the official basis for distributing welfare, whether or not moral desert has been abandoned remains in question. However, how might desert be managed, if it does indeed continue to exert a powerful, albeit covert, influence on claims to state-provided or sponsored welfare? One possible answer to this question follows, first by noting the obvious, though, unappreciated importance of, desert, followed by a discussion of its integral relation to justice, and finally outlining how social work could use it as a normative force.

Keywords: desert, deserving, distributive justice, charity, entitlement, nudge, retributive justice, undeserving

The Undeserved Neglect of Desert

Few people would deny that persons who work hard deserve success, or in exhibiting outstanding courage deserve recognition, and conversely, that those who do harm or wrong deserve punishment. But, coupled with charity, desert is susceptible to moralisation, and worse still to baser motives, desires and tendencies such as discrimination, blame, and retribution.

Life during the formative period of professional social work, especially in Victorian England, was, as Thomas Hobbes (1960) once described it, solitary, poor, nasty, brutish, and short. It was, indeed, the worst of times (Dickens, 2003), during which charity was hard earned, rationed, temporary and conditional (Woodroofe, 1968). Beneficiaries were compelled to model the virtues of self-discipline, industry and moral edification for the sake of alms.

The Charitable Organisation Society (COS) placed itself at the forefront of a crusade to redeem the deserving from the swelling ranks of the "predatory and grasping paupers wallowing in vice and crime" (Forsythe & Jordan, 2002, p. 857). In attempting to prove their superiority to more conventional forms of philanthropy, the Society developed "procedures that were scientifically designed to expose the fraudulent rascal and to ensure … that those who were deserving received constructive, purposeful support" (Humphreys, 1992, p. 9). As Forsythe and Jordan (2002) contended, such an approach descended into the

"hypocritical cant and judgemental callousness that was frequently alleged … against the Charity Organisation Society" (p. 858). Thus, the early notion of desert fell appreciably short of being either charitable or moral.

Although, life for many continues to be brief and hard (Norton, Anik, Aknin, & Dunn, 2011), the ascription of deserving and undeserving to those in need that was once both legally and professionally sanctioned has been disavowed. For example, a recent editorial appearing in the United Kingdom's top-ranking, international publication, the *British Journal of Social Work* (2016), noted that:

> The 1834 English Poor Law distinguished between the "deserving" and the "undeserving" poor, the former being those who through no fault of their own—disability, age, sickness—could not provide for themselves, and the latter being the feckless and work-shy, a burden on their communities and undeserving of any but the harshest of treatment from hardworking people and the instruments of the state. The Poor Law was replaced by the modern welfare state, yet its legacy lives on—except that, of course, we have removed the outmoded notion that there are some in our society who will always need the support of others in favour of a rhetorical championing of "hardworking families." (Golightley & Holloway, 2016, p. 1).

Legal repeal and professional repudiation notwithstanding, the nature and practical significance of desert has become even more pre-reflective and obscured. Again, the BJSW editors proceeded to note, unwittingly, that:

> Social workers know as well as any how being caught up in a cycle

of deprivation and disadvantage removes all hope and aspiration and, yes, often our service users behave in ways which are self-destructive, self-defeating and, in the eyes of many may appear to neither merit nor benefit from help offered (Golightley & Holloway, 2016, p. 2)

While the editors acknowledged that "in the eyes of many, service users may appear to neither merit nor benefit from help offered," they, nonetheless, concede that the behaviour, and by extension, consequences (i.e., disadvantage and deprivation), of service users can, indeed, be self-inflicted, and by implication, deserved if help was not sought or accepted. What is most disturbing about the persistence of these public misconceptions and professional contradictions, is that desert continues to occupy a central place in contemporary schemes of retributive and, implicitly, distributive, justice.

Desert, it will be argued, can be harnessed for the benefit of service users if it is not simply completely and mindlessly disavowed. In the discussion that follows, the nature and scope of desert will be clarified, and its (re)appropriation by social work outlined with reference to a Rawlsian conception of institutional justice.

The Sources and Bases of Desert

Desert is evidently a more elusive concept than it has often been taken to be. Nevertheless, conceptual clarity about the structure of desert is possible. Desert may be conceptualised in terms of the interrelationship between its subject, object and bases. As Feinberg (1970) pointed out, "if a person is deserving … s/he must necessarily be so *in virtue of* some possessed characteristic or prior activity" (p. 58). Feinberg (1970) posited what has become the standard formulation of desert claims: "S deserves X in virtue of F," where S is the subject of desert, X is the treatment deserved, and F is some fact about S that is the basis of desert (p. 61). Accordingly, the values of F (the various bases of desert) are determined in part by the nature of the

various Xs in question. For instance, what makes a person deserving of a commendation for bravery, is not identical to that which makes her or him deserving of unemployment benefits.

There is an important distinction between merit and desert. Merit refers to a person's admirable qualities, desert to deeds (Miller, 1999). Using merit of any sort as a basis for distributing resources, argues Miller (1999), should be highly restrictive, and in particular not govern the distribution of goods and services that people regard as necessities. Merit, according to Miller (1999), is specific and insular. For example, if the distribution of educational or employment opportunities were based strictly on merit, then considerations of class, gender, ethnicity and race would be ethically irrelevant and precluded. He adds that "if we could envisage a society of simple equality in which everyone was entitled to the same bundle of goods and services, then merit would become redundant" (Miller, 1999, pp. 201-2). So, too, of course, would the notion of desert become superfluous. Desert, then, seems destined to play a more pivotal role in our conventional (dystopian) schemes of distributive justice than it might otherwise.

Desert has primarily been used as a moral concept (Simmons, 2010). However, as Kleinig (1971) long ago observed, desert is not a specifically moral notion. Although desert claims may have moral overtones there is no imperative that they should. In fact, as was noted earlier, many would have been better served by not confining the concept within a purely moral context. Shifting the context enables desert claims to be assessed according to broader criteria. For example, compensation may be deserved for a mistake as much as a misdeed, and reward for audacity as prudence. Taking a broader view of desert would curtail its misuse in evaluating claims on the basis of moral inferiority and superiority.

In an attempt to distil the concept further, some philosophers have tried to distinguish personal from institutionalised desert. Feinberg (1970) argued that desert was a "natural moral notion, not logically tied to institutions, practices and rules" (p. 56). On this view, what people deserve can be accounted for *pre-institutionally*. The case for pre-institutional desert becomes immediately apparent when we consider the myriad situations in which desert is intuited. For example, as previously mentioned, it seems fitting that people who are unduly wronged deserve sympathy, while the wrongdoers deserve blame. In both cases, it seems natural, following Feinberg (1970), to say that, other things being equal, the person should get what he or she receives simply because he or she deserves it. But, desert can also be tied to institutions, practices and rules (Scanlon, 2013). Deserts of this kind are referred to as *entitlements*. According to Feinberg (1970), people have a right or claim to things that they are duly entitled, or qualified and eligible, i.e., deserve, to receive. Entitlements are conditional, and rule governed, and the products of institutional arrangements. For example, to be entitled to a pension one must be a certain age. Specific institutions are assigned the task of ensuring people get what they are entitled to. As will be argued, entitlement-as-desert offers firmer grounds for desert claims, and on this point, Rawls's (1971) theory of justice is particularly promising.

Desert and Distributive Justice

The notion of desert has become firmly embedded in retributive justice (Clarke, 2013). It forms the basis of legal codes and institutions dedicated to the adjudication and enforcement of just punishment. By the same token, it is considered to play little, if any, decisive role in contemporary theories of distributive justice (Moriarty, 2003). Indeed, even in political philosophy, the idea of desert in assessing the justice of resource distributions has come to be treated with a good deal of suspicion (Roskies & Malle, 2013). This may be a matter of simplicity. Retributive justice is primarily concerned with dispensing one form of desert, i.e., punishment, and there is no question that everyone can be deserving of any or no punishment. Desert is, on the other hand, obliged to play a smaller role in distributive justice, since not everyone is capable of making a contribution or bearing a burden, and hence, deserving (Smilansky,

2006). Moreover, while punishment may not appear to be in short supply, it is not as scarce, unequivocal or inestimable as other deserts of a positive kind, such as liberties, opportunities, and respect.

According to Jeffery Moriarty (2003), the relative neglect of desert-based theories of distributive justice is nonetheless difficult to comprehend. "If people should have the punishment they deserve, shouldn't they also receive the social benefits they deserve? As Moriarty (2003) makes clear, "there is good reason to care about the answer to this question" since "if 'the asymmetry' can be justified, then its justification will likely reveal deep differences in the natures, purposes, and circumstances of theories of distributive and retributive justice" (p. 518).

Despite its importance, there are a number of prominent scholars who reject desert-based distributive theories. They include Robert Nozick (1974), Stuart Hampshire (1972), Kai Nielsen (1985), Michael Sandel (1998), and Richard Wasserstrom (1978). Most notable among them, however, is John Rawls (1971). Rawls (1971) not only appeared to reject, but also endorse, the asymmetry. According to Rawls (1971), desert entails responsibility. People must be responsible for the actions and character traits in virtue of which they are deserving. But, Rawls (1971) argued, no one is responsible for either of these:

> It seems to be one of the fix points of our considered judgments that no one deserves his (sic) place in the distribution of native endowments, any more than one deserves one's initial starting place in society. The assertion that a man (sic) deserves the superior character that enables him (sic) to make the effort to cultivate his (sic) abilities is equally problematic; for his (sic) character depends in large part upon fortunate family and social circumstances for which he (sic) can claim no credit. The notion of desert does not seem to apply to these cases (pp. 103-4).

The influence of nature (genes) and nurture (environment) shapes a person's character and actions to an extent that is incompatible with personal, and by extension, moral, responsibility. Desert cannot, therefore, serve as a basis for distributive justice. If Rawls's theory (1971) is correct, then it is evident that desert claims that have been or are avowed by social work must be rendered arbitrary from a moral point of view, and hence, unjust.

Rawls's (1971) view on the matter aligns with the philosophical arguments advanced by incompatibilists (Pereboom, 2016). According to this view, each of us is the product of both birth and breeding, and hence, unfree in the sense that our choices cannot be divorced from our origins and socialisation. For a person to be genuinely responsible for some action or characteristic, it must be freely chosen, and not caused by genes, forces or factors outside his or her control. But, although they contend that there is no free will, like their opponents, the compatibilists, they do not deny the will to be free.

But, Rawls (1971) did not deny that individuals could make choices. Rather, he contended that it was hard to discern what a person was accountable for by *unalloyed* choice and, thereby, deserved. Desert could not, therefore, provide a sufficiently practical basis for apportioning fair dues of burdens or benefits.

However, as two of Rawls's most ardent critics, Sher (1989) and Nozick (1975) allege, the theory is neither justified, nor can it be defended, on this point. The proposal is not only counterintuitive, but if accepted, leads to some rather radically unpalatable consequences. Both Sher (1989) and Nozick (1975) take particular issue with Rawls's view that no one deserves anything, neither praise or blame, nor reward or punishment.

For Sher (1989), Rawls (1971) is right to draw attention to instances where people's natural talents and abilities gives them an unfair competitive advantage over others. However, the argument against desert is not all or nothing. As Sher (1989) explains:

In its current form, the argument does leave room for desert in cases in which all the relevant parties have equivalent sets of abilities. By demonstrating that the Rawlsian argument must be reformulated in comparative terms, we have already compelled a measure of retreat from its initial unqualified conclusion that nobody ever deserves anything (p. 28).

Sher (1989) posits that there is at least one innate ability that may be comparatively similar in everyone, and that is, effort-making. If effort-making did, indeed, constitute a relatively homogenous ability, then this would make it plausible to suppose that people deserve rewards for their greater use of this ability in shaping their character and accomplishing their goals, etc., than those who use it less or not at all. Note that desert does not depend on successful effort. Effort itself is both a necessary and sufficient condition for desert, and it appears to offer a more inclusive and equitable basis for desert. For to reward only successful effort would be to credit far fewer people; ironically those with unearned added advantages bestowed upon them by the social-genetic lottery. The alternative seems to open desert to everyone capable of making an effort.

But, the question remains: Is effort-making ability equally distributed? Sher (1989) offers no evidence for his claim. While he rightly points out that differences in the amount of effort people do make does not prove differences in ability, neither does it demonstrate equal ability. Given that people differ substantially in many other natural abilities, it is difficult to believe that effort-making would be an exception. And, even if it were not, it begs the further question of how much effort does desert require? Making *some* effort is evidently not sufficient to claim desert in non-egalitarian societies like our own, and those, who by disinclination or incapacity make no effort, are, strictly speaking, entirely undeserving. The question about desert-for-effort

thus returns us to the initial starting point between deserving and undeserving and the moralistic bases upon which the otiose distinction has rested. As Rawls (1971) explains:

> The precept which seems intuitively to come closest to rewarding moral desert is that of distribution according to effort, or perhaps better, conscientious effort. Once again, however, it seems clear that the effort a person is willing to make is influenced by his (sic) natural abilities and skills and the alternatives open to him (sic). The better endowed are more likely, other things equal, to strive conscientiously, and there seems to be no way to discount for their greater good fortune (p. 312).

Nozick (1974) appears to offer a more challenging criticism of Rawls's apparent anti-desert thesis. Nozick (1974) asks, "Why shouldn't holdings [such as property, money, status and material goods] partially depend on endowments?" (p. 216). If Rawls's (1972) claim about the arbitrariness of desert is accepted, then not only does it diminish personal responsibility, but it negates personal autonomy altogether. Attributing who individuals are and what they do entirely to external sources removes everything that is noteworthy about them. As Nozick (1974) explains:

> Denigrating a person's autonomy and prime responsibility for his (sic) actions is a risky line to take for a theory that otherwise wishes to buttress the dignity and self-respect of autonomous beings; especially for a theory that founds so much (including a theory of the good) upon a person's choices. One doubts that the unexalted picture of human beings Rawls's theory presupposes and rests upon can be made to fit

together with the view of human dignity it is designed to lead to and embody (p. 214).

However, as Simmons (2010) made clear, Nozick's (1975) vision of individual autonomy is far less dignified and just than any he condemns Rawls for proposing. More specifically, Nozick's (1974) attack is as flawed as it is polemical. Nowhere in his seminal work, the *Theory of Justice*, does Rawls (1971) deny the significance of personal autonomy. Rather, his intention is to highlight its importance and provide a stronger and fairer endowment for exercising it. Rawls's (1971) theory of justice is, in this respect, more robust than Nozick's (1974) right-trumping theory of entitlement (and tax-minimisation scheme). Indeed, Nozick (1974) advocates the primacy of individual rights over personal liberty without much accompanying responsibility. In his *Anarchy, State and Utopia*, he proposes a system in which people acquire goods according to principles of just acquisition that are purely "historical" in nature (Nozick, 1974, p. 153). Goods are considered to be acquired justly provided they are either obtained directly from nature, subject to the proviso that there must be as much and as good left over for others or from another person (through sale, gift, bequest, etc.). The resulting system is a very pure form of market economy. In fact, it is misleading, according to Nozick (1974), to talk of distribution of goods, because there is no legitimate central agency entrusted to organise the acquisition of goods from individuals. Acquisition happens either by individual procurement or by voluntary transfer involving only the individuals concerned. Nozick (1974) believes such a system is more just than any other, since anything else would be coercive and a direct violation of individual rights. Indeed, he considers any form of taxation aimed at enlarging the autonomy of marginalised people as itself an undeserved privation. By contrast, Nozick (1974) holds the view that the marginalised are not entitled to, and thereby deserve, relief. Unlike Rawls (1971), not only does Nozick (1974) not discredit the distinction between un/deserved personal

desert, he uses it as the basis of his theory of justice. The theory serves to justify the entitlements that the so-called 1% claim to deserve (Dorling, 2015).

The Institutional Basis of Desert

As Scanlon (2013) has argued, Rawls was in fact more sparing of desert than his critics have claimed. He did not reject personal desert *tout court*. Rather, he insisted that "distributive shares do not correlate with *moral worth*" (italics added) (Rawls, 1971, p. 312), and argued instead that the legitimacy of desert as a primary basis of distribution depended upon just institutions. Rawls (1971) drew the analogy between desert and theft:

> For a society to organize itself with the aim of rewarding moral desert as a first principle [of justice] would be like having the institution of property in order to punish thieves (p. 313).

In other words, just as the concept of theft makes no sense in the absence of an established institution of property, so too, is the concept of desert rendered nonsensical without any pre-established institutional context. Simply put, just as no one can be said to have stolen anything if there is no institutionalised notion of ownership, no one can claim to deserve anything if there is no institutional warrant. Any pre-institutional claim to desert is bound to be arbitrary and weak. While desert may be estimated by the calibre of one's character, it is without doubt presupposed, reliant upon and calibrated by the principles of justice that govern institutions. According to Rawls (1971):

> It is incorrect to say that just distributive shares reward individuals according to their moral worth. But what we can say is that, in the traditional phrase, a just scheme gives each person his (sic) due: that is, it allots to each what he (sic) is entitled to as defined by the scheme itself (p. 313).

"Desert is understood as entitlement acquired under fair conditions" (Rawls, 1971, p. 64). Hence, to focus on *personal* desert as the basis for distributive justice is to look in the wrong place. As Rawls (1971) pointed out, "the claims of individuals are properly settled by reference to the rules and precepts (with their respective weights) which just economic arrangements take as relevant" (p. 313). Desert derives its ethical (deontological and teleological) weight from the principles of justice that members of a society are prepared to accept as the constitutive basis of their institutions.

Institutionalising desert has undeniable advantages. Institutions reflect normative aspirations and standards and galvanise allegiance to these. Whatever the enterprise, institutions harbour a particular vision, and make it their business to realise it. Without recourse to corresponding institutions, claims to desert are liable to remain idiosyncratic, and difficult, if at all possible, to justify. Individuals cannot properly be praised, blamed, rewarded, compensated or punished for acts that have no pre- or proscriptive legitimacy. It is the existence of the relevant institution that makes performance or capacity a possible basis of desert. According to Rawls (1971):

> It is perfectly true that given a system of cooperation as a scheme of public rules and the expectations set up by it, those who, with the prospect of improving their condition, have done what the system announces it will reward are entitled to their better situations; their claims are legitimate expectations established by social institutions, and the community is obligated to meet them (p. 103).

As this passage makes clear, Rawls (1971) does not denigrate the role of desert. Entitlement or legitimate expectation is used to add meaning to the term. Not only does Rawlsian entitlement defy the narrow confines of the classical and highly moralistic conception of desert, but it also marks a radical departure from the sense in which it is used by Nozick (1974), and other libertarians. In contrast to Nozick (1974), entitlement refers to the legitimate expectations "presupposed by the existence of a cooperative scheme," not a competitive market economy.

The Recuperation of Desert by Social Work

Desert claims are inescapably evaluative and, hence, normative. Normative notions of desert can be used as the basis of distributive institutions. In fact, prototypes for their design already exist in the form of courts, the United Nations, and a host of non-government organizations. However, a particular problem that has plagued welfare institutions is that discrimination is (mis)taken for desert. The issue, as Sorin Baiasu (2006) has cogently argued, is to ensure that the nature and scope of desert are clearly understood, given primacy, and made explicit in the establishment and regulation of public institutions.

The shift in emphasis from a naive pre- to thoroughgoing institutionalised understanding of desert has several important implications for social work practice. The first, and most obvious, concerns the basis or derivation of desert claims. Social work must turn its attention from the purely personal, and highly subjective, to the normatively stable and rationally tempered, sphere of adjudication. But, this rebalancing of perspective does not entail depersonalisation. On the contrary, it reinforces the profession's long-established view of the person-in-situation. Pre- and institutional desert are no longer coincidental or ambiguous, but rather interdependent, and social work is tasked with ensuring that institutions accommodate the just deserts of individuals.

The shift in focus also serves to neutralise the moralisation of desert claims. As was argued earlier, basing desert on moral worth is precarious; it is unmoored and defies impartial arbitration. Equally, it is typically retrospective. When we say that a work-shy, or conversely, hard-working, person deserves what she or he gets, the focus is on past, rather than future, actions or events. But this backward-looking orientation is extremely

puzzling. It begs the question why it is not more rational to set aside any preoccupation with an unalterable past, and concentrate more fully on possible futures? What individuals institutionally deserve is not confined to what they have, or failed to have, done, but envelopes what they deserve to do and who they deserve to become. Potentials, or what Nussbaum (2003) and Sen (2004) coined *capabilities*, determine opportunities for acquiring desert. People are capable of getting what they deserve, provided they have the institutional means to do so. Capabilities-as-desert become entitlements, in the Rawlsian, as opposed to, Nozickean, sense, and the task of social work is, once again, to ensure that claimants receive their dues.

This shift in perspective "nudges" (Sunstein, 2014; Thaler & Sunstein, 2008) the current emphasis on negative behaviour-modifying conditionals, such as sanctions for non-compliance, placed on service users by neoliberal governments (Curchin, 2017), in the opposite direction. It is hardly surprising that they are more likely to behave "counter-productively," as the editors of BJSW, and others, have observed, when situated in circumstances hostile to their welfare. Desert, thus, acts as an incentive, rather than a corrective.

Of course, the institutional approach to desert is not without problems. As Sher (1989) maintained, tensions exist between actual and ideal institutions. While this may be so, imperfection only serves to add impetus to realising the ideal. If desert is formally institutionalised, then determinations can be subject to scrutiny and redress for their insensitivity to valid claims. Monitoring the probity of public institutions serves to reduce discrepancies between actual and ideal performance.

Even arch critics of the institutional approach to desert such as Sher (1989) concede, "despite its problems, some version of it may ultimately … provide the best obtainable justification of desert-claims" (p. 17). The alternative is to concede that "desert is merely a derivative category of moral thought, and that it plays no basic role in determining what justice requires" (Sher, 1989, p. 17).

Conclusion

The notion of desert has been undertheorized and, as a consequence, misapplied. Its origins date back to antiquity, where the attempt was made to provide a logical basis for the concept. The ancients saw it is a person's due for her or his virtue or vice. Over the course of time, it became increasingly mired in moralism. It was, as a consequence, used uncharitably by the antecedents of an evolving social work profession

More recently, desert has been viewed as a basis of exchange. Sher's (1989) notion of desert for effort is a case in point. In fact, genuine desert is unsolicited (Feinberg, 1970). Nor is it, as Rawls (1971) cogently argued, based on performance or contribution, since these are irrevocably attuned and confounded by endowments which are themselves undeserved. As such, the recognition of desert must have an institutional basis. It would simply be a matter of personal opinion otherwise.

If desert is explicitly instituted, then the distribution of benefits and burdens would at last have to be justified on grounds that are not arbitrary from a moral, nor any other, point of view. The social work profession has a particular historical account to settle in this regard. It must repudiate any claim that desert cannot be applied successfully to contemporary institutions. In the process of doing so, moreover, it is poised to drive social institutions towards the egalitarian ideal of distributive justice. As the profession well knows, just desert requires a stronger foundation than piety or charity.

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Ethical Standards for Social Workers' Use of Technology: Emerging Consensus

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Abstract

Social workers are making increased use of technology to deliver services to clients, communicate with clients, gather information about clients, communicate with and about colleagues, and educate students and practitioners. The advent of technology—including Internet, text (SMS), email, video, social media and networking, cloud storage, and other forms of digital communication and software—has introduced novel and unprecedented ethical challenges. Very recently, these dramatic changes in the ways that social workers use technology have led to major efforts to develop new ethical standards in the profession. These efforts have occurred in three distinct, albeit related, domains: (1) practice standards, (2) regulatory and licensing standards, and (3) code of ethics standards. This article provides a synthesis of emerging ethical standards and consensus thinking related to social workers' use of technology. It is essential that today's social workers be thoroughly familiar with these significant developments to ensure that their practice complies with prevailing ethical standards.

Keywords: ethics, ethical standards, technology, digital, standards of care

Introduction

When social work was formally inaugurated as a profession in the late nineteenth century, practitioners worked face-to-face with people who struggled with poverty, urbanization, immigration, health care, education, employment, aging, housing, sanitation, and many other personal, social, and environmental challenges. Over the course of decades, social work scholars and practitioners developed and refined models and methods of intervention designed to provide *in-person* assistance to individual clients, families, groups, communities, and organizations. Traditionally, clinical social workers have learned about the critical importance of eye contact, body language, posture, tone of voice, and interpretation of clients' nonverbal cues. Community organizers and social work administrators have learned about the profound importance of interpersonal skills, how to engage audiences, and how to manage interpersonal conflict. Also, social work educators have learned about the complexity of classroom dynamics, interpreting and managing students' classroom behaviors, and the importance of connecting with students one-on-one. Throughout the profession's history, social workers have appreciated the essential role of in-person human connections. Indeed, human connection is highlighted in the NASW *Code of Ethics*; the phrase "importance of human relationships" is listed as one of social work's six core values (NASW, 2017).

In contrast, in recent years—a relative fraction of social work's storied history—increasing numbers of practitioners have begun to use technology extensively to deliver services, administer programs, communicate with and gather information about clients and colleagues, and educate students and practitioners, thus introducing

novel questions about what social workers mean by the sacrosanct term *human relationships.* Some clinical social workers provide counseling services to clients they never meet in person, communicating with them only by video, email, chatroom messages, text messages, and online avatars. Similarly, some social work supervisors are overseeing the work of supervisees they never meet in person. Some social work educators are teaching students without ever sharing a physical classroom with them, and some agency administrators conduct meetings primarily online. Other social workers are using technology to supplement face-to-face contact.

The widespread use of technology in social work is controversial. Some social workers are uncomfortable with the proliferation of technology in professional practice (Lamendola 2010; Mattison 2012; Santhiveeran 2009). For example, they worry that in clinical social work the expanding use of distance counseling options dilutes the meaning of therapeutic relationship and alliance and compromises social workers' ability to comply with core ethical values and standards related to informed consent, privacy, confidentiality, professional boundaries, competent practice, and termination of services, among others. Critics argue that clinical services provided remotely greatly increase the likelihood that social workers will miss important clinical cues, for example, clients' tears or physical discomfort in response to the social worker's probing question or comment. Clinicians who offer distance counseling services may find it difficult to maintain clear boundaries in their relationships with clients, in part because of ambiguity surrounding the temporal limits of their interactions that are no longer limited to office-based visits during normal working hours.

There is also controversy among social work educators (Reamer, 2013; Sawrikar, Lenette, McDonald, & Fowler, 2015). Some applaud the use of distance education technology to expand social work education programs' reach, especially to remote and rural locations. Others decry the advent of degree programs that are entirely or primarily online, arguing that in-person contact between teacher and students is an essential component of quality education and gatekeeping.

Indeed, times have changed. Due to technological advances and innovations, social work is being redefined and transformed, which has led to challenging questions about what it means to be a social worker, what social work entails, and what new ethical standards are required.

The Use of Technology in Social Work

Online mental health resources and services emerged as early as 1982 in the form of "distance" or remote self-help support groups (Kanani & Regehr, 2003; Reamer, 2013a; Skinner & Zack, 2004). In social work, the earliest discussions of electronic tools focused on practitioners' use of information technology (Schoech, 1999) and the ways in which social workers could use Internet resources, such as online chat rooms and Listservs joined by colleagues, professional networking sites, and e-mail (Finn & Barak, 2010; Grant & Grobman, 1998; Martinez & Clark, 2000).

The most ambitious development and use of technology in social work has occurred in the clinical realm (Chester & Glass, 2006; Dowling & Rickwood, 2013; Lamendola, 2010; Mattison, 2012; Menon & Miller-Cribbs, 2002; Reamer, 2012, 2015a, 2015b; Zur, 2012). It includes the use of computers (including online chat and email) and other electronic means (such as smartphones and video technology) to (a) deliver services to clients, (b) communicate with clients, (c) manage confidential case records, and (d) access information about clients (Lee, 2010; Menon & Miller-Cribbs, 2002; Santhiveeran, 2009; Zur, 2012).

Also, social work education, supervision, and administration have been transformed by technology (Casey, 2008; Reamer, 2013). In the early 1990s, the advent of high-speed broadband transmission introduced the Internet as a way to administer programs and educate students and practitioners (Rumble, 2008). Social work administrators can convene online video meetings that include participants located in remote sites.

Some social workers provide online supervision to colleagues they never meet in person. The creation of online course management systems, such as WebCT and Blackboard, transformed colleges' and universities' opportunities to reach off-campus students throughout the world. Today, increasing numbers of social work educators are teaching hybrid (combined in-person and online) and exclusively online courses using web-based platforms.

The Emergence of New Ethical Standards

Very recently, these dramatic changes in the ways that social work services, supervision, administration, and education are provided have led to major efforts to develop new ethical standards in social work. These efforts have occurred in three distinct, albeit related, domains: (1) practice standards, (2) regulatory and licensing standards, and (3) code of ethics standards. It is essential that today's social workers be thoroughly familiar with these significant developments to ensure that their practice complies with prevailing ethical standards.

Practice standards

In 2017, following unprecedented collaboration among key social work organizations in the U.S.—the National Association of Social Workers (NASW), Council on Social Work Education (CSWE), Association of Social Work Boards (ASWB), and Clinical Social Work Association (CSWA)—the profession formally adopted new, comprehensive practice standards, including extensive ethics guidelines that focused on social workers' and social work educators' use of technology (NASW, CSWE, ASWB, & CSWA, 2017). Approved by these respective organizations' boards of directors, these transformational, comprehensive standards address a wide range of compelling ethical issues related to social workers' use of technology to provide information to the public; design and deliver services; gather, manage, and store information; and educate social workers. In short, these new standards constitute a sea change in social work practice, administration, and education.

Regulatory standards

Recognizing the profound impact that technology is having on social work practice, in 2013 the Association of Social Work Boards (ASWB) board of directors appointed an international task force to develop model regulatory standards for technology and social work practice. ASWB embarked on development of new ethics-related standards in response to demand from regulatory bodies around the globe for guidance concerning social workers' evolving use of technology. The ASWB task force included representatives from prominent social work practice, regulation, and education organizations throughout the world.

The task force sought to develop standards for social workers who use digital and other electronic technology to provide information to the public, deliver services to clients, communicate with and about clients, manage confidential information and case records, and store and access information about clients. The group developed model standards, including extensive ethics guidelines, addressing seven key ethics-related concepts: practitioner competence; informed consent; privacy and confidentiality; boundaries, dual relationships, and conflicts of interest; records and documentation; collegial relationships; and social work practice across jurisdictional boundaries. These model standards, formally adopted in 2015, are now influencing the development of licensing and regulatory laws around the world.

Code of Ethics standards

In 2015, NASW appointed a task force to determine whether changes were needed in its Code of Ethics to address concerns related to the use of technology. The last major revision of the code was approved in 1996. Since 1996, there has been significant growth in the use of computers, smart phones, tablets, email, texting, online social networking, monitoring devices, video technology, and other electronic technology in various aspects of social work practice. In fact, many of the technologies currently used by social workers and clients did not exist in 1996. In 2017, NASW adopted a revised code that includes extensive technology-related additions pertaining to informed consent, competent practice, conflicts of interest, privacy and confidentiality, sexual relationships,

sexual harassment, interruption of services, unethical conduct of colleagues, supervision and consultation, education and training, client records, and evaluation and research.

Ethical Guidelines: Emerging Consensus

It is compelling that emerging ethical standards pertaining to social workers' use of technology that are embedded in recently adopted model regulatory laws promulgated by the ASWB, the revised NASW Code of Ethics, and standards of practice developed jointly by NASW, ASWB, CSWE, and CSWA highlight a number of common core concepts and themes: provision of information to the public; designing and delivering services; gathering, managing, and storing information; collegial relationships; and educating students and practitioners. This cross-cutting pattern reflects emerging consensus thinking across key national social work organizations about current "best practices" related to social work ethics when practitioners use technology.

Provision of information to the public

Many social workers maintain websites that provide information to the public. Examples include practitioners who educate the public about various clinical symptoms (for example, mood disorders, addictions, anxiety, relationship conflict), community resources (for example, agency services, useful websites, self-help tools), and social policies. New ethical standards emphasize that when communicating with the public using websites, blogs, social media, or other forms of electronic communication, practitioners should take reasonable steps to ensure the accuracy and validity of the information they disseminate (Recupero, 2006). Social workers should post information only from trustworthy sources, having ensured the accuracy and appropriateness of the material. They should advertise only those electronic services they are licensed or certified and trained to provide in their areas of competence. Practitioners should periodically review information posted online by themselves or other parties to ensure that their professional credentials and other information are accurately portrayed; they should make reasonable effort to correct inaccuracies.

These steps are especially important given the frequency with which people conduct Internet searches to obtain information about social workers, social services, and social policies. Social workers have a moral duty to protect the public and avoid providing them with misleading information that could cause harm. Also, practitioners should not create unscrupulous websites or online posts that are designed to exploit people financially, for example, encouraging them to purchase products and services that are unlikely to help them and may cause emotional, physical, or financial injury.

Designing and delivering services

Social workers who use technology to provide services should ensure that they have sufficient competence. According to a new standard in the NASW Code of Ethics (2017), "Social workers who use technology in the provision of social work services should ensure that they have the necessary knowledge and skills to provide such services in a competent manner" (standard 1.04[d]). This includes the ability to assess the relative benefits and risks of providing clinical services using technology; reasonably ensure that electronic services can be kept confidential; reasonably ensure that they maintain clear professional boundaries; confirm the identity of people to whom services are provided electronically; and assess individuals' familiarity and comfort with technology, access to the Internet, language translation software, and the use of technology to meet the needs of diverse populations, such as people with differing physical, cognitive, and other abilities.

Most jurisdictions have adopted the position that electronic practice takes place in both the jurisdiction where the client is receiving such services (irrespective of the location of the practitioner) and in the jurisdiction where the social worker is licensed and located at the time of providing such electronic services (irrespective of the location of the client). If the client and practitioner are in different

jurisdictions, social workers must now be aware of and comply with the laws in both the jurisdiction where the practitioner is located and where the client is located (ASWB, 2015).

Social workers have always understood their duty to explain the potential benefits and risks of services as part of the informed consent process (Barsky, 2009; Reamer, 2015). When providing social work services using technology, practitioners should inform the client of relevant benefits and risks. It is important for social workers to also consider clients' relationships and comfort with technology. Practitioners should consider clients' possible reluctance to use technology; difficulty affording technology; limited computer knowledge or fluency with technology; and the risk of cyberbullying, electronic identity theft, and compulsive behaviors regarding the use of technology (National Association of Social Workers, Association of Social Work Boards, Council on Social Work Education, and Clinical Social Work Association, 2017).

Practitioners must also assess their own competence in the use of technology to deliver social work services. They should continuously learn about changes in technology used to provide these services (NASW, 2017).

The subject of professional boundaries in social work is not new. However, technological innovations have introduced new boundary-related challenges. New standards remind social workers to maintain clear professional boundaries in their electronic communications with clients (NASW 2017; National Association of Social Workers, Association of Social Work Boards, Council on Social Work Education, and Clinical Social Work Association, 2017). Practitioners who use technology to provide clinical services should take reasonable steps to prevent client access to social workers' personal social networking sites and should not post personal information on professional websites, blogs, or other forms of social media, to avoid boundary confusion and inappropriate dual relationships (Gabbard, Kassaw, & Perez-Garcia, 2011; MacDonald, Sohn, & Ellis, 2010).

Social workers who provide electronic clinical services may have clients who encounter emergencies or crisis situations. Some crisis services may be provided remotely, but others may require in-person communication or intervention. Practitioners should take reasonable steps to identify the location of the client and emergency services in the jurisdiction. If the social worker believes that a client may be at risk (for example, having suicidal thoughts), the practitioner should mobilize resources to defuse the risks and restore safety. Practitioners should develop policies on emergency situations that include an authorized contact person whom the clinician has permission to contact (ASWB, 2015; NASW, 2017; National Association of Social Workers, Association of Social Work Boards, Council on Social Work Education, and Clinical Social Work Association, 2017).

Gathering, managing, and storing information

A number of new ethics standards require that social workers, as part of the informed consent process, explain to clients whether and how they intend to use electronic devices or communication technologies to gather, manage, and store protected health and other sensitive information (ASWB, 2015; NASW, 2017; National Association of Social Workers, Association of Social Work Boards, Council on Social Work Education, and Clinical Social Work Association, 2017). Practitioners should also explain the potential benefits and risks of using the particular electronic methods for gathering, managing, and storing information. Practitioners should periodically review the types of precautions they use to ensure that they are appropriate given recent changes and identified risks in the use of technology (that is, new forms of viruses, cyberattacks, or other potential problems).

Social workers who gather, manage, and store information electronically should take reasonable steps to ensure the privacy and confidentiality of information pertaining to clients. Practitioners should be aware that statutes and legal regulations may dictate how electronic records are to be stored and practitioners are responsible for being aware

of and adhering to them. Organizations in various practice settings may have additional policies regarding the storage of electronic communications.

Also, social workers should ensure that their means of electronic data gathering adhere to the privacy and security standards of applicable laws. These laws may address electronic transactions, client rights, and allowable disclosure (ASWB, 2015).

Collegial relationships

Social workers increasingly use technology to communicate with and about colleagues, in addition to using technology to serve clients. Practitioners may need to gather information about professional colleagues for a variety of reasons, for instance to find contact information to facilitate client referrals; determine client eligibility for services; determine the credentials and experience of colleagues; identify colleagues' policies and practices; and gather information in relation to a potential complaint or lawsuit concerning a colleague. New ethical standards suggest that when searching for information about a colleague online, social workers should take reasonable steps to verify the accuracy of the information before relying on it. To verify information, it may be appropriate to contact the original source of the information that is posted or speak directly with the professional colleague. It may also be appropriate to confirm the accuracy of the information by checking other sources (ASWB, 2015; NASW, 2017; National Association of Social Work Boards, Council on Social Work Education, and Clinical Social Work Association, 2017).

Social workers should also pay attention to who is posting and monitoring information on the Internet. Practitioners should be aware of the laws and regulations in their jurisdiction about mandated reporting of colleagues if a practitioner discovers online information about a colleague that violates ethical standards. In such a situation, the social worker may have a legal obligation to report the colleague.

Social workers should think carefully about whether to use technology to search for personal information about colleagues. New standards implore social workers to avoid using technology to pry into colleagues' personal lives (National Association of Social Workers, Association of Social Work Boards, Council on Social Work Education, and Clinical Social Work Association, 2017). Practitioners should respect the privacy of professional colleagues in relation to personal activities and electronically accessible information that is not relevant to their professional services.

Also, practitioners should adhere to strict ethical standards when they communicate with and about colleagues using electronic tools, draw on colleagues' professional work, and review electronic information posted by colleagues. For example, social workers should avoid cyberbullying, harassment, or making derogatory or defamatory comments; avoid disclosing private, confidential, or sensitive information about the work or personal life of any colleague without consent, including messages, photographs, videos, or any other material that could invade or compromise a colleague's privacy; take reasonable steps to correct or remove any inaccurate or offensive information they have posted or transmitted about a colleague using technology; acknowledge the work of and the contributions made by others; avoid using technology to present the work of others as their own; and take appropriate action if they believe that a colleague who provides electronic services is behaving unethically, is not using appropriate safeguards, or is allowing unauthorized access to electronically stored information (ASWB, 2015; NASW, 2017; National Association of Social Workers, Association of Social Work Boards, Council on Social Work Education, and Clinical Social Work Association, 2017). Such action may include discussing their concerns with the colleague when feasible and when such discussion is likely to produce a resolution. If there is no resolution, social workers may need to report their concerns through appropriate formal channels established by employers, professional organizations, and governmental regulatory bodies; also, they should take steps to discourage, prevent, expose, and correct any efforts by colleagues who knowingly

produce, possess, download, or transmit illicit or illegal content or images in electronic format.

Educating students and practitioners

Many of the new technology-related ethics standards focus explicitly on social work education, including undergraduate and graduate education, staff development, supervision, and continuing education (National Association of Social Workers, Association of Social Work Boards, Council on Social Work Education, and Clinical Social Work Association, 2017). The standards have significant implications for social work educators' efforts to comply with the Council on Social Work Education's *Educational Policy and Accreditation Standards* (2015) that pertain to technology: "Social workers . . . understand emerging forms of technology and the ethical use of technology in social work practice" (p. 7). The standards focus on core issues related to competencies in the use of technology for educational purposes; academic standards and integrity; training social workers in the use of technology to serve clients; and social work supervision (practice-based supervision and field education).

New standards indicate that social workers who use technology to design and deliver education, training, and supervision must develop competence in the ethical use of the technology through appropriate study and training (Fange, Mishna, Zhang, Van Wert, & Bogo, 2014; Sawrikar, Lenette, McDonald, & Fowler, 2015). They must examine the extent to which education provided using technology enables students to master core professional skills and engage in appropriate education, study, training, consultation, and supervision with professionals who are competent in the use of technology-mediated tools for educational purposes (Siebert, Siebert, & Spaulding-Givens, 2006). Prominent research suggests a number of best practices for online teaching that should be reflected in social work education (Boettcher & Conrad, 2016; Ko & Rossen, 2017; Reeves & Reeves, 2008).

Social work educators who use technology should anticipate the possibility that some students will have special needs that require use of technology-based adaptive devices that enhance access (Georgia Institute of Technology, n.d.). Social work educators who teach online courses must take these factors into account and, to the extent feasible, incorporate reasonable accommodations (Duncan-Daston, Hunter-Sloan, & Fullmer, 2013; Fange, Mishna, Zhang, Van Wert, & Bogo, 2014; Sawrikar, Lenette, McDonald, & Fowler, 2015). The Universal Design for Learning Guidelines provide social work educators with state-of-the-art protocols to enhance accessibility of technology-based instruction (National Center on User Design for Learning, 2018). These guidelines address issues related to student engagement, perception, self-regulation, comprehension, language and symbols, physical action, expression, and communication.

It is especially important that social workers who teach students in remote locations ensure that they have sufficient understanding of the cultural, social, and legal contexts of the locations where the students and practitioners are located. For example, online instructors must keep in mind that state laws differ considerably with regard to exceptions to clients' confidentiality rights (e.g., mandatory reporting and duty to disclose confidential information to protect third parties from harm) and informed consent (e.g., minors' right to consent to treatment without notification of parents by social workers). Social work educators should be knowledgeable about the cultures of the students and the clients whom the students may be serving (Boettcher & Conrad, 2010; Fange, Mishna, Zhang, Van Wert, & Bogo, 2014; Sawrikar, Lenette, McDonald, & Fowler, 2015).

A significant component of social work's new ethics standards concerns training social workers about the use of technology in practice. Curricula that teach students and practitioners about ways to use technology must include state-of-the-art knowledge about effective and ethical use of technology (Goldingay & Boddy, 2017). It is especially important to address whether and when technology is an appropriate way to provide services, evidence of effectiveness, assessment

and outcome measures, and ways to accommodate clients' special learning needs and cultural diversity. Educators must teach about ways to develop protocols to evaluate client outcomes and to think critically about the potential benefits and risks of using technology to serve clients.

A number of new technology standards focus explicitly on social work supervision and field instruction (National Association of Social Workers, Association of Social Work Boards, Council on Social Work Education, and Clinical Social Work Association, 2017). Some social work supervisors and field instructors are communicating with supervisees remotely, either as supplements face-to-face meetings or exclusively remotely. According to new standards, social workers who use technology to provide supervision must ensure that they are able to assess students' and supervisees' learning and professional competence (Maidment, 2006). Supervisors and field instructors should take reasonable steps to ensure that they are able to assess students' and supervisees' learning and professional competence and provide appropriate feedback. Social workers who supervise remotely should acquaint themselves with guidelines concerning provision of remote supervision adopted by the jurisdiction(s) in which the supervisors and supervisees live and practice.

Conclusion

Social workers are making increased use of technology to deliver services to clients, communicate with clients, gather information about clients, communicate with and about colleagues, administer programs, and educate and supervise students and practitioners. The advent of technology—including Internet, text (SMS), email, video, and other forms of communication—has introduced novel and unprecedented ethical issues. It behooves social workers to be thoroughly familiar with emerging ethical standards. Essential knowledge in this digital age includes standards that are being added to licensing and regulatory statutes and regulations; professional codes of ethics; and practice guidelines.

Technology-related developments in social work are both unpredictable and fast-paced. Thus, social workers should be vigilant in their efforts to monitor noteworthy adjustments in pertinent ethical standards.

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Social Work Educators' Evaluations of Regulatory Boards

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Abstract

The regulation of social workers through the awarding of certificates and licenses is predicated in large part on the recognition that states have responsibilities to protect the public. This article presents the results of a study of the perceptions of social work educators and administrators from CSWE accredited programs ($n = 710$) about their state regulatory boards ($n = 47$). A survey measured opinions in two domains: (1) boards' efficacy in performing their professional licensing functions related to issuing certificates and licenses, and (2) their public protection efforts. Overall, educators rated their regulatory boards positively, and social work educators with a certificate or license significantly rated their boards higher in both domains. Educators in many states differentially evaluated their boards' effectiveness in board functions and public protection efforts.

Keywords: certification, regulatory boards, public protection, social work licensure, ethics

Introduction

Protection of the public and consumers is one reason for establishing state regulatory boards and credentialing professionals, but public protection is a topic that is rarely addressed directly in the social work literature. In fact, the search term "public protection" is not recognized as a key

phrase among many of the profession's prominent journals. Although research has been published about members of the National Association of Social Workers (NASW) sanctioned for unethical conduct (e.g., Strom-Gottfried, 1999) and social workers sanctioned for unprofessional conduct by their regulatory boards (Boland-Prom, Johnson, & Gunaganti, 2015), the mirror concepts of harm to clients or iatrogenic symptoms have not been explored in depth.

Social work educators are in a unique position to observe and evaluate state policies that regulate social workers and their practice. Faculty include themes into curriculum in micro and macro practice, management and ethics courses, and field seminars that reflect state policies of professional and unprofessional conduct. Some faculty have first-hand experience as licensees and members of the regulatory boards and their committees. Clinical and field faculty as well as academic advisors are in unique positions to learn of students' and graduates' experiences. Faculty are a well-qualified group to participate in a study of state regulatory boards and regulatory policies.

The Association of Social Work Boards (ASWB) is an organization that provides resources to social work regulatory boards throughout the United States and Canada. It developed recommendations for statutory standards for the regulation of social workers, provides training to regulatory board members, maintains a database of sanctioned social work professionals, and administers tests that are used to establish the qualifications of social work professionals at various levels. The ASWB developed a Model State Social Work Practice Act (2015), referred to subsequently as the Model Practice Act, that provides an example statute that establishes a regulatory board and provides a framework for accepting applications, issuing certificates or licenses, and handling complaints. The Model Practice Act proposes credentials at a BSW level (including independent practice) and various MSW-level licenses, including clinical and supervision. The current recommended model includes language for oversight of social work

services provided electronically by social workers within the jurisdiction or outside the jurisdiction for clients in the jurisdiction. The public protection policies in the Model Practice Act include a code of conduct (basic standards for all practice), delineation of unprofessional conduct, ability to evaluate those with felony convictions, and clear statements against exploitation of clients. In addition, the Model Practice Act established a legal responsibility for social workers to report impaired social workers and others who practice in unprofessional ways that pose a risk to consumers. The Model Act establishes regulatory boards' authority to accept and investigate complaints and sanction social workers for unprofessional conduct, but this comprehensive, aspirational model does not capture the jurisdictional variety of statutes that currently exist across the states.

Literature Review

Social work regulation

Although all states and the District of Columbia in the United States currently have some type of social work regulation, the types of certifications and licenses vary (Duffy Randal & DeAngelis, 2013). California was the first state to pass regulation of social workers in 1945 and Wisconsin was the most recent state to do so in 1992 (Duffy Randal & DeAngelis, 2013). Most jurisdictions regulate social workers at two or three levels: after graduation with a bachelor's or master's degree, after 2 years of supervised post-graduate practice, and independent clinical licensure. State statutes vary tremendously in their requirements about education, field training, supervision, and post-licensure continuing education, as well as the types of employment that may exempt employees from oversight. Examples of these variations include California with one license type: clinical social work; Texas offers training certificates and licenses; Wisconsin allows applicants with nonsocial work degrees, but reviews training in the classroom and field work placements prior to graduation.

Although independent clinical social workers are regulated (with certificates or licenses) in all states,

only 18 jurisdictions offer independent macro practice certificates or licenses. Jurisdictions differ widely in regulating those with a bachelor's degree. Regulation is more of a manifestation of political and legal forces than a reflection of national standards within the social work profession. This statement is most easily supported by the fact that the composition of regulatory boards varies across jurisdictions—some boards are composed of all social workers (usually with public members) while other jurisdictions have composite boards made up of professionals from multiple disciplines who oversee several disciplines.

Public protection

Public protection can be conceptualized across two spheres of responsibility: (a) establishing professional standards and admission to the profession (e.g., reviewing applicants for sufficient knowledge and skills, awarding certificates and licenses, and establishing professional standards for practice), and (b) public education and protection efforts (e.g., dissemination of information about the profession and individual social workers, as well as handling of complaints against individual social workers). Public protection is predicated on a regulatory board with statutory authority and sufficient staff to award, renew, restrict, and remove licenses. Public protection is more effective when social workers have mechanisms to report peers who are impaired or demonstrate unprofessional conduct. On balance, spurious complaints also require procedural safeguards that efficiently adjudicate cases. Finally, regulatory boards' budget for staff and resources affect their ability to perform necessary oversight duties related to public protection (Law & Hansen, 2010).

Responding to complaints against social workers requires clear communication and access for consumers and other professionals, including accepting complaints, investigating accusations, conducting hearings, and sanctioning and monitoring adjudicated social workers. Regulatory boards' responsibilities for public protection include providing information about how to make a complaint against a professional and conveying information about sanctions against social workers

in a manner that allows consumers to evaluate practicing social workers who have a history of being sanctioned. The responsibilities of protection at a state level are by necessity tied to national data banks, including the National Practitioner Data Bank (NPDB) maintained by the U.S Department of Health and Human Services (2011) and the Public Protection Data Bank compiled by ASWB.

Regulatory boards need access to national data banks that maintain records on individuals who have been sanctioned for unprofessional conduct as they move to new jurisdictions. Jesilow and Ohlander (2010) found that serious discipline actions of doctors increased after the implementation of the NPDB, which provided boards information about individuals' sanctions and reciprocally required that state boards and professional societies report their sanction decisions. Their results are suggestive of the dual functions of NPDB in both tracking and supporting the sanctioning decisions of state regulatory boards and professional membership groups.

The question imbedded in the discourse on public protection is what types of unprofessional conduct require protection for consumers. Aside from the exclusion of unqualified individuals from the practice of social work, what minimum standards can be used to guide supervision and service delivery or identify the need for peer interventions? There are two streams in social work research that quantify the types of unprofessional conduct that result in professional sanctions. Decades of research on ethics complaints, handled by the National Association of Social Workers (Daley & Doughty, 2006; NASW, 1995), have identified continuing categories of harmful conduct: sexual abuse of clients and former clients, impaired professionals, and a variety of incompetent service deliveries. The second stream is research on social workers sanctioned by regulatory boards (Boland-Prom, Johnson, & Gunaganti, 2015).

Beneath these categories and numbers are unanswered questions related to what were the original accusations from consumers and peers, not the negotiated, plea bargained public reports. In other words, what causes consumers enough harm or outrage that they are willing to engage in

a time-consuming bureaucratic complaint process that may involve appearance at a disciplinary hearing? Thus, when public protection is discussed, research results in part reaffirm the framework that is used for discipline. In other words, knowledge about the iatrogenic or other problems related to abuse or unprofessional conduct by professionals is filtered through professional frames of reference (e.g., code of ethics) and research coding. It is a knowledge base that has many missing voices. Research with a national sample of licensing boards is further challenged as a result of the variation in state regulations and boards' compositions (Herman & Sharer, 2013) as some of the regulatory boards oversee multiple professions with membership representing these professions.

Purpose of the Study

The purpose of this study was to explore the opinions of social worker educators about their state regulatory boards in two domains: (a) boards' efficiency in performing their professional regulatory functions and (b) boards' public protection efforts. The hypothesis was that social work educators' views of the efficiency of their boards in its basic regulatory functions would be similar to their evaluation of the boards' public protection efforts. Additional hypotheses were tested that field faculty and field administrators as well as faculty who teach practice (micro and macro) classes would be more likely than administrators or faculty teaching other courses to be aware of students' experiences with the regulatory boards, and aware of complaints against social workers. Differences in evaluations of regulatory boards were compared across groups: (a) members (and former members) of the National Association of Social Workers compared with those who were never members; (b) educators with and those without licenses or certifications; (c) educators who teach practice courses compared with those who teach other classes; and (d) field administrators and faculty compared with other administrators and faculty. The study was approved by the Institution Review Boards of the two universities.

Method

Survey sample and data collection

The list of schools posted on the Council of Social Work Education's (CSWE) website was used to identify accredited graduate and undergraduate social work programs in the United States. A public domain scrubber software (Google) was used to download information (names, email addresses, job titles, degrees, licenses, and descriptions) of social work educators and staff directly from colleges' and universities' websites. Website formats varied widely from one school with no listed social work faculty to one that included a list of over 100 faculty, affiliated faculty, and staff. Some schools included field instructors, most did not. Some websites included emeritus faculty and a smaller number included retired faculty. The public information posted on each social work educator was reviewed and categorized (type of faculty, administrator types, fieldwork positions, education, and types of certification and licensure). The following categories of employees were excluded: support staff, marketing and recruitment staff (unless a social work degree or license was listed), graduate assistants, student workers, technology support, and webmasters. In order to generate the largest possible pool of subjects, decisions were made to include part-time faculty, field faculty, affiliate faculty, retired and emeritus faculty, and visiting professors. The email lists were developed between November 2015 and February 2016, after the start of the fall term, to gather the most current information on staff for the academic year of the study.

Recruitment of social work educators listed on accredited schools' websites was done through email communication beginning with an introductory email with information about the study, followed by an invitation to participate, and three reminders to nonresponders (all included an imbedded link to the survey). The survey was distributed utilizing Survey Monkey. Emails and surveys were distributed between January and May of 2016. All messages were distributed on Tuesday mornings using formal introductions for the educators (Day, 2016; Experian Market

Services, 2016; Fink, 2015; Heerwegh, 2005; SalesForce Marketing Cloud, 2014; Zheng, 2011). Administration of the survey was managed by the Office of Institutional Research and Effectiveness at the authors' university, which addressed distribution and answered technical issues with the instrument while it was deployed.

The survey for educators was sent to 8,509 professionals' emails. However, 251 educators (2.9%) either opted out from receiving surveys through the survey vendor prior to contact for this study or had invalid email addresses on their university website that prohibited contact. Surveys were started by 905 educators. This left an effective response rate of 11% from those who were eligible to contact. The calculated response rate could have been higher if categories of faculty had been screened out (examples include retired, emeritus, affiliated faculty, administrators, etc.). Additionally, 195 surveys were removed as noncompleters for failing to answer more than 90% of the survey. Thus, 710 educators' surveys were retained for further analysis.

Survey instrument

A 26-question survey (with additional demographic and open-ended questions) was designed to measure the views of social work educators regarding their states' licensing boards. Survey questions were developed based on the social work literature, the Association of Social Worker Board's Model Law, the Code of Ethics of the National Association of Social Workers (NASW), and focus groups of regulators. Focus groups of regulatory board members and administrators were conducted at an annual meeting of the Association of Social Work Boards. Finally, the cover letter and survey were pilot tested with faculty from multiple disciplines at the authors' university.

The resulting survey included five subscales and demographic questions about respondents. Boards' efficiency was measured with three subscales: (a) boards' professional functions (applications, renewals, etc.); (b) boards' communication with stakeholders (social workers, educators, and public); and (c) regulations based on ethical standards (informed consent, confidentiality, etc.). The public protection domain was measured with two subscales: (d) boards' handling of complaints against social workers; and (e) evaluation of public protection.

Each survey contained four questions that asked for Likert-scale responses to aspects of the functioning of the state board.

- First, participants were asked to rate on a 5-point Likert scale, where 1 was Poor and 5 was Excellent, the professional functions of their board, such as disseminating information about obtaining a license.
- Next, they were asked to rate on a 3-point scale where 1 was No Regulation, 2 was Regulations Need Improvement, and 3 was Adequate Regulations, no Change Needed, the regulations governing ethical behaviors of social workers, for example, requirements that social workers report incompetent colleagues.
- Third, they were asked to evaluate on a 5-point Likert scale, where 1 was Poor and 5 was Excellent, the board's handling of complaints, for example, performing investigations in response to complaints.
- The fourth question again used the above-described 5-point Likert scale and asked respondents to provide overall ratings regarding the board's communications with its constituents and its efforts to protect the public.

The second set of questions included questions about the educators' views on social work practices. The first category asked educators to evaluate regulations on various common ethical standards of social work practice. A 4-item scale was used to rate current regulations in the state (unable to rate, no regulation, regulations need improvement, adequate regulations). One section asked educators to rate the boards' communication with stakeholders (social workers, public and colleges and universities) on a 5-point Likert scale

from 1= poor to 5 = excellent. There were also areas provided for educators to write comments on social work practices.

Results

Participants

Survey participants (*N* = 710) described themselves primarily as female (72%) and White (77.6%). (See Table 1.) Although many participants identified more than one job description, all faculty types and ranks were listed by 49.8%, administrator 11.5%, and field personnel 16.9%. Participants identified teaching a variety of classes: practice (micro and macro) 65.6%; human behavior 44.8%; mental health 41.1%; policy 37%; research 33.8%; diversity 33.5%, ethics 32.7%; and other courses.

Participants reported on 46 different regulatory boards. No respondents identified boards from Delaware, South Dakota, Washington, or Wyoming. (See Table 2.) When asked about the source of knowledge about the state regulatory board, participants identified multiple experiences. Most participants identified knowledge of students' experiences with regulatory boards (45.9%), through NASW advocacy (42.5%), colleagues' experiences (39.2%), and awareness of boards' policies (32.1%), and familiarity with the regulatory boards' work (26.6%). Refer to Table 2. Most participants reported membership in NASW (current member 55.4%, lapsed membership 32.3%) as a source of information about their boards.

Participants' responses to questions about the adequacy of regulations demonstrated overwhelming support for their states' current regulations; satisfaction with regulations that restrict sexual contact between social workers and clients was rated adequate by 65.8%. Regulations requiring social workers to report impaired colleagues was rated adequate by 44.4% of educators, whereas 14.6% indicated that improvement was needed. Educators evaluated all nine standards as adequately regulated (e.g., client given information about social workers 44.2%, to policies against sex with clients 82.3%). Scores for the bottom range (poor and below average) were 38% communication

with social workers, 44.4% rated communication with the public in the low range, and 48.4% rated communication with colleges and universities in the lower range. Regulations related to supervision was the area that received the highest response for improvement needed (15.2%).

Table 1

Participant Demographics

Gender	N	%
Female	511	72
Male	157	22.1
Transgendered & Other	5	.7
Missing	37	5.2
Race*		
White	551	77.6
Black/African American	83	11.7
Latino	47	6.6
American Indian/ Alaska Native	20	2.8
Asian	16	2.3
Hawaiian/Pacific Islander	1	.1
Education		
Doctorate all types	248	34.93
MSW	151	21.27
JD	1	.1
BSW	2	.2
Missing	308	43.4
MSW	151	21.27
JD	1	.1
BSW	2	.2
Missing	308	43.4
Licensure		
Licensed Clinical Social Worker	128	18.03
Licensed Independent Social Worker (MSW + experience)	10	1.41
Licensed Graduate Social Worker	31	4.37
Missing	541	76.2
Job Descriptions *		
Faculty		
Tenured Faculty- All ranks	354	49.8
Adjuncts & Lecturers (FT & PT)	170	24.0
Clinical Faculty	76	10.7
Research Faculty	12	1.7
Emeritus & Retired Faculty	18	2.54
Administrators *		
University, College, Department, Program Coordinators or directors	82	11.5
Field Personnel		
Field Administrators & Coordinators	51	7.2
Field Faculty	69	9.7
Other	78	3.9

* Some participants identified more than one category

Table 2

Participants Reported Source of Awareness about State Boards

Source of Knowledge	N	%
Students' experiences	333	45.9
NASW advocacy	302	42.5
Colleague's experiences	278	39.2
Aware of board policies	228	32.1
Familiar with board's work	189	26.6
Colleague's experiences with Board	180	25.4
License	545	23.2
Client complaint	133	18.7
Served on committees for Bd	82	11.5
Served on Bd	27	3.8
Other	72	10.1

Preliminary Analyses and Overall Comparison of Licensure Attitudes

Internal consistency reliability was calculated for the summated rating scales measuring Regulatory Licensure Attitudes ($\alpha = .88$), Protective Licensure Attitudes ($\alpha = .90$), and a scale for Overall Licensure Attitudes that included all items pertaining to licensure attitudes ($\alpha = .93$). *Regulatory Licensure Attitudes* reflect respondents' views about the efficiency with which regulatory boards carried out their responsibilities in licensing social workers. *Protective Licensure Attitudes* reflect respondents' views about how effective regulatory boards are in protecting the public, investigating reported violations of minimum standards, and taking disciplinary or corrective action as appropriate. An analysis of the overall difference between respondents' Regulatory Licensure Attitudes and Protective Licensure Attitudes was conducted via a paired sample *t* test. Regulatory Licensure Attitudes ($M = 2.64$, $SD = 1.04$) were significantly more favorable ($t(709) = 16.93$, $p < .001$) than Protective Attitudes ($M = 1.99$, $SD = 1.26$). The effect size of overall differences between Regulatory and Protective Licensure Attitudes ($d = .64$) was medium in size.

Licensure Attitudes and Social Work License Attainment

A mixed, factorial ANOVA was conducted to examine whether License Attainment was associated with variance in Regulatory and Protective Licensure Attitudes. The main effects and interactions of Licensure Attitude Type (Regulatory vs. Protective, a 2-level within-subjects variable) and License Attainment (Yes vs. No, a 2-level between-subjects variable) were examined. A significant two-way interaction ($F(1,708) = 19.72$, $p < .001$) was observed (see Figure 1). Follow-up tests for the two-way interaction between Licensure Attitude Type and License Attainment examined differences between Licensure Attitude Type within respondents who had attained their Social Work License and those who had not. For respondents who attained a license ($n = 545$), Regulatory Attitudes ($M = 2.78$,

$SD = .91$) were significantly ($t(544) = 17.11$, $p < .001$, $d = .73$) more favorable than Protective Attitudes ($M = 2.04$, $SD = 1.21$). For respondents who had not attained a license, Regulatory Attitudes ($M = 2.16$, $SD = 1.27$) were significantly ($t(164) = 4.43$, $p < .001$, $d = .35$) more favorable than Protective Attitudes ($M = 1.81$, $SD = 1.40$). Furthermore, the Regulatory Licensure Attitudes were significantly more favorable for respondents who were licensed than those who were not ($t(217) = -5.92$, $p < .001$ [adjustment made for heterogeneity of variance], $d = .57$), whereas no significant differences were observed between Protective Licensure Attitudes for licensed respondents and those who were not licensed ($t(243.12) = -1.89$, *ns* [adjustment made for heterogeneity of variance]).

Licensure Attitudes and Education Level

A mixed, factorial ANOVA was conducted examine the effects of education level in social work on licensure attitudes. Analyses included the main effects and interactions of Licensure Attitude Type (Regulatory vs. Protective, a 2-level within-subjects variable), Education Level in Social Work (bachelor's degree through multiple doctoral degrees, a 7-level between-subjects variable), and NASW Membership (Current Member vs. Lapsed
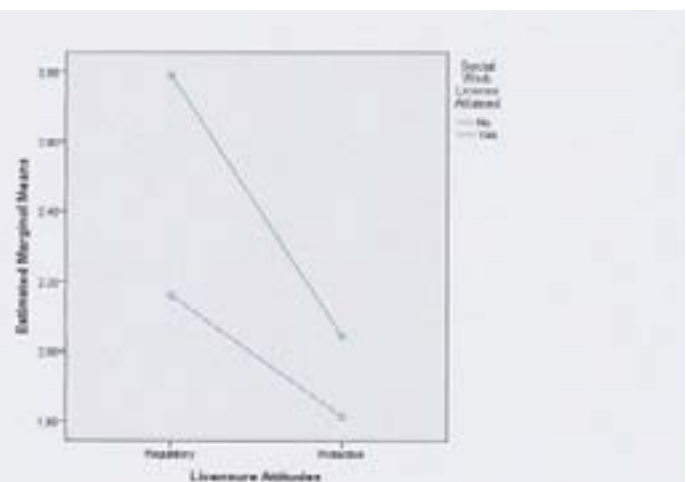

Figure 1. Differences in regulatory and protective licensure attitudes by attainment of license

Member vs. Never Member, a 3-level between-subjects variable). However, no effects (main effects or interactions) associated with education level in social work were statistically significant.

Licensure Attitudes and Courses Taught

Next, a series of analyses were conducted to determine whether the courses taught by respondents (including Administration, Child Welfare/Foster Care, Human Behavior, Practice, Research, Diversity, Ethics, Medical/Hospital, Mental Health, Policy Work, and School Social Work) were associated with their Regulatory and Protective Licensure Attitudes. For each course, a mixed, factorial ANOVA was conducted to examine main effects and interactions of Licensure Attitude Type (Regulatory vs. Protective, a 2-level within-subjects variable) and Course Taught (Yes vs. No, a 2-level between subjects variable). Courses that were not associated with significant differences in Licensure Attitudes included Child Welfare/Foster Care, Human Behavior, Diversity, and School Social Work.

However, many analyses resulted in identifying significant two-way interactions between Licensure Attitude Type and teaching other courses. Figure 2 illustrates the significant two-way interaction ($F(1, 708) = 19.72$, $p < .001$) associated with teaching a course in Administration. For respondents who taught a course in Administration, Regulatory Licensure Attitudes ($M = 2.79$, $SD = .91$) were significantly more favorable ($t(544) = 17.11$, $p < .001$, $d = .73$) than Protective Attitudes ($M = 2.04$, $SD = 1.21$). For respondents who had not taught a course in Administration, Regulatory Licensure Attitudes ($M = 2.16$, $SD = 1.27$) were also significantly more favorable ($t(164) = 4.43$, $p < .001$, $d = .68$) than Protective Attitudes ($M = 1.81$, $SD = 1.40$). However, no significant differences in the Regulatory and Protective Licensure Attitudes were observed for those who taught a course in Administration and those who had not.

Figure 3 presents the two-way interaction associated with teaching a course in Ethics ($F(1,708) = 5.57$, $p < .05$). Participants who taught a course in Ethics ($n = 232$) reported Regulatory Licensure Attitudes ($M = 2.80$, $SD = .99$) that were significantly more favorable ($t(231) = 8.07$, $p < .001$, $d = .69$) than their Protective Attitudes ($M = 2.27$, $SD = 1.20$). Participants who had not taught a course in Ethics ($n = 478$) also reported Regulatory Licensure Attitudes ($M = 2.57$, $SD = 1.05$) that were significantly more favorable ($t(477) = 12.03$, $p < .001$, $d = .53$) than their Protective Attitudes ($M = 1.85$, $SD = 1.27$). Regulatory Licensure Attitudes were significantly more favorable for respondents who taught an Ethics course than those who did not ($t(708) =$
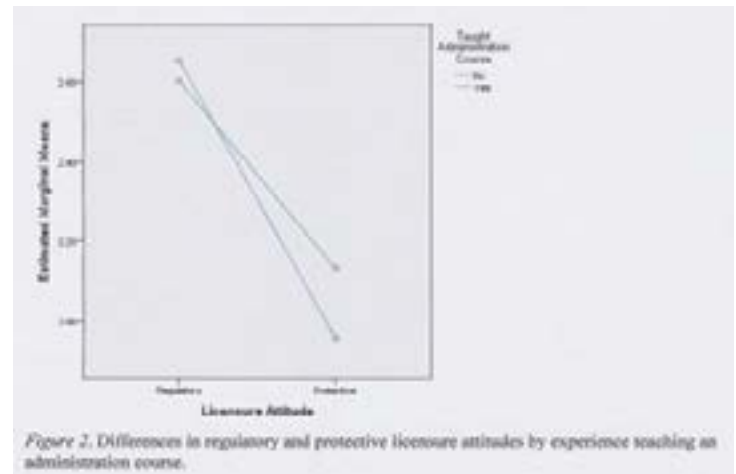

Figure 2. Differences in regulatory and protective licensure attitudes by experience teaching an administration course.

-2.75, $p < .001$, $d = .23$) and Protective Licensure Attitudes were also significantly more favorable for participants reporting they taught an ethics course than those who did not ($t(708) = -4.20$, $p < .001$, $d = .34$).

Figure 4 illustrates the significant two-way interaction associated with teaching a course in Mental Health ($F(1,708) = 6.20$, $p < .05$). Respondents who taught a course in Mental Health ($n = 292$) reported Regulatory Licensure Attitudes ($M = 2.64$, $SD = .94$) that were significantly more favorable ($t(291) = 9.63$, $p < .001$, $d = .56$) than their Protective Attitudes ($M = 2.11$, $SD = 1.18$). Participants who had not taught a course in Metal Health ($n = 418$) also reported Regulatory

Licensure Attitudes ($M = 2.64$, $SD = 1.10$) that were significantly more favorable ($t(417) = 14.02$, $p < .001$, $d = .69$) than their Protective Attitudes ($M = 1.91$, $SD = 1.31$). Regulatory Licensure Attitudes did not differ significantly between respondents
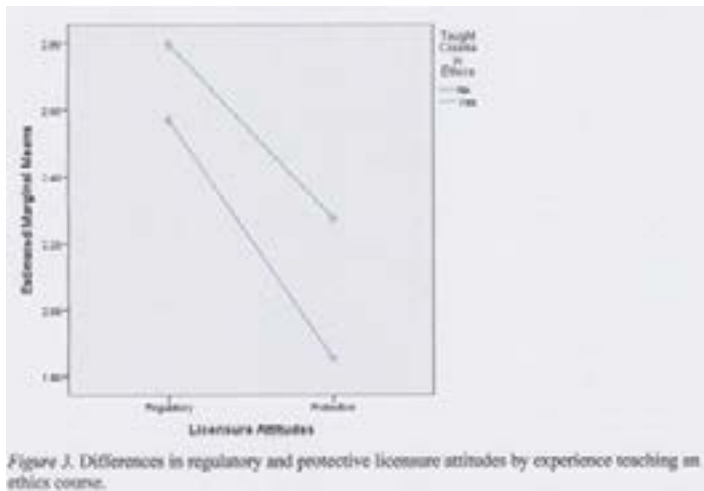

Figure 3. Differences in regulatory and protective licensure attitudes by experience teaching an ethics course.

who taught a course in Mental Health and those who did not, whereas these groups did significantly differ ($t(664.70) = -2.07$, $p < .05$ [adjustment made for heterogeneity of variance], $d = .16$) in terms of Protective Licensure Attitudes.

Figure 5 presents the two-way interaction associated with teaching a course in Policy Work ($F(1,708) = 4.03$, $p < .01$). Participants who taught a course in Policy Work ($n = 263$) reported Regulatory Licensure Attitudes ($M = 2.54$, $SD = 1.05$) that were significantly more favorable ($t(262) = 8.21$, $p < .001$, $d = .51$) than their Protective Attitudes ($M = 2.03$, $SD = 1.23$). Participants who had not taught a course in Policy Work ($n = 447$) also reported Regulatory Licensure Attitudes ($M = 2.70$, $SD = 1.02$) that were significantly more favorable ($t(446) = 15.13$, $p < .001$, $d = .72$) than their Protective Attitudes ($M = 1.97$, $SD = 1.28$). However, no significant differences in the Regulatory and Protective Licensure Attitudes were observed for those who taught a course in Policy Work and those who had not.

There were also a number of analyses that revealed significant main effects of teaching a particular course on respondents' Overall Licensure Attitudes, including courses in Practice ($F(1,708) =$
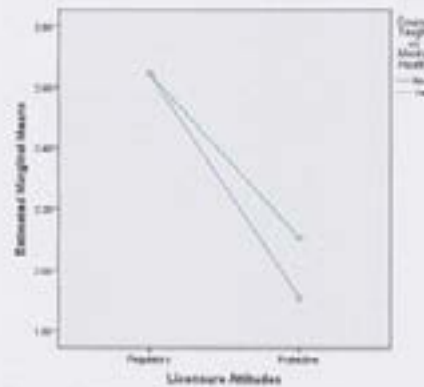

Figure 4. Differences in regulatory and protective licensure attitudes by experience teaching a mental health course.

5.60, $p < .05$, $d = .17$), Research ($F(1,708) = 4.41$, $p < .05$, $d = .16$), and Medical/Hospital ($F(1,708) = 4.59$, $p < .05$, $d = .27$). Participants who taught a course in Practice had significantly more favorable Overall Licensure Attitudes ($M = 2.36$, $SD = 1.03$, $n = 466$) than those who had not ($M = 2.18$, $SD = 1.06$, $n = 244$). Respondents who taught a course in Research had significantly more favorable Overall Licensure Attitudes ($M = 2.36$, $SD = 1.04$, $n = 470$) than those who had not ($M = 2.19$, $SD = 1.03$, $n = 240$). Participants who taught a course in Medical/Hospital had significantly more favorable Overall Licensure Attitudes ($M = 2.53$, $SD = .95$, $n = 86$) than those who had not ($M = 2.27$, $SD = 1.05$, $n = 624$).

Qualitative Analysis

The questionnaire contained areas that allowed educators to write comments on social work practices. While there were unique themes within states, several themes were apparent across jurisdictions: (a) difficulty of communicating with the board directly (responses to phone and email communication possibly due to limited staff and poor websites), which can be linked to a few participants who wanted to be able to consult with the board or be trained by the board about ethical issues; (b) boards failing to provide information about pending policy changes; (c) continuing education (CEU) requirements (types of approved trainings, and social workers harshly sanctioned for minor problems with renewals or CEU acceptance); and (d) reciprocity across jurisdictions. Although

the question about educators being required to be licensed was mentioned by a few, the opinions represented the spectrum.

Roles and boundaries between educators and the regulatory board, a longstanding debate in the profession, was evidenced through the following comments.

An educator from Maine wrote about regulatory boards too involved with curriculum standards suggesting improvements, "…by allowing schools of social work to determine what education social workers need, rather than impose their [the board's] judgement and deciding what courses to count (for conditional licenses)." One respondent from Alabama wrote: "Check to see if Social Workers in University positions are licensed. Some SW educators say they do not need licensure. What puts them above the licensure laws?" Another respondent from Minnesota wrote, "Remove the requirement for social work faculty to be licensed. Faculty members are educators, not social workers. It doesn't help anyone to confuse those roles."

Discussion

Social work educators' perspectives reportedly were informed in large part from their students' experiences and NASW (membership and advocacy). Less than 20% of respondents reported that they were aware of complaints about social workers and less than 4% reported serving on their regulatory boards. These factors may contribute to one pattern that is apparent across different analysis of variables: Social work educators tended to rate regulatory functions higher than protective functions, when a difference in the two domains was found. This may also be related to more information being available about standard licensing requirements, as both educators and students have personal experiences in this area.

This study is part of an ongoing consideration of what public protections are in place and changes that might be needed in the licensing of social workers. Articulation of what is public protection is a nuanced topic that covers multiple board functions, including CEU approval and public notification of social workers sanctioned

for relatively minor renewal applications. Licensure is at its foundation a political process that may be influenced by other professional constituents. As a profession with a long history of advocacy for vulnerable groups, the professional literature surprisingly seems to be silent on public protection topics. Theoretical and practical dialogue about the current challenges in protection of the public, after the 1970s era consensus about sexual contact with clients was completed, is needed.

Limitations

Caution should be used in interpreting these results because of the low response rate. The response rate may have been improved with two different approaches. Identification of social work educators, based on public information on college and university websites, was affected by institutionally unique marketing and communication patterns as well as the timeliness of webmasters in updating their lists. In order to include the most diverse array of positions and perspectives in this study, we were cautious about removing categories of potential respondents from the email invitation list. This strategy may have resulted in a misleadingly deflated response rate. The response rate may have been higher also if additional categories of educators had been removed (e.g., affiliated faculty, retired and emeritus faculty, field instructors, research faculty, part-time faculty and part-time instructors) or if the focus had been limited to include specific groups (e.g., faculty with licenses, only practice faculty, field staff and field faculty). However, a sample that targeted a narrower type of courses taught or licensure status would have missed several differences among these categories that the analysis demonstrated were significant. Second, the protocols used in this study for the email communications were based on marketing research. Procedures used in other published social work survey research have demonstrated higher response rates.

Recommendations

Concern for protection of clients and potential consumers is an area that needs further

exploration. It is a particularly challenging topic as much of the information about complaints and sanctioning adjudication is confidential. Public reports on individual social workers are often so processed and sanitized that the true nature of clients' experiences is obfuscated. Given the limited access to sanction procedures and results, obtaining a sample of participants knowledgeable in the topic area is challenging. Study methods that would provide information from consumers about their experiences with unprofessional practitioners could help further expand our understanding of public protection.

Public protection needs to be discussed in social work as part of comprehensive efforts to empower and protect consumers, a potentially vulnerable population. Social work curriculum on ethical practice is enriched when consumer's needs and vulnerability are explored. Discussions of ethical standards, unprofessional conduct, resulting sanctions, and malpractice vulnerability engage students and prepare them for challenges in post graduate practice. The social work profession with its demonstrated historical commitment to vulnerable populations can build on the ethics curriculum by training and evaluating the public protection efforts led by regulatory boards.

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Forum: Aborting Abortions: How You Can Reduce Abortions in Your Community

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The Journal of Social Work Values and Ethics offers the Forum as an opportunity for subscribers to share their unedited thoughts about topics of the day. The journal supports free speech but does not take a position on the material presented in the Forum.

We must work hard to ensure that abortions are "safe, legal and rare. And by rare I mean *rare.*"
—*Hilary Clinton* (2008)

The issue of abortion continues to divide the nation. It is estimated that about 19% of all pregnancies in the United States end in abortion. African American babies are disproportionately the victims of abortion, as are fetuses diagnosed with Down syndrome and other genetic disorders. In many countries where boys are valued more highly than girls, female fetuses are aborted at a much higher rate than male babies. Since the passage of Roe v Wade in 1973, it is estimated that over 60 million babies have been aborted in the United States. For many citizens in America, aborting a baby is a form or murder, and as such to be discouraged. While most persons, even pro-life advocates, agree that legal abortions should be an option for women who are the victims or rape or incest, or for whom pregnancy poses a serious medical issue, the numbers of abortions performs for these reasons is relatively small.

Efforts to make abortions much rarer, as Hillary Clinton desires, as not very effective. Individual states attempt to adopt laws which impose some restrictions on abortion, but these are often overturned by abortion-friendly federal judges, and when upheld have an unknown impact on the numbers of abortions actually performed in a given state. Pro-Life protesters picket abortion clinics, churches hold prayer groups asking for divine intercession on the issue, pro-life editorials are sometimes published in local papers, but in generally any form of organized effective opposition to performing abortion is, well, rare. Occasionally illegal activities are undertaken, blocking abortion clinic doors, harassing women entering clinics, and so forth, but these too are rare, ineffective, and in many ways offensive.

The progressive/liberal element of our country like to discuss grassroots community organizing as a method to promote social change. Indeed former President Obama earned some of his street cred by working as a community organizer in Chicago. Perhaps Pro-Life activists can draw lessons from the community organizing tactics of the Pro-Choice movement, in order to reduce abortions. In his 1976 novel *The Moneychangers,* author Arthur Haley describes two novel tactics used to promote social change. In one scenario, the custodial staff at the local airport were striking for a raise in wages. To pressure the authorities to grant their wage increase demands, the striking janitors arranged for all the toilet stalls in the airport bathrooms to be occupied by a striker or sympathizer. The only toilets were pay toilets. So the colluding janitor put in his or her dime, sat down, and closed

and locked the door, where they remained for hours, until relieved by a fellow striker. Subsequently the airport administration was deluged by hordes of angry passengers urgently needing to use the toilet. The strikers were doing nothing illegal, and within a couple of days of this 'sit-down' strike the workers were granted their wage increase. In another subplot, a large bank withdrew its promised funding for a low-income community development project in their city, deciding instead to invest the promised money into a large corporations' business interests. When the news leaked out, there was community outcry from poor families on the waiting list to occupy the unbuilt low-rent apartments. The bank declared that they only had so much money to invest, the opportunity provided by the out-of-town multinational corporation was too profitable to turn down, and that they regretted having to scale back their investments in inner city redevelopment. After a few days, a large crowd of poor people were lined up to enter the bank's main office. When asked why they were there, some well-coached spokespersons declared they were all residents of the inner city, and since they heard the bank was low on money, they were there to open accounts and make a deposit. When the doors opened, the new depositors entered in an orderly manner and asked to open saving accounts. This involved sitting down with a bank officer (there were very few of these), asking the officer lots and lots of questions, and depositing the $5.00 or so needed to open an account. Once their account was active, they then stood in line to transact business with a teller, withdraw 35 cents, or deposit another quarter, all legal activities. Obviously normal banking business was at a standstill. If a regular customer attempted to move to the head of the line, the protesters loudly told them, while grinning, to get to the end of the line! The bank managers were at a loss. No regular banking business was being transacted. Large depositors turned away in frustration, and customers seeking to make a withdrawal faced an all-day wait.

The protesters were organized, polite, obeying all laws, but nevertheless exerted tremendous pressure on the bank to restore their plans to finance the urban development project. Several of the community organizers behind the protest met with the bank management and told them that these people were mostly residents on the waiting list for the unbuilt homes, and that they wanted to help the bank by making deposits, since the bank obviously needed the funds. When asked how long this community action plan would take place, the bankers were told indefinitely, and that in two days similar mass actions were planned at other branches of the bank. Within a short time the bank reversed its decision and restored the financing for the urban development initiative. The mass action immediately stopped, having achieved its goal.

What lessons can be learned from community organizing efforts like this, for the opponents of abortion. Well, the numbers of abortion clinics are fairly limited in most communities. There is only one in the entire state of Mississippi, for example. Each such clinic has a limited number of staff, nurses, medical doctors, assistants, clerks, and a finite capacity to assess new patients seeking an abortion. And these clinics can only schedule so many abortions a week. There are likely only a couple of operating rooms to perform these procedures, time slots to perform ultrasounds, and appointment times to be allocated to provide information and counseling to women seeking abortion.

Pro-Life churches and other civic groups could recruit young women from among the faith-based community and ask them to volunteer to appear at the local abortion clinic requesting counseling and a pregnancy test. To make an appointment, to show up, and engage in prolonged discussions with the staff. Some of these women volunteers could actually be pregnant, and upon learning of the positive results of their test, take this effort to the next level and, after very lengthy discussions, schedule an abortion. At the appointed time she could simply not show up, or she could appear (perhaps with a burly companion), get completely prepped for the procedure, and just before being taken to the operating room, say she changed their mind, verbally withdraw her informed consent, and refuse to proceed. The staff might get angry, but the

pseudo-patients would smile serenely, get dressed and leave.

What would be the consequences of such mass organized community action. Every counseling time slot occupied by a pseudo-patient represents one less opportunity for the abortion clinic staff to meet with someone seeking an abortion or to persuade the uncertain woman to abort her baby. Every time slot dedicated to performing an abortion on a patient who backs out at the last minute is one less abortion that clinic could perform that week, representing one baby potentially saved.

Any costs needed to make these appointments could make use of privately raised funds, perhaps donated by local churches, many of whom would be pleased to support such efforts at saving lives. It would not be proper to attempt to bill health insurance companies in service of this project. It is likely that the local abortion clinic keeps track through some public database of the numbers of abortions they perform weekly, monthly or annually. These statistics could be tracked by the community organizers to assess the effects of their efforts. This community organizing program, once disclosed, would likely be met with anger and threats by those invested in the abortion industry, But so long as no laws were being broken, and the pseudo-patient volunteers suitably coached about what to say, there is little effective way in which this plan could be deterred, as the abortion providers would be unable to initially detect the real patients from the fake ones. Given enough fake patients using up the time and resources of the abortion clinic, it may become obvious that a targeted particular clinic has become a money-losing operation and should be shut down by its sponsors since its ability to provide abortions was being, well, aborted. Any local Pro-Life group could sponsor at least one pseudo-patient, and some wealthier ones could sponsor many.

In the world of the internet, actions such as these are called a denial of service attack, where a website is flooded with spurious malicious messages or queries, causing it to crash. The Aborting Abortions plan described in this essay is not maliciously motivated. It is motivated by love.

The love of human life, or babies, of women, love to prevent the needless deaths of tens of thousands of African-American babies. As Mahatma Gandhi put it "[t]he essence of goodness is: to preserve life, promote life, help life to achieve its highest destiny. The essence of evil is: destroy life, harm life, and hamper the development of life… It seems to me as clear as daylight that abortion would be a crime." Imagine a baby, newly conceived. Being carried by an unwed mother and the product of a broken home. Abandoned by his African father. The mother very poor. Such babies are not punishments. Nor are they doomed. One of them became President of the United States.

This essay does not advocate making abortion illegal. The plan should be undertaken with an air of quiet conviction, of respect and politeness, of following all rules and local and state laws, and not be undertaken lightly. There are serious consequences. For example, some women seeking an abortion do so because of a pregnancy caused by rape or incest, or have a legitimate medical condition that poses serious health risks. Such persons would be caught up in the Aborting Abortions plan, and perhaps be unable to access a service many people, even Pro-Life advocates, agree is necessary and justified in some circumstances. However, the sad reality is that many women seeking an abortion do so purely for methods of birth control, for convenience, being unwilling to bear the burden of nine months of pregnancy. For most Pro-Life advocates, aborting a fetus for the convenience of a mother is not a legitimate reason to have an abortion. Better, it is seen, for the mother to carry her baby to term, and if unable to care for the baby herself, give it up for adoption by other members of her or the father's family, to the custody of the state or to a private agency.

The ready availability of low-cost and effective contraception to everyone renders most unwanted pregnancies as irresponsible. And the murder of an infant is not a price that should be paid for a parent's carelessness. To be sure, sometimes responsible birth control methods fail. Pills do not work, intra-uterine devices get dislodged, and condoms can break. But the numbers of unwanted

pregnancies caused by such failures pales in significance to the numbers caused by simple irresponsibility. As President Obama famously noted, with respect to his own daughters, "But if they make a mistake, I don't want them punished with a baby." There is the liberal view, stark and unadorned. Quite simply, abortions are often a convenient means of avoiding the consequences of making a mistake. The Clintons were right— Every abortion is a tragedy. Some, those performed as a matter of convenience, are more tragic than others, because they are less justifiable. Obama was right—grassroots community organizing can be an effective approach to reducing abortions in your local community. How much money would a local church pay to halt one abortion through sponsoring a pseudo-patient?

The personal views expressed in this essay are the responsibility of the author and not connected in any way with his employment.

Book Review

Berrick, J. D., (2018). *The impossible imperative: Navigating the competing principles of child protection*. New York, NY: Oxford University Press.

Reviewed by Maureen Cuevas, Ph.D.
Our Lady of the Lake University

Jill Duerr Berrick, Ph.D., MSW, is a Zellerbach Family Foundation Professor in the School of Social Welfare at the University of California, Berkeley. She focuses her research on the relationship between vulnerable families and the state. She is joined by 15 former MSW students at Berkley as co-authors, all of whom have served as child welfare professionals in California and write of their experiences to bring Berrick's ideas to life.

The book begins with an explanation of the eight principles upon which child protection is based in our society. Each of the eight principles is discussed in a separate chapter, and each chapter also illustrates the tensions that arise when the principles are in opposition to one another when working with families. The eight principles are:

- Parents who care for their children safely should be free from government intrusion in their family.
- Children should be safe.
- Children should be raised by their family of origin.
- When children cannot live with their family, they should live with extended relatives.
- Children should be raised in families.
- Children should have a sense of permanence—that the caregivers they live with will care for them permanently.
- Families' cultural heritage should be respected.
- Parents and children (of a certain age and maturity) should have a say in the decisions that affect their lives.

The principles are brought to life through stories of real cases written by child protective services (CPS) case workers, and each chapter is used to illustrate a principle and the competing values we have in relation to those principles. For example, is it more important for children to be safe or to live with their families of origin? As the chapters progress and the stories develop, it becomes apparent that not "favoring" one principle over another is a delicate balance and one that makes the caseworker walk a very fine line.

The standard layout of the text is that first there is a discussion of the principle, some history behind it, and then the story or stories from the case workers' perspective. Following the story, there is a brief summary, and statements are made about how the conflicting principles in the case were resolved. The book gives small glimpses into the lives of the CPS workers and the dilemmas they face when trying to do what is in the best interest of the children with whom they work. It shows how complex decisions become and how often the worker has to make them without all the information at hand. Sometimes the stories show cases that end very positively. Sometimes they don't. But each case beautifully illustrates the decision-making process for the worker and gives insight into the thinking that brought about a certain action.

Berrick's text is rich with "practice wisdom." But it is more than that. It is a history of the child welfare system and how we got to where we are today. It explains how policies were developed and then changed by looking at some of the past attitudes

about children and comparing those beliefs to ours currently. It shows how policies have to be followed in the field and how difficult that can be when working with the complexity of people.

This is a book that every aspiring child welfare professional should read. It makes real the idea of "keeping children safe" and "helping families." It could easily work for a child welfare course in social work or in any profession where students work with vulnerable families and children.

Book Review

Brian, K. M., & Trent, J. W. (Eds.). (2017). *Phallacies: Historical intersections of disability and masculinity.* New York, NY: Oxford University Press.

Reviewed by Elena Delavega, Ph.D., MSW, & Destiny Hope Higgins, BSW
University of Memphis

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Phallacies: Historical Intersections of Disability and Masculinity is a collection of stories taking the reader on a remarkable journey. This book provides an opportunity to consider disability and masculinity from the perspectives and experiences of many different individuals. This thought-provoking book speaks to the very soul of the Social Work Code of Ethics through its perspicacious evaluation of the narratives presented herein.

The book is broken down into four main parts and subdivided into 15 individual chapters. The authors sought to integrate masculinity studies and disability studies. Part I, titled *Is He Normal?* contains four chapters meant to explore the definitions of what *normal* means, as well as the language and historical occurrences that affected how some in society are labeled and treated as being less than their *normal* counterparts. The first chapter in Part I, called "Disabilities Other: The Production of 'Normal Men' in Midcentury America," written by Anna Creadick, explores the ways in which eugenics and the ideals of Nazi Germany played a pivotal role in the definitions of normal and disabled that we still understand. Creadick provides an intriguing analysis of the history of this language as it evolved during the postwar period. The author describes the time when, visiting her father who was dying of cancer, she took a walk to clear her head. During her walk, she came across an antique store selling figurines representing accepted normal for male and female bodies. These figures were called Norm and Norma in postwar America to highlight their normality, or correctness. The author reflects on the models she had seen in a German hygiene museum, also portrayed as the ideal and proper human, next to plans for the Nazi death camps, and presented as the ideal for which all humans should strive.

Chapter Two, titled "Harry Darger and the Unruly Paper Dollhouse Scrapbook*,*" by Mary S. Trent, is a literary evaluation of the life and works of Harry Darger, who (following the death of his parents) was sent to an asylum for "self-abuse," a euphemism at the time for masturbation. In this chapter, Trent explores the social mores of Darger's times (Darger died in 1973) and the oppressive nature of social norms that inhibited the free expression of the individual and labeled Darger as a deviant. Trent also discusses the artists and artistic forms that emerged to challenge the accepted definitions of appropriate behavior and masculinity.

Chapters Three and Four explore the intersection of race, gender, and disability and how these are presented through the media. Chapter Three, titled "Black and Crazy: The Antinomian Male in North American Consciousness*,*" explores the depictions of the African American male in cinema and media, how the media influences the existing social expectations of men, and how these expectations vary for Caucasian and African American men. Chapter Four, titled "Masculinity or Bust: Gender and Impairment in Russ Meyer's Faster Pussycat! Kill! Kill!" is an evaluation of the way that disability, gender, sexuality, and race are presented in cinema from the 1960s and evaluates the implications of the presentation of these subjects via film. This chapter provides the reader with an understanding of how the presentation

of disability, through the depiction of disabled characters, influences social perceptions.

Part II, titled *War, Manhood, and Disability*, comprises three chapters, all about the issues of war and disability from varying perspectives. Chapter Five, titled *"Marketing Disabled Manhood,"* by John M. Kinder, explores the presentation of disabled bodies in postwar America from many time periods: from World Wars I and II, up to the more recent war in Afghanistan. The author presents and analyzes propaganda from the government and advertisements from major companies like Wrigley's. Chapter Six, called "Half A Man: The Symbolism and Science of Paraplegic Importance in a World War II America," focuses on evaluating post–World War II films that include disabled veterans returning from war, such as *The Men,* featuring Marlon Brando as a veteran in a wheelchair, and the implications for masculinity or the loss thereof that a wheelchair implies. Chapter Seven, titled "A Blind Man's Homecoming: Masculinity, Disability, and Male Caregiving in First World War Britain," brings a new perspective on not just the depiction of the disabled war veteran, but also the male caregiver assisting the disabled veteran in postwar Britain. By evaluating the writings of a British male caregiver and the writings of a journal he edited called *The Gazette,* the author builds a case for challenging socially accepted norms and standards of masculinity and the ontologies and actions that define masculinity: a case that strives to show that though society tried to emasculate the male caregiver and the injured male veteran, both men successfully reasserted their masculinity and value as survivors of war.

Part III, titled *Disabled Man as "Less Than a Man,"* includes Chapters Eight, Nine, and Ten, and discusses topics ranging from hysteria in 19th century France, to evaluating photographs of people with disabilities taken from 1860–1930, to a murder trial from 1944. In the collection of photographs in Chapter Nine, the reader is introduced to cards depicting individuals with disabilities and intended to cause pity and promote donations. The most interesting chapter in this section is the trial discussed in Chapter Ten, in which the writers Ivy George and James Trent discuss the Noxon murder trials of 1944 involving a disabled man accused of killing his infant son who had been born with Down syndrome. This murder was described by journalists of the time as a compassionate killing and underlines the view, prevalent at the time, that disability prevented a full masculine life. The trial, subsequent appeals, and ultimate pardon lasted for five years and enthralled the American public. In this chapter, the authors suggest that Americans at this time believed some lives were not worth living, a view that may still exist.

The fourth and final portion of this book is called *Men and Boys as "Supercrips,"* and includes Chapters 11 to 15. This section explores the interactions between disability, masculinity, and social desirability and provides various perspectives from which to analyze the ways in which society shapes the perceptions of men and masculinity and disability. Chapter Eleven explores reports in the late 19th and early 20th centuries of suicide clubs and their connection to perceptions of masculinity and disability. The authors pose that society and the media often push the idea that death is better than disability and support eugenics in the context of a capitalist society that promotes the exploitation of the useful individual. Chapter Twelve, titled "Making Useful Men," by Rebecca Ellis, informs the reader about the history behind the Roman Rosell Institute and Asylum for the Blind and the evolution of education for the blind in Argentina in the 19th century. Ellis evaluates these programs and states the prevalent belief at the time was that the blind could never live and work on their own. Chapter Thirteen, titled "Weeping and Bad Hair,*"* explores the role of Christianity in shaping societal perceptions of ethical and bodily normativity and in categorizing femaleness and female bodies as inferior and lesser than maleness and male bodies. In Chapter Fourteen, titled "Porgy and Dubose,*"* Susan Schweik talks about the novel *Porgy*, by DuBose Heyward, and the later adaptation by George Gershwin in the musical *Porgy and Bess.*

Schweik discusses the character Porgy and how disability, masculinity, and social marginalization interact, but at the same time can be overcome and provide beauty in humanity.

This book ends with Chapter Fifteen, called "Masculinity and Disability," in which the authors discuss Ernest Hemingway. This chapter is an intriguing account of Hemingway's life and the imposition of the female gender on the young boy by his mother. Through an evaluation of Hemingway's writings, letters, and novels, the authors provide an interesting analysis of the many mental health disorders the writer suffered, their connection to gender and disability, and the accepted social norms that governed them. Though the end result is the beautiful collection of works of fiction Hemingway left to the world, the mental illness that plagued the author brought him much suffering.

This text forces the reader to evaluate the biases that have been created by the language we use to describe differences of any kind in our societies. Since the creation of disability as the antagonistic opposite to normal in our societies, those labeled as disabled have been subjected to judgment and even forced from society through institutionalization. Through evaluation of the language surrounding disability and its historical origin, as well as inclusion of the voices of the disabled, this book promotes empowerment of the disabled by challenging the ways society views, advertises, and talks about disability. The value of the dignity and worth of the person is preeminent in the Social Work Code of Ethics (NASW, 2008), and this book provides a rich array of perspectives from which to explore it in the context of masculinity, disability, and a capitalist society. This book challenges the very notions of disability and masculinity that have been imposed by society and invites the reader to reject the labels that limit our shared humanity. This book offers such a diverse collection of opinion and experience that it is an ideal and necessary addition to any academic discussion on disability in social work.

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National Association of Social Workers. (2008). NASW Code of Ethics (Guide to the Everyday Professional Conduct of Social Workers). Washington, DC: Author.

Book Review

Stoesz, D. (2018). *Pandora's dilemma: Theories of social welfare for the twenty-first century.* New York, NY: Oxford University Press.

Reviewed by Joan Groessl, MSW, Ph.D., LCSW
University of Wisconsin–Green Bay

When reading *Pandora's Dilemma*, one can be reminded of *Unfaithful Angels* by Specht and Courtney (1994), which outlines the problem of social workers moving from their roots in social justice to the independent focus of clinical practice. In part, *Pandora's Dilemma* by Dr. David Stoesz, Fulbright distinguished chair at Carnegie Mellon University–Australia and Flinders University, articulates social work institutions' role in the failure of advocacy efforts on behalf of vulnerable and oppressed people and failure of the alleviation of poverty.

The story of Pandora's box is premise for the text, whereupon reluctance to look deeper at the contents of the box results in avoiding actual examination of the process and, instead, focuses on criticism of efforts. Because of the dilemma caused by this avoidance, improvement to general welfare is stagnant, and people remain vulnerable to and oppressed by poverty. Stoesz presents sometimes scathing commentary, supported by research, as to the inadequacy of policy efforts to truly promote social welfare. In this truly timely text, he highlights how polarity of political ideologies results in failure to make positive substantive change. Stoesz concludes that deep analysis is needed to promote recognition of the depth of services currently being provided so that all stakeholders can be involved in the solution.

Stoesz theorizes that current social welfare efforts have evolved from research that lacks an underlying theoretical foundation. He tracks the root of the issue to professionalism efforts and to the subsequent role of experts in defining social programs. He notes that political ideologies connect to the key think tanks that define research aimed at elimination of poverty. Stoesz contends that evidenced-based interventions are then subject to the structures involved.

Stoesz presents theories to explain the lack of progress in poverty elimination. *Structural interest theory* posits that the primary groups of influence have shaped welfare over time, using different ideological stances, resulting in pluralistic approaches. *Process theory* highlights how policy decisions have served to undermine true democracy. The polarity based on ideology is highlighted in the *political theory* of social welfare, and *economic theory* explains the impact of the financial services market in eroding the financial stability of the working poor and those on welfare. Social welfare institutions' involvement is outlined through *cartel theory*. *Devolutionary theory* focuses on pressures based on needs of the population that impact the welfare system, and *evolutionary theory* explains the stagnation currently present as being due to the many barriers discussed throughout the text.

Of particular interest to social workers is Stoesz's discussion of social work professional and educational institutions as they relate to cartel theory. He describes Title IV-E training restricted to social work as a monopoly without sound basis and with the contention that perhaps other disciplines could be just as effective within the child welfare system. The author further claims that a focus on postmodernism within social work education has compromised development of the social work knowledge base.

The conclusions within the book are at times disheartening. The analysis may be considered somewhat controversial, but the author ultimately prescribes progressive efforts to do good works through collaboration across ideological lines and avoiding the appeal of expediency over collaboration. Ultimately, this advanced-level text fosters commitment to challenging the status quo and critically examining policy and the structures surrounding policy efforts. Anyone interested in policy practice would benefit from reading *Pandora's Dilemma*. Stoesz fosters the premise of hope once examination occurs; the ideal outcome is ultimately to promote social welfare and improve systems to meet the needs of vulnerable and oppressed people.

Reference

Specht, H., & Courtney, M. (1994). *Unfaithful angels*. New York, NY: Free Press.

Book Review

Reviewed by Veronica L. Hardy, Ph.D., LCSW
University of North Carolina at Pembroke

Religion and Intimate Partner Violence: Understanding the Challenges and Proposing Solutions is a uniquely focused work that highlights the intersection of religious faith and abuse within family systems. The authors each have a strong collaborative history that contributes to the depth of this writing and facilitates multiple research studies on religion and abuse. A strength is that the authors gather information through both quantitative and qualitative inquiry, which provides narrative that gives voice to the participants. This allows the reader to get closer to the actual story and understand the influence behind the suggested training for religious leaders and social service professionals. The aim of the book is to provide support to spiritual leaders and service providers who engage with persons experiencing the intersectionality of religion and forms of domestic violence. Through six chapters, the experiences of the various populations, including survivors and perpetrators, are communicated; and the book closes with recommendations for a collaborative community response.

Current research pertaining to issues of domestic violence often focuses on females and this book remains consistent. This writing primarily addresses the experience of females as victims of intimate partner violence due to the frequency of incidents and help-seeking in comparison to other populations. Yet the authors do acknowledge that males experience abuse and there are occurrences in same-sex relationships. It would be interesting to explore factors contributing to the manifestation of incidents across these populations and issues that affect reporting.

Furthermore, the authors primarily reflect on the Christian tradition due to the focus of research data collected for a period of more than 25 years. In spite of this, the authors still sought to integrate elements of diversity through ethnicity, varying Christian denominations, slight references to other religious traditions, and sources of information including survivors of abuse, perpetrators, social service providers, criminal justice workers, religious leaders, and congregations. Although the reader may initially perceive this writing as strictly for religious leaders, I view it has having value in the social work classroom to enhance students' ethical responsibility of cultural awareness in relation to religion and social work practice.

As an educator, I could envision this book being used a teaching tool for an elective course focusing either on religion and social work or on domestic violence. There are several elements of this writing that would allow it to be a beneficial teaching or training tool, such as: identifying language for survivors to use when seeking help (p. 50), realizing a religious leader's possible fears when addressing this issue (p. 59), the impact of the interpretation of spiritual writings on the perpetrator (p. 65), and the roles and challenges of congregations in responding to intimate partner violence. Overall, if the reader is a university professor, religious leader, social service professional, or congregation member, this is a strong tool toward helping to develop a collaborative response to the complexity of intimate partner violence.

Book Review

Stanhope, V., & Straussner, S. L. A. (Eds.). (2018). *Social work and integrated health care: From policy to practice and back.* New York, NY: Oxford University Press.

Reviewed by Peggy Proudfoot Harman, MSW, Ph.D., LISW-S (Ohio), LICSW (WV)
Marshall University

While reading *Social Work and Integrated Health Care: From Policy to Practice and Back*, I was reminded of silicon chips that connect an infinite number of entities, integrating information at a central component where memory is stored and information is processed and evaluated—all to be sent back to the entities connected. Using this analogy, I envisioned social work's role in health care integration as the central component in an evolutionary approach to health care delivery. The idea of integrated health care as an evolutionary approach is discussed throughout the text, with emphasis on the history of health care in the United States. Manuel & Barrenger (2018) discussed how past United States health care policies influenced out-of-control costs, low quality/effectiveness, and the ultimate creation of the Patient Protection and Affordable Care Act (ACA) of 2010. Together, the book chapters provide a logical evidence-based framework for integrated health care as the gold standard for best practices in health care delivery.

Stanhope and Straussner have selected and edited an excellent collection of articles from experts in the field of integrated health care who focus on the inner and outer workings of health care delivery. The authors provide works regarding creating policy; understanding, defining and utilizing connections to community and its cultural values; and designing effective integrated health care organizations, programs and practices. This book is comprehensive regarding the consideration, understanding, and utilization of screening mechanisms and practice protocols; in sync with the values, ethics, and competencies outlined by the Substance Abuse and Mental Health Service Agency (SAMHSA) and the Council on Social Work Education (CSWE). Compiled in three parts and 17 chapters, the book provides a show-and-tell about integrated health care and social work's role in the process. In Chapter 1, Stanhope offers readers an overview on the inefficiency of the health care system and how the fragmentation of health care has led to poor quality of care. Chapter 2, "Integrated Health Care Models and Frameworks," discusses both the medical and biopsychosocial models and introduces the reader to the chronic care model (CCM) and the recovery model, both of which the authors maintain can be "extended by adopting tenets of prevention, public health, and wellness" (p. 30), all of which are person-centered—a hallmark of social work practice that underscores the primary role of social work in integrated health care delivery.

Material in this text systematically explains how health care disciplines intersect and provide integrated care in organizations that have policies and procedures designed to acknowledge and respect the consumers' understanding of their own issues. These organizations provide a framework that guides and assists consumers to take responsibility for their care in concert with their primary care doctor and/or behavioral health worker. Emphasis on consumer concept of care and health outcomes provides data that guide organizational approaches to care. A chapter focused on evaluation is provided and provides a schema for assessing process and outcome evaluation of integrated health care.

The book is logically edited, beginning with an introduction by Darla Spence Coffey, president and chief executive officer of CSWE, discussing the need for a workforce that understands the history of health care policy and history's impact on the creation of the ACA, associated organizational structures, evidence-based practices, and evaluation methods.

As a director of a master's of social work program with a specialization area of practice in behavioral health, I was delighted to find an edited work that speaks to every aspect of social work and integrated health care. Since 2016, when our program began, we have worked to create a comprehensive curriculum that provides a systematic framework and approach to integrated health care, encompassing policy, practice, and evaluation. *Social Work and Integrated Health Care: From Policy to Practice and Back* not only explains how to create an integrated health care system, it also provides social work students, faculty, and professionals with an understanding of roles and provides tools for each level of system development and implementation. The book covers the need for a trained workforce and effective practices used by a trained workforce such as the "warm handoff" (p. 118); Motivational Interviewing (MI); and Screening, Brief Intervention, Referral to Treatment (SBIRT). For students, academics, and professionals alike, the text includes an in-depth use and glossary of associated integrated health care nomenclature and acronyms. An understanding of integrated health care verbiage expedites communication, training, and ultimate delivery of integrated health care services and is essential for a trained workforce.

This text is rich with information on every page regarding all aspects of integrated health care. The authors provide case vignettes and examples, making this book a must-have for any academic program focused on integrated health care and all professionals involved in integrated health care delivery.

Book Review

Reviewed by Theresa C. Hayden, Ph.D., MSSW
University of Louisville

Dr. Susan Mapp is head of the social work department at Elizabethtown College and a well-established scholarly writer. Her publications include two books on human rights, book chapters, and peer-reviewed articles. Dr. Mapp has published on topics that lend to her credibility to achieve the stated goal of her book "to pull together the knowledge that has been written, in the scholarly literature, popular literature, and mass media, together with knowledge gained from interviews with professionals around the country, in order to distill the best of what we know in order to help guide prevention and intervention services" (p. x). She begins this text by defining the crime of human trafficking as grounded in the passage of the Trafficking Victims Protection Act (TVPA) by the U.S. Congress in 2000. The author explains how the TVPA was a result of global efforts through the United Nations to organize a common definition of trafficking and exploitation of human rights.

The book quickly focuses on the title as a subset of human trafficking and the purpose of her book. She moves from the broad definition of human trafficking and directly to her topic of the sexual exploitation of minor children. From 2000 to 2005, the TVPA was not specific to U.S. citizens. In 2005, Congress distinguished domestic youth as being at an elevated risk for mistreatment and sexual exploitation. As early as 2001, after the passage of the TVPA, writers and child advocates began to further explore the issue of sexual mistreatment of children and youth. In the next decade, researchers began to report on the need to empower youth and provide services for healing from the complicated trauma of trafficking exploitation.

Chapter 1 provides a rich history of the reasoning for shaping an understanding of the crime of worldwide human trafficking. The reader is engaged with the discourse as to how children are bought and sold in the United States. Chapter 2 goes on to explain the process of recruitment and the four primary methods of trafficking children. Chapters 3, 4, and 5 shed light on the harm done to children and the need for evidence-based trauma services directed toward healing and recovery from this tragedy. Mapp concludes with both macro and micro strategies for societal change. In addition, she gives us a list of prolific resources for further education.

This book is especially strong because of the base of cultured resources dedicated to anti-trafficking from survivors, academics, government agencies, organizations, and reputable news media. Mapp relies on 15 years of publications from researchers and persons affected by the sexual violence to describe the impacts of trafficking, needed services to victims, and what can be accomplished to eliminate the crime in the United States. She accurately enlightens professionals and the uninformed person of the weighty consequences to youth. Mapp condenses mountains of rock-hard work into 135 pages of informative reading on domestic minor sex trafficking.

This book is not a plan for eradicating domestic minor sex trafficking, but rather a serious synopsis of defining the crime and the potential for long-term change in society to protect children. Mapp provides essential reading for educators, clinicians, criminal justice professionals, families, and communities interested in understanding the problem of exploitation of children's rights and the consequences of such crimes.

Book Review

Ross, L., & Solinger, R. (2017). *Reproductive justice: An introduction (Vol. 1)*. Oakland, CA: University of California Press

Reviewed by Rebecca J. McCloskey, MSW, LISW
Ohio State University

Loretta Ross is currently a visiting associate professor at Hampshire College. She is a cofounder of SisterSong, an organization focused on improving reproductive rights for marginalized women. Ross has a 40-year history as a human rights activist and played a key role in coining the term *reproductive justice.* Rickie Solinger is a historian and curator who has 30 years' experience writing scholarly articles and books about reproductive and welfare politics. She is a founding member of Women United for Justice, Community and Family, a grassroots organization in Boulder, Colorado, working to improve the welfare system for low-income women. *Reproductive Justice: An Introduction* is the first book the pair has written together.

Ross and Solinger's work should be a compulsory read for social workers and all people working to promote reproductive rights. The book details the troubled history of the movement for reproductive justice in America and ultimately reframes the argument for reproductive rights from one solely based on individual choice to one that considers broader, community implications. Powerful storytelling highlights the errors of the former myopic approach and the impact of neoliberalism and institutionalized racism on the movement. The authors' clearly articulated perspective provides context and richness to the current, limited focus on abortion rights and outlines future directions for an all-inclusive reproductive justice activism that utilizes a human rights framework. The authors' approach makes it manageable to see the inseparability between the fight for reproductive justice and challenging mainstream ideologies and systems that serve to perpetuate all types of oppression. Social workers invested in reproductive justice for all will be compelled to recognize that their progress absolutely depends upon progress made in larger anti-neoliberalism and anti-racist movements like Black Lives Matter.

Chapter One, "A Reproductive Justice History," starts with a comprehensive definition of reproductive justice created by a group of Black female activists that includes the right to not have children, the right to have children, and the right to parent children in a safe, supportive environment. In providing a detailed history of the rise of the reproductive justice movement, the authors emphasize the importance of context and resources in supporting these rights. The nation's sociopolitical culture and dominant beliefs about class, disability, and race impact which groups of people benefit from reproductive rights' protections and which groups are denied them.

The foundational chapter tells the story of division between races within the fight for reproductive rights; white women, particularly those of middle and upper class, have not understood the unique struggles of women of color and instead capitalized on racism in attempts to get their own needs met. White activists initially defined reproductive rights as limited to birth control and abortion access. Ignoring the context in which the state views white reproduction as most valuable, the resulting policies have harmed women from all races, but disproportionately affect women of color. Chapter One concludes by detailing the more inclusive definition of reproductive justice

from the perspective of women of color advocates: It is a human right to have children as much as it is to prevent conception. Without a basic recognition of the human right of bodily self-determination, reproductive justice cannot be achieved. Equally important, however, is that basic human rights (e.g., right to health care, right to education, right to a living wage, etc.) are prerequisites for achieving reproductive justice.

Chapter Two, "Reproductive Justice in the Twenty-first Century," builds on the discourse of focusing efforts toward a human rights–based movement that takes a more holistic approach to examining problems. This is informed by knowledge of intersectionality and its synergistic effects on the oppression of women:

> For example, a Dominican homeless transwoman may be simultaneously affected by poverty, gentrification, transphobia, sexism, racism, xenophobia (that is, hatred of immigrants). These oppressive forces do not emerge or act independently of each other; they depend on each other and they gain strength from each other…a homeless woman's problems will not be effectively addressed, for example, by giving her a bed in a temporary shelter or even permanent housing. If we use a holistic, intersectional approach, we ask, why is this woman homeless in the first place? We attempt to address the multiple root causes of her situation and not simply pay attention to the immediate, presenting symptoms. (p. 75)

An understanding of intersectionality is required to appreciate the importance of securing all human rights because reproductive rights cannot stand alone. A realization of concrete basic human rights is required to achieve more abstract notions of social, economic, and reproductive justice.

Furthermore, the authors explain how America's neoliberalism is in direct opposition to human rights culture. Neoliberalism is capitalistic and individualistic focused and promotes racial, class, and gender division, whereas human rights requires attention to community and solidarity. Neoliberalism and white supremacy are two interwoven concepts that need increased consideration in the pursuit of a broader movement toward reproductive justice to bring people of various backgrounds together.

In Chapters Three and Four, the authors proceed to highlight the need for individuals and groups to build coalitions to demand social change and human rights. These rights cannot be ensured via policy and federal and/or state laws alone. Today, women are often caught in a choice between human rights: "to pay for contraceptives [women] have to go hungry. …Either they eat or buy birth control, but not both" (p.147). Neoliberalism asserts that each person, not the government, is responsible for his or her reproductive health and economic well-being. However, a human rights framework cites that both health and financial security are entitlements to be protected, realized, and enforced by not only the government but also its people.

In conclusion, the authors convincingly assert that reproductive justice issues cannot be isolated from social and economic justice ones. The text serves as an inspiring call for social workers to join a growing and more sustainable movement for true reproductive justice, which has gradually been taken on by larger organizations like the National Organization for Women. This approach requires the unification and inclusion of people of all races, classes, ages, and gender identities to demand the realization of human rights and to honor their indivisibility and interconnectedness. Ross and Solinger provide much evidence and hope that political activism, informed by the inclusive definition of reproductive justice, will make the most significant and lasting impact in the demand for reproductive rights and equality.

Book Review

Denning, P., & Little, J. (2012). *Practicing harm reduction psychotherapy: An alternative approach to addictions. (2nd Ed.)* New York, NY. The Guilford Press.

Reviewed by Elaine Spencer, MSW, RSW, RCSW
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Patt Denning and Jeannie Little offer this second edition of *Practicing Harm Reduction Psychotherapy: An Alternative Approach to Addictions* with solid success behind them and tremendous practice knowledge accompanying their writing. Denning and Little cofounded the Harm Reduction Therapy Center (HRTC) in 2000 and released the first edition of this book in that year. Building on the "enormous strides [that] have been made in the development of harm reduction psychotherapy [HRP]" since that time, this second offering is updated with the knowledge gained from the explosion of research and practice into HRP. New to this edition are sections on work in "community-based settings, groups, and with families and friends, as well as new chapters on trauma and on the biological, psychodynamic, and cognitive-behavioral components of the approach" (front flap).

The goal of this elegantly and poignantly written book is, according to Denning and Little, "to make harm reduction the paradigm for all drug treatment" (p. xii). But what is harm reduction psychotherapy, you may ask. Tatarsky answers with "harm reduction psychotherapy (HRP) is the category of psychotherapeutic approaches that may vary in theoretical orientation and clinical approach, but share in the commitment to the reduction of harm associated with active substance use without assuming that abstinence is the ideal goal for all problem substance users or a necessary prerequisite for entering treatment." (Tatarsky, 2003, p. 252).

The book is broken into three parts plus four appendices (Appendix B, Harm Reduction Supervision, is a pithy must read; Appendix D is a comprehensive [and possibly daunting] list of recommended readings). Part I, *Setting the Stage*, argues the case for HRP and the basics. Even if you think you know the reasons and the general "how to's," don't skip this brilliant section. Part II has six chapters, all demonstrating HRP as an integrated treatment. Included are chapters on the fundamentals, such as "Assessment as Treatment" and "Developing a Treatment Plan," which are especially helpful for new practitioners or students. The gem of this section for me was the authoritatively woven fundamentals of culture, trauma, and attachment (Chapter 5). I entice you with this quote on practicing ethnographically: "Listening hearing, *wanting*, to understand the minutiae of a person's experience is absolutely necessary to assist his or her journey toward health" (p. 126). Further, Denning and Little ask us to examine the assumptions reflected in language, tying this to a person's experiences of trauma and connection of culture and ecological context. It's a powerful chapter in an already extraordinary book.

Part III looks at HRP applications, with chapters on the aforementioned topics of community settings, groups, and families/friends of people who use drugs. The final chapter asks the question "What does it take to practice harm reduction psychotherapy?" I recommend reading this chapter first—it's a clear call to excellence, made with a combination of stories, practice wisdom, ethical theory, and qualitative research findings, to promote a dignity-respecting, hopeful, authentic, and proven approach to working with people with addictions.

Do Denning and Little achieve their stated goal to "make harm reduction the paradigm for all drug treatment"? They make a compelling and, perhaps now more than ever, timely case.

Reference

Tatarsky, A. (2003). Harm reduction psychotherapy: Extending the reach of traditional substance use treatment. *Journal of Substance Abuse Treatment, 25*(4), 249–256.

Book Review

Fong, R., Lubben, J. E., & Barth, R. P. (Eds.) (2018). *Grand challenges for social work and society.* New York, NY: Oxford University Press.

Reviewed by MaryAnn Thrush, Ph.D., MSW
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Social work professionals are in a position to provide a unique perspective on current social problems. Instead of isolating an issue, the social work view is inclusive; it examines the big picture and the connections among elements of the issue. This view of reality resembles a network rather than a linear experience: Everything is related to everything else. This perspective, the individual within a context, is foundational in *Grand Challenges for Social Work and Society.* Another foundational idea is solving our social challenges through relationships among individuals, organizations, and disciplines. Researchers, educators, practitioners, and policy makers all have perspectives that, when combined, can provide innovative and comprehensive solutions. Psychologists, sociologists, law enforcement professionals, and health care professionals can collaborate to enrich society instead of trying to preserve singular territories. Even the American dream elevates individuals who *do it on their own*. The difficulty is that our problems have become so large and so complex that it "takes a village" to find remedies. Transdisciplinary, cross-sector, and interpersonal relationships based on the individual within a far-reaching context is the core of *Grand Challenges for Social Work and Society*.

Collaboration and inclusion used to solve specific challenges also describe the five-year process of culling out 12 social challenges from 80 seminal ideas. *Grand Challenges for Social Work and Society* summarizes in the final chapter the ways we can meet the challenges in the present and in the future. The 12 chapters in between describe social challenges and the ways researchers, educators, practitioners, and policy makers work in harmony to create innovative, evidence-based solutions.

Chapters 2 and 3 address health challenges of individuals of all ages. Chapter 2 describes the behavioral health problems affecting the well-being of our youth. Research evidence supports preventive measures as the best approach to address the emotional and behavioral health problems experienced by more than 6 million young people. To respond to these challenges, preventative programs need to be developed and implemented to improve the well-being of all children.

Chapter 3 continues the theme of health care by addressing inequality. Health care inequality affects everyone, at all levels of social strati, through environmental hazards, traumatic stressors, alcoholism, racism, and other negative factors. Programs that strengthen health care systems require the involvement of policy leadership, care delivery systems, and research, both within social work and across disciplines. Social work can take a leadership role in these areas due to an understanding of the needs of the individual, an ability to facilitate interdisciplinary partnerships, and an appreciation of the complex pathways that lead to health care inequality.

Chapters 4–7 focus on challenges and solutions for family violence, productivity in ageing, social isolation, mass incarceration, and homelessness. Family violence includes child maltreatment, intimate partner violence, and the link between the

two. Estimates of 6 million reports annually of child maltreatment illustrate the scope of the problem. Chapter 4 describes the types of evidence-based programs that address family safety and well-being. Chapter 5 details the need to be productive in older adulthood. Chapter 6 addresses isolation in both older and younger populations. The problem of homelessness is examined in Chapter 7. Social work is poised to take the lead in finding solutions for all four challenges through initiatives that include interdisciplinary and cross-sector professionals. Collaboration among universities, nonprofit groups, government entities, and businesses can provide social support programs needed to address these issues and populations.

Chapters 8 and 9 discuss the impact natural and social changes have on the individual. Environmental changes such as climate change and natural disasters influence human health and well-being, and technological changes can support or hinder human health and well-being. Chapter 9 suggests innovative technology such as wearable sensors that monitor body systems used to improve self-management and treatment. Partnerships among social workers, social media companies, software engineers, health researchers, and direct providers support and innovate advances in prevention and early interventions.

Chapter 10 describes the problems and solutions within the criminal justice system by changing the narrative and building social capital for previously incarcerated people. Currently, the image the public has of ex-offenders is far from reality. Labeling ex-offenders as outcasts from society affects not only individuals, but their children, extended family, and community. As with the previously discussed challenges, the solution will require multiple disciplines and programs. Employment, housing, education, and health care professionals all need to be part of the initiative because of the interdependence of these social areas. Without a job, it is difficult to find housing and vice versa. Without quality mental, physical, and behavioral health care, it is difficult to remain employed, and

without basic education, the challenge to transform lawbreakers into productive citizens becomes much more difficult. Studies indicate that within 5 years, more than 70% of previously incarcerated individuals are returned to prison or jail. All these problems are amplified if the individual is part of an ethnic or racial minority (Chapter 13).

Chapters 11 and 12 discuss the strategies for reducing economic inequality and building financial capability. As with the other challenges, the solution is found in transdisciplinary and cross-sector collaborations. The solutions require education provided by knowledgeable professionals who see the big picture—social workers.

Grand Challenges for Social Work and Society is an incredible compilation of evidence-based solutions to our greatest challenges. The material is logically presented, clearly written, and most importantly, addresses the challenges by identifying measurable outcomes, transdisciplinary and cross-sector collaborations, and grounded research. It is clearly possible for our grand challenges to be successfully resolved. Additionally, in a time of social disarray, *Grand Challenges for Social Work and Society* elegantly presents solutions and, equally important, offers hope.