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Announcement: It's Sometimes Hard to Say Goodbye

Donna DeAngelis, AM, Co-Editor

Things change. It is time for the Journal of Social Work Values and Ethics (JSWVE) to say goodbye to the Association of Social Work Boards (ASWB) as its publisher. ASWB took over publishing the JSWVE from White Hat Publications with volume 10, number 1 (2013. Our relationship with ASWB has been professional and cordial, and the partnership was very appropriate at the time. We leave with great gratitude for ASWB and its help and support during our years together. We are especially grateful to the staff, Jayne Wood, Director of Communications, and Dan Sheehan, Director of Information Technology.

We appreciate the time and effort Jayne expended to bring the Journal and its website up to her high standards for publication. Crossing every "t" and doting every "i" consumed a lot of her time. Jayne was always wonderful to work with and very patient with our many changes and errors.

Dan worked behind the scenes on our website and technical functioning. He too was patient with our many changes and updates.

Both Jayne and Dan were partners in watching the Journal grow in subscribers and prestige. We thank both of them and ASWB for their contributions to making JSWVE the success it is.

Expanding our Understanding of Social Work Values and Ethics: News from International Federation of Social Workers

Rory Truell, Ph.D., IFSW Secretary-General

The International Federation of Social Workers is delighted to become the new publisher for The International Journal of Social Work Values and Ethics. We thank the IJSWVE Board for this new partnership and we look forward to realising our joint vision in growing international dialogue and understanding on social work ethics and values. Social work ethics, values and principles have been a constant feature and driving force of our global profession since it was formally launched in 1928. Many of the principles identified early in this 93-year period have remained and a few have been added or specifically emphasised over the decades. What has been consistent is our values of recognising each person's humanity equally, understanding that our social relationships shape who we are, that we can also influence those social structures, and also that social work is a force for a fairer and more socially just world.

Fifteen years ago, an indigenous elder from Aotearoa / New Zealand described to me the cultural ethics as practised in his tribe. He said, 'Cultural terms mostly remain constant, but each generation needs to interpret those values to the changing conditions´. This insight resonates strongly with me when reflecting on the challenges we experience in our global profession. As the world changes, so do our understandings, for example, of 'rights'. Rights are now broadly considered within social work to include human as well as social, cultural, and environmental rights. The latter only being formally adopted by the profession in the last years. This year, the profession has also highlighted 'Ubuntu: I am Because We Are' as a central global theme. This term originating from African philosophy gives us cause to reflect and deepen our understanding of the profession's core values beyond the Western philosophical lens. The theme was selected deliberately for this purpose in response to growing inequality, the increasing paradigm of ´individualism´ dominating Western social services, as well as the need to work toward a shared understanding of our professional values as they are applied in all cultural settings.

The partnership between the IJSWVE Board and IFSW hopes that this journal provides a place for deepening our understanding of social work ethics and values as we face today's challenges and those of tomorrow. We look forward to your contributions.

For readers new to IFSW, we invite you to visit our website (link) and sign up for the free weekly newsletters which contain information about social work from across the globe. We also ask you to consider becoming an IFSW Friend (link) so that you as an individual can have a direct relationship with the Federation. Lastly, we would encourage you to visit the ´Co-building a New Eco-Social World: Leaving No One Behind´ website (link), where you have the opportunity to present your ideas on the ethics and values needed for the future.

Editorial: Should the NASW Code of Ethics require Institutional Review Board (IRB) review of all social work research in the USA?

Stephen M. Marson, Ph.D., ACSW, Editor

What is IRB?

As a professor emeritus with over 40 years of research experience, the acronym IRB is commonplace jargon for me. In fact, there have been many times when I temporarily forgot what the letters represent. This commonly happens when a clinical social worker who is not involved in research asks, "What does IRB stand for?" My immediate reaction is to explain what an IRB does rather than clarifying the acronym. I continue to forget the R stands for "Review" and not "Research." Thus, IRB stands for "Institutional Review Board." The acronym has become a household term among researchers. It is not surprising that a person can forget what it stands for, but not forget what it does.

I know the history: Congress passed the "National Research Service Award Act of 1974" [Public Law 93-348, 93 Congress. 88 Stat. 342 (1974)]. Essentially, the law states, as ambiguously as humanly possible, that if an institution is engaged in human subject research *and* that research is conducted or supported by a federal agency, then an IRB review is required. For organizations that receive federal funding (i.e., Medicare) for non-research purposes, then an IRB is *not* required. The question becomes, "What was the catalyst for this Congressional action?"

Why do IRBs exist?

The primary catalyst for the Congressional hearing was the Tuskegee Syphilis Study* (1932-1972). This landmark study, in violating fundamental ethics, is addressed in every social work research text I have seen. In 1932, 600 African American men were selected for a research study. Of these, approximately 400 were diagnosed with syphilis *but not told*. They were monitored for 40 years. Even after penicillin was available for the general population, the researchers intentionally did not offer the cure to their suffering sample. Subjects were denied treatment because researchers wanted to uncover the long-term impact of syphilis (Laws, 2018). This federally sponsored study was eventually stopped in 1972, not *for humanitarian reasons,* but because it generated bad publicity. Most scientists were appalled, particularly when they learned that scientists who attempted to complain while the research was being conducted, were censored.

Did we learn our lesson from the Tuskegee Study?

When I was an MSW student at Ohio State University, I experienced an IRB in 1975. I proposed to collect a study sample of persons addicted to alcohol who resided in an inpatient rehabilitation facility. The IRB analyzed my proposal, and I received an oral message (no such thing as email at that time) that my thesis was approved. I did not realize nor was I told that my thesis was being assessed by an IRB. The process was seamless. Almost at the *exact time* from Ohio State, Middlemist, Knowles and Matter (1976) published their research addressing personal space in public restrooms. Essentially, they monitored the duration and intensity of urine flow in public restrooms in a stranger's presence. The length of the stranger's distance predicted the duration and intensity of urine flow. Since Ohio State had an IRB, this research was IRB approved. In a follow-up issue of the same journal, Koocher (1977) condemned the publication of this research contending that it violated the subject protection principles laid out in the American Psychological

Association's Code of Ethics. It is interesting that both my research and their research was IRB-approved about the same time.

The moral of the story is, no matter how much work the IRB does, there will always be research that is approved but remains problematic. The main question we must ask is, what is the proportion of research projects that are approved that should not be? Over 100 years ago, Durkheim specifically addressed this topic with his concept of a community of saints. Within a community of saints, there exists a normal distribution of saintliness. Some saints are saintlier than others. It is reasonable to assume that researchers, like saints, follow a pattern found within a normal distribution. Some researchers are more ethical than others. Thus, we can envision that the ethical procedures embedded within research proposals to be normally distributed. If we employ standard deviations, we can draw the conclusion that problematic research would fall two standard deviations from the mean. As illustrated within the figure, questionable research would constitute approximately 2.5% of the proposals submitted to the IRB.
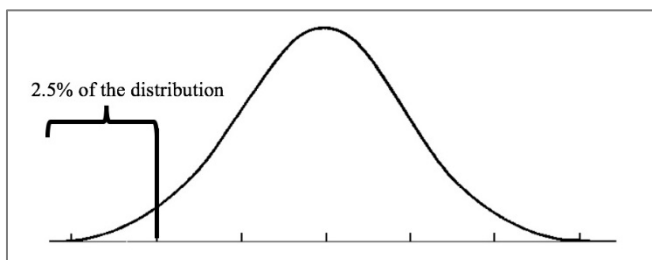
In terms of the millions of research projects seeking IRB approval, 2.5% (25,000 is 2.5% of a million) is a small but substantial number. However, the problem is, members of the IRB must understand that the vast proportion of submissions are going to be presented with unambiguous controls to protect human subjects. IRB members must appreciate and be diligent in their search for *only* 2.5% of the submissions might be seriously problematic.

What is the implication for 2.5%? In practical terms, highly educated and experienced members of an IRB are feverously searching for aspects of a study that might be harmful to human subjects. In most cases, nothing significant will be found. Researchers who submit to the IRB earnestly construct their proposals to demonstrate that research subjects are free from harm. In terms

of the social psychology of board membership, two observations are apparent:

1. Searching and consistently finding nothing induces boredom. As a consequence, important nuances of possible harm go unnoticed.

For example, an eminent and internationally respected social work professor of research (in a phone conversation) related this story to me:

An IRB approved a post adoption study in which the central focus was on the satisfaction of the adoption and the adoption process. Even though the IRB and the researcher were diligent in protecting human subjects, a gross error was made. In the process of follow-up, post cards which were IRB approved were mailed to the adopted parents' addresses. On the post card, an acknowledgement of the adoption was noted. Some of the adopted children were not aware that they were adopted. In fact, they read the post card. This caused serious problems in some of the subjects' households. The IRB was notified, and the protocol was changed. No members of the IRB were able to predict the serious problems caused by the post card.

2. A consistent pattern can lead to uncovering issues that are out of the purview of an IRB. Also, in their frustration of seeking but not finding, an IRB can make grammatical changes in a questionnaire (or other information collection protocol) that stretches subject protection to the point of absurdity.

For example, this happened to a faculty member who was working on a Ph.D. assignment in order to have data to begin a statistical analysis:

As part of a Ph.D. assignment, a faculty member gained IRB approval to submit questionnaires to students in his classes. When he realized that he wouldn't have enough data to analyze, he set up a booth in the student union and asked passersby to complete his questionnaire.

When the IRB discovered this change in the data collection process, they confiscated the completed questionnaires and destroyed all of them. They also destroyed the questionnaires that complied with the original proposal. The questionnaire was copyrighted and purchased to complete the statistical assignment. There was no hearing for the faculty member to defend himself and there was no evidence of potential harm. The chair of the department complained to the Provost who agreed that the IRB was overzealous in their actions. However, since everything was destroyed, nothing was done to compensate the faculty member.

Both examples are products of well-meaning board members who search for potential harm to human subjects and usually finding nothing. A pattern of "finding nothing" can lead to both failures to uncover problems *and* a false conclusion that human subjects will be harmed when common sense rejects that potential.

The Short Review of Literature

In a brief review of the most recent IRB literature, three patterns were uncovered:

1. Support for the current IRB structure,
2. Opposition of the current IRB structure (some want to eliminate IRBs),
3. Proposed changes to improve IRB structure.

The following table includes recent citations with commentary on IRBs.

Three Patterns with the IRB Literature		
Pro	**Con**	**Changes are needed**
Sodeke, S. (2016). Using the IRB harmonization and reliance document can reduce review and regulatory delays for the benefit of all. *American Journal of Bioethics, 16*(8), 46–48.	Freed, M. C., Novak, L. A., Killgore, W. D. S., Rauch, S. A. M., Koehlmoos, T. P., Ginsberg, J. P., Krupnick, J. L., Rizzo, A. Andrews, A., & Engel, C. C. (2016). IRB and research regulatory delays within the military health system: Do they really matter? And if so, why and for whom? *American Journal of Bioethics, 16*(8), 30–37.	Lynch, H. F. (2018). Opening closed doors: Promoting IRB transparency. *Journal of Law, Medicine & Ethics, 46*(1), 145–158.
Coleman, C. (2004). Why Have IRBs at All? *Journal of Legal Medicine, 25*(3), 295–301.	Babb, S., Birk, L., & Carfagna, L. (2017). Standard Bearers: Qualitative Sociologists' Experiences with IRB Regulation. *American Sociologist, 48*(1), 86–102.	Schwartz, R. (2017). Drawing the line at age 14: Why adolescents should be able to consent to participation in research. *Journal of Law, Medicine & Ethics, 45*(3), 295–306.
Samenow, C. (2012). Why human subject research protection is important in sex addiction. *Sexual Addiction & Compulsivity, 19*(3), 161–167.	Keith-Spiegel, P., & Koocher, G. P. (2005). The IRB paradox: Could the protectors also encourage deceit? *Ethics & Behavior, 15*(4), 339–349.	Candilis, P. J., Lidz, C. W., & Arnold, R. M. (2006). The need to understand IRB deliberations. *IRB: Ethics & Human Research, 28*(1), 1–5.
Wagner, R. M. (2003). Ethical review of research involving human subjects: When and why is IRB review necessary? *Muscle & Nerve, 28*(1), 27-39.	Stoddard, D. G. (2010). Falling short of fundamental fairness: Why Institutional Review Board regulations fail to provide procedural due process. *Creighton Law Review, 43*(4), 1275–1327.	Martin, R. C. (2013). Navigating the IRB: The Ethics of SoTL. *New Directions for Teaching & Learning, 2013*(136), 59–71.
		Largent, E., Grady, C., Miller, F. G., & Wertheimer, A. (2013). Misconceptions about coercion and undue influence: Reflections on the views of IRB Members. *Bioethics, 27*(9), 500–507.
		Klitzman, R. (2011). The myth of community differences as the cause of variations among IRBs. *AJOB Primary Research, 2*(2), 24–33.
		Elliott, C. (2017). Why research oversight bodies should interview research subjects. *IRB: Ethics & Human Research, 39*(2), 8–13.

Although the literature fails to address a synthesis of the IRB structure, one can reduce or distill all of the findings to a single issue. An IRB can be no more effective than its weakest member. If a member is "self-impressed," demands recognition, has an intimidating personality, or is a powerful orator, an IRB may uncover harm to human subjects which actually fails to exist. This causes profound frustration among researchers. In addition, it is clear that some people join an IRB without research experience. They too can cause problems.

The Big Question

Section 5.02 of the NASW Code of Ethics addresses "Evaluation and Research." If an experienced researcher assesses the expectations of ethical research in the Code, one will immediately become aware that the NASW Code of Ethics is stating "do everything an IRB does." Essentially, the Code states that social work researchers should conduct a self-evaluation to assure that no harm will come to research subjects. Are self-evaluations effective for uncovering potential harm to human research subjects? Probably not. Research self-evaluation is like becoming one's own copy editor. Here are two examples of recent proposals in which the researchers were so intensely focused on the methodology, they missed considering the potential harm to human subjects.

1. A group of nurses submitted a research proposal addressing new-born circumcision. They proposed to have three groups (two experimental and one control group). The proposed control group was *not going to receive a local anesthetic* or any other kind of pain reduction protocol. It took less than 30 seconds for all IRB members to reject the proposal as originally articulated. The existence of a control group with no anesthesia was rejected. The IRB members were surprised that the nurses did not recognize the problematic nature of such a control group *until* after it was explained to them.

2. At a large university, a department within the College of Engineering received a large research grant from the chainsaw company. The corporation wanted extensive research on the safety of their newly designed chainsaws. The proposal included a sample of engineering students who would use the chainsaws incorrectly – *to assess the safeness of the chainsaws*. Here again, everyone on the IRB immediately envisioned the potential harm that could be subjected to paid engineering students who were using the saw in a dangerous manner.

Although the degree of lack of thought was nearly laughable, the two research teams were unable to recognize the potential harm to their human subjects because they were more intensely focused on the methodology and could not see beyond their research goals. It was as if they were wearing blinders. The question is: Is it possible for social work researchers to be so preoccupied with their research question, they fail to consider harm to their human subjects? I suspect that the answer is yes.

Should NASW Require all Social Work Research to Undergo an IRB Review?

Considering a change in an ethical standard that would require IRBs for all social work research cannot be accomplished within a clinical social work paradigm. Research subjects are not like clients. Clients have a plethora of statutes and case law to protect them from a practitioner's unethical activities. Research subjects do not. For example, to uncover the positive effects of AZT (azidothymidine), the researchers' goal was to contrast the death count between the placebo and the experimental group. Research subjects who had AIDS signed a waiver which eliminated the ability to gain legal redress for family members. This procedure is the standard research protocol. In addition, there is no state which requires a license for social work researchers. Research subjects do not have the same protection as clients.

Unlike all professional codes of ethics, the ethical foundation of the IRB is proactive. That is, IRB laws are in place to prevent a researcher from committing an unethical act by the actions of an unbiased third party. Unlike the IRB, a violation of an ethical standard is addressed *after* a violation is committed; the IRB takes action before the unethical act has a chance of being committed. That is because research subjects do not have the protections that clients have.

In making a decision to change the NASW Code of Ethics to require IRB review for all social work research, several facts must be considered:

1. There is a difference between *research* and *practice evaluation*. Research is defined as a systematic investigation that is designed to contribute to generalizable knowledge. Practice evaluation is traditionally done on a smaller scale and intended to evaluate practice patterns within the institution, not to be generalized across the greater community. Practice evaluation has never been subjected to IRB review.

2. There is no professional organization that mandates members of the profession to be subjected to an IRB review. If NASW mandates an IRB review in the Code of Ethics, the organization will be alone.

3. If NASW institutes an IRB requirement, only a very small number of social workers will be affected. Social workers employed by universities and large hospitals already face IRB requirements. Those who would be affected would include retired faculty and those who have a private practice or are employed by an agency where research is uncommon.

4. NASW has a functioning IRB.

5. If the NASW Code of Ethics includes a standard requiring IRB review for all social work research, the rule would impact all social workers. Case law is clear. Once a standard is established within any Code of Ethics, all professionals are subjected to the articulated standards. There is one possible exception. If a state law is contrary to a Code of Ethics standard, then the state law takes precedent. However, this precedent has not been tested in court. Thus, the NASW's IRB must be made available to professionals who are not members of NASW. Perhaps a fee would be necessary for non-members.

6. Can NASW afford the increase in IRB reviews?

Rebuttals

I have shared earlier drafts of this editorial. Therefore, I have the benefit of listening and reading the words of social workers who oppose an IRB requirement. Here is a summary of this material:

- **No other professional organization has such an ethical mandate.**
  My reply: True. The lack of other professional organizations mandating an IRB assessment places NASW in a leadership position. The membership envisions NASW as an organization that emphasizes ethical practice to a degree far beyond other professional organizations. Mandating an IRB for all social work research is uniquely consistent with NASW's history.

- **IRBs slow research findings.**
  My reply: IRB requirements already exist for social workers employed by universities, hospitals that conduct research and other settings with a formal research component. The IRB requirement would place all social work research on a shared platform.

- **When no federal IRB is required, IRBs are unavailable.**
  My reply: IRBs are everywhere. Most hospitals have them and will accommodate the IRB requests from the outside without a charge. I have requested a hospital's IRB to assess my proposal regarding online teaching. Their procedure was faster than my university's IRB. In addition, NASW has an IRB. However, for nonmembers, they are likely to require a fee.

- **IRBs are unlikely to find risky research among social workers.**
  My reply: Yes, this is likely to be true. My best estimate is 2.5% of social work research proposals are ethically

problematic. With such a low estimate is it cost effective to require IRB intervention for all social work research? The NASW Delegate Assembly must decide.

I am interested in learning your opinion. Let me know what you think about an IRB requirement within the NASW Code of Ethics. Send your thoughts or commentary to smarson@nc.rr.com.

*If the reader has a CSWE accredited degree in social work (Bachelors, Masters and even doctorate) and has not heard of the Tuskegee Syphilis Study, email me. I will contact your campus and ask that you receive reimbursement for your tuition.

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LETTERS TO THE EDITOR

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14	Elaine P. Congress, MSSW, MA, DSW, LCSW	IFSW as the new publisher

Dedication (1)

#1

In response to: Dedication to Linda Grobman

Dear JSWVE Board,

Thank you so much for the lovely clock and Steve's beautiful tribute to me in the latest edition of *The Journal of Social Work Values and Ethics.* This means so much to me.

Being involved in the inception of a social work ethics journal, which was so needed – and one of the first online social work journals – was an honor I will always cherish. Working with such a great people make it ever more of a pleasure.

Wishing the journal continued success!

With appreciation,
Linda

Learning from the Pandemic (2-4)

#2

In response to: Editorial

Thank you for doing this! Today is my first day back from FMLA, and it was really nice to see this publication.

Elena Delavega, Ph.D., MSW
University of Memphis

#3

In response to: Editorial

To say that my work has been upended is an understatement. I'm a crisis mental health provider in an emergency department in the L.A. area and COVID has redefined every aspect of my work and that of my colleagues. COVID struck medical systems in a multitude of ways and my hospital was no exception. Lost revenue meant layoffs. Thus, my fellow LCSWs and I were tasked with absorbing the workflow of the former psychiatry

RNs who had been let go, just as we were trying to adapt to COVID's new normal. It has been a double whammy for us.

Our E.D. was hastily remodeled and so-called "Purple Zones" were the areas where patients with COVID were placed. LCSWs learned all too well how to "don" and "doff" PPE. We conduct suicide risk assessments and support terrified COVID+ patients all while dressed in protection from head to toe.

The 15-minute rule was enacted. To document risk, LCSWs were asked to note, among the litany of other items, how long we spent at the bedside of all patients (some patients test positive hours after we're with them). Anything over the 15-minute mark was deemed high risk for COVID exposure. We aren't forbidden to exceed that amount. It's our call to make and to the person, we have been guided by our patients' needs, our code of ethics and our dedication to our craft. Two LCSWs contracted COVID as did dozens of our colleagues across the campus. Three staff died.

As families waited outside our ambulance bay, often wailing in fear and anguish, we were with them. At the bedside we held the phone, the ipad and hands of their loved ones who suffered alone.

Over 21 years in my hospital and I have never actually clocked how much time I spend with a patient at bedside. Never factored in risk relative to exposure, distance, and time. I do now. Can we do the work we do in under 15 minutes? Usually not. So, there we were - and still are! COVID is still with us and we're with our patients - well past 15 minutes at a time.

Elise Johnson, LCSW LPS
Clinical Social Worker,
Long Beach Medical Center E.D.

#4

The mirror has two faces – helper and helpless Self-reflection: A HIV+ social worker articulating lockdown during Covid-19

Media reports during the latter part of 2019 and early 2020 highlighted the novel coronavirus, Covid-19, with suspicion being cast on China, its citizens, visitors and ex-pats (Shereen et al., 2020; Uğur & Akbıyık, 2020). These reports were met with denial, the adoption of an *us and them* mentality, with few inhabitants on other continents envisaging that the virus could be transported and exported to all corners of the globe and how long it would last (Wu, Leung & Leung, 2020).

Reported infections globally brought the virus close to home with the public report on 5 March 2021 of the first Covid-19 infection in South Africa (Abdool-Karim, 2020). Subsequent reported cases as well as South Africa's mandatory lockdown on the 27 March 2020 broadened that fear into reality (Fouché, Fouché & Theron, 2020). Globally, human beings were compelled to acquaint and adjust to physical and social distancing, *Covid-19*-related *vocabulary,* wearing masks, workplaces temporarily closing and social activities being suspended, lockdowns and consistent screening, testing, sanitizing, and disinfecting with South Africans being no exception (Barratt, Shaban & Gilbert, 2019; Chu et al., 2020; Mahmood et al., 2020). The lockdowns highlighted how people's lives and circumstances could change in the blink of an eyelid and how change is a definite constant in our lives (Stiegler & Bouchard, 2020). Such change enveloped and extended beyond the individual by penetrating our social and work lives, health, relationships, finances, families, societies, deaths, travel, and interactions (Yan et al., 2020; Min, 2020; Rathore & Farooq, 2020). Covid-19 presented opportunities for some, whilst fear, uncertainty, devastation and personal, educational, financial, relationship and physical, health, and mental health challenges for others (Dubey et al., 2020).

As a self-disclosed HIV-seropositive social worker who is dedicated to empowering fellow HIV-seropositive individuals, advocating for and

articulating patient-centered care as well as being the researched and researcher resulting in the phrase HIV-reflexivity being coined, I reflected on and confronted my fears and those of my HIV-seropositive peers, colleagues, friends, and clients. They had discussed being infected with another virus and the similarities of both viruses. The similarities described were no cure for HIV and Covid-19, ART program being initiated in 2003 and rolled out in the South African public health system in April 2004 after years of HIV denialism and vaccines being rolled out despite much denialism (Mulqueeny & Taylor, 2019; Cooper et al 2020; Illanes-Álvarez, 2021). Moreover, high mortality rates due to HIV related illnesses and Covid-19 infections, religious views on both pandemics, individuals being afraid to test for HIV and Covid-19, HIV and Covid-19 related stigma, stock-outs of HIV and Covid-19 related medication and being on lifelong or chronic medication.

Weaving all the above-mentioned changes and adjustments into my HIV-seropositive life and those of many infected and affected South Africans highlighted further insecurities. These include double stigma, HIV taking second place to Covid-19, the effects of Covid-19 on the HIV body, most PLHIV utilizing already overburdened public health systems, patient safety at health facilities, health professionals' attitudes, the availability and stock-outs of antiretroviral treatment (ART) and comorbidities (Bhaskaran et al., 2021; Dorward et al., 2021). Additionally, conflicting messages, conspiracy theories, unavailability of a vaccine, the decision to be vaccinated or not, potential side-effects of a vaccine, the effectiveness of wearing masks, resetting of social and economic systems, inequalities between high-income and low-income countries (HILC) and the rolling out of 5G technologies all plagued my psyche and that of other people living with HIV (PLHIV) I had liaised with.

The transition into 2021 did not assist as media reports highlighted vaccines being rushed and not being a cure, mandatory vaccinations for travel, Covid-19 passports and individuals being infected after having the vaccine. Moreover, fluctuating mortality rates, fear of different variants, the onset of a third wave, countries opening up and then going into further lockdowns and medical experts and scientists questioning and contradicting the virus and vaccines also posed a challenge (Goodman, Grabenstein & Braun, 2020; Trogen, Oshinsky & Caplan, 2020).

With all the print and spoken media coverage, formal and informal dialogues and awareness campaigns I straddle daily between being a helper and being helpless. However, the ray illuminating the despair and doom and gloom is my glimmer of hope that *this too shall pass* as without hope my ray of sunshine and that of others will plummet into darkness.

I am hopeful that this opinion piece could assist social workers, therapists, counselors and psychologists to identify and understand the myriad of challenges confronting PLHIV during this challenging era of Covid-19. Additionally, the volume and the influx of conflicting information contributing to Covid-19 fatigue with the potential to influence PLHIV to let their guards down, be less vigilant or irresponsible with negative consequences (Bentzen, 2019; Berman et al, 2020; Meese, Frith, & Wilken, 2020). Moreover, it could assist bridge the gap between theory and practice and rhetoric and reality. Furthermore, it could catapult individuals in service industries to rethink the new normal and revise interventional programs aimed at best serving PLHIV by empathetically incorporating the uniqueness of their circumstances, support systems, finances, mental health and familial set up. This is achievable by treating every client/patient with the dignity and respect they deserve. This aids the sustainable development goals (SDG) 3: *Good health and wellbeing*; SDG 10: *Reduced inequalities* and SDG 17: *Partnerships to achieve the goal* of transforming our world although Covid-19 transcends all 17 SDGs (Khetrapal & Bhatia, 2020). Lastly, the inclusion of change strategies that embrace person and patient-centered care could assist in achieving holistic care and treatment outcomes.

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IFSW as the new publisher (5-14)

#5

Dear Professor Steve and All members,

It is really great for the journal and for all of us. It is really encouraging moment. I thanks to Silvana Martinez, President IFSW for her support also.
Cheers to all and let's start working together again for the Journal and its quality.
I will be there always to support in any capacity.
Take care all of you.

Prof Sanjoy Roy
Department of Social Work
University of Delhi
India

#6

Dear Stephen and colleagues,
This is fantastic news.
Best wishes,
Prospera

Dr (Mrs) Prospera Tedam (SFHEA)
Honorary Visiting Fellow
Social Work
Anglia Ruskin University

#7

Dear Steve and other members: It is really a great joy for us to know that IFSW will be the new publisher!!!!
New times are coming and we at IFSW welcome you to this wonderful Journal.

Best wishes
Silvana Martinez
President IFSW

#8

Oh very well done Steve and I think this enhances the position of the journal highlighting the international intention and not primarily USA centric

Cheers
Steph

#9

This is great news, Steve. I am the North American representative to the ethics commission of IFSW. I was in a meeting with Rory this morning and thanked him for the new partnership!

Kim

#10

That's very good news.
Congratulations Steve!!!

All the best,
Eleni

Δρ
Ελένη Παπούλη
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#11

GREAT news!!!

Ravita T. Omabu Okafor, MSW, LCSW
Adult-Child Counselor/Trainer/Consultant
Chair, NASW-NC Chapter Ethics Committee

#12

Great news. Congrats, Steve and all.

Allen Barsky

#13

This is awesome!!!!

Be sure to enjoy the day,

Dr. Veronica Hardy, LCSW
Professor, Department of Social Work
University of North Carolina at Pembroke

#14

Stephen
I am so pleased that the International Federation of Social Workers (IFSW) has agreed to publish our journal. I know IFSW well as I represent this NGO at the United Nations.
I support the name change to *The International Journal of Social Work Values and Ethics*. We are all social workers around the world and are guided by similar values and ethics. IFSW has an Ethics Commission and they have been involved in developing the Global Social Work Statement of Ethical Principles. IFSW also assembles Codes of Ethics from different countries that are IFSW members and this is interesting to see.
Great development and now we should try to get more articles from social work contributors around the world!

Elaine P. Congress, MSSW, MA, DSW, LCSW

Changes at JSWVE and THANK YOU

Stephen M. Marson, Editor, and Laura Gibson, Book Review Editor

Journal of Social Work Values and Ethics, Volume 18, Number 2 (2021) Copyright 2021, IFSW

This will be the last issue of our publication under the heading *The Journal of Social Work Values and Ethics*. Our next issue Volume 19, Number 1, our new name will be *The International Journal of Social Work Values and Ethics*. ASWB is no longer our publisher. Our new publisher is The International Federation of Social Workers. Their home office is in Switzerland. Thus, we are seeking more members of our board that are outside of the USA. Following are new members:

Pascal Rudin, Ph.D. is a staff member of International Federation of Social Workers and will be our new publisher. Jayne Wood from ASWB will be leaving our policy board while Dr. Rudin will be replacing her. Eveliina Heino, Ph.D. is joining our editorial board from Finland where she is a lecture at the University of Helsinki and specializes in research and social policy. Also joining our editorial board is Baiju P. Vareed, Ph.D., from Canada, but was raised in India. He is a professor at MacEwan University. Rigaud Joseph, Ph.D. is a social work professor at the California State University at San Bernardino. He will be joining our editorial board. Our first international representative to join our copy editor board is Bishnu Mohan Dash. Ph.D. who is an Assistant Professor at the University of New Delhi.

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 anonymously, I cannot offer public recognition of 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 to this issue, I must publicly thank:

- Donna DeAngelis
- Kathleen Hoffman
- Eric Levine
- Ann McAllister
- Alison MacDonald
- Melissa Schaub
- Jennifer Wood

I also thank the book reviewers for the generous gift of their time to read and write thoughtful reviews:

- Bishnu Dash
- Peter Kindle

Interprofessional Understanding of Ethical Dilemmas: Learning Experiences Of Simulation Learning in Social Welfare and Health Care Education

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Abstract

This study examines the opportunities brought by simulation learning in acquiring interprofessional skills and developing ethical thinking. A large-scale simulation refers to a simulation utilizing drama carried out with the help of actors and professionals from various industries. The simulation was constructed around an emergency situation related to sudden infant death syndrome. The scenario involved a paramedic unit, police officers and an on-duty social worker. The study explored the ethical dilemmas emerging during the simulation training and a related simulation debriefing, and the opportunities simulation pedagogy provides for dealing with and learning about ethical conflicts.

The research data included a video-recorded simulation scenario and learning diaries by students based on a large-scale simulation, which were analyzed using narrative methods. The analysis was used as the basis for forming two main narratives representing key dilemmas. These included a person-oriented vs. action-oriented approach, and personal sense of justice vs. correctness. The shared ethical reflection resulted in the students understanding the moral justifications of professionals, such as police officers, physicians and paramedics, despite initially perceiving their activities critically. A key learning outcome was the broadening of the participants' attitudes towards other professionals. They also raised their awareness of the significance of interprofessional collaboration and joint reflection in developing their own ethical thinking.

Keywords: Ethical dilemma, ethical decision-making, simulation learning, interprofessional cooperation, narrative analysis.

Introduction

Interprofessional teamwork is particularly important in acute crisis situations. For example, such a situation can involve a paramedic, police officer and social worker arriving at a scene of an accident at the same time. Professionals must be

able to work effectively together while also respecting patients or clients dealing with a human crisis. While the professionals may never have previously worked together, they all have implicit knowledge of the roles the other professionals play in the situation. In a crisis requiring interprofessional work, problems must be quickly solved, and there is no time for joint consideration on the solutions made by various professionals. However, the professionals may be left wondering about the solutions they or the other professionals have made, particularly regarding their ethical aspects (Frost et al., 2005; Lin et al., 2013).

In a crisis situation involving multiple professions, ethical reflection is not merely manifested as a clear decision by an individual professional; instead, tensions may arise in the collaboration between different operating approaches. Nevertheless, in their practical work, professionals encounter unpredictable situations which may complicate the implementation of these principles. Sarah Banks (2012), who has explored the ethical perspectives of social work, makes a distinction between conflicts and dilemmas. Conflicts occur more frequently and include some sort of discord between the person's values and what is required by his or her job. By contrast, a dilemma involves two alternatives which are both correct in principle and of which neither is more morally right than the other (Banks, 2012; Banks & Williams, 2005).

Today's vocational training and education includes practice of interpersonal situations between various professionals in contexts such as simulations of encountering clients. In simulation learning, students from different fields of education collaborate in solving clients' issues and engage in joint reflection on why each participant acts in a certain way and what would be the right course of action. Collaborative learning and simulation of interpersonal situations have been considered to play a significant role in the development of the students' interpersonal skills (Shrader et al. 2013; Nimmagadda & Murphy, 2014; Koponen & Julkunen, 2015; Saaranen et al 2020).

The present article examines a large-scale simulation organized for learning purposes in university education in the field of social welfare and health care. We use a narrative research approach for analyzing the ethical dilemmas in an interprofessional crisis situation, which emerged in a simulation of a crisis involving a sudden infant death syndrome. The simulation involved an interprofessional team consisting of a social worker, paramedics, a physician, and police officers. The theme of the simulation, the death of a child, was sensitive for both the professionals involved in performing in the drama as well as the students participating in the learning event.

The research question of this article was as follows: what kinds of ethical dilemmas emerged during the simulation and related simulation debriefing and how does simulation pedagogy provide an opportunity for dealing with and learning from ethical conflicts? In this study, we also highlight the significance of interprofessional learning in the form of activities promoting ethical argumentation among professionals.

Study issue: interprofessional simulation learning in developing ethical thinking

Ethical dilemmas in an acute crisis situation

While the issues of professional ethics have been explored in various fields (e.g., Mendes et al., 2015; Shapira-Lishchinsky, 2011), the amount of research focused on ethical dilemmas arising in the interprofessional context is rather small. In an interprofessional team, the activities by the representatives of another professional group may be subject to criticism if the premises of the work are highly different and some aspect of the work is in conflict with the members' ethical principles (Blakey, 2014). Ethical decision-making may include contradictory principles, such as the client's need, the technical-bureaucratic conditions of the service, requirements concerning financial efficiency, a wish to advocate for the client, or an aim of taking care of one's job in the correct way from a professional perspective (Banks, 2012; Beckett, Maynard & Jordan, 2017). Ethical argumentation involves a professional selecting one agent (such as the client, organization, one's professional group, society) whose voice the professional uses to talk about or compare various perspectives (Frost et al., 2005). Ethical dilemmas, then, emerge in different conflict situations that force professionals to make a choice between two or more operating approaches, selecting the alternative the person believes will cause least harm or greatest benefit.

While every professional group emphasizes its own ethical aspects, different groups also have joint principles, including clients' privacy, compassion, individuality, and showing respect when encountering clients. However, the concepts used for describing these vary. For instance, the ethical principles of social work strongly emphasize client advocacy, paying attention to the overall situation, and social justice (IFSW, 2018). By contrast, the ethical principles of the police highlight reliability and honesty and basing all activities on correct information. The authority of the police force must respect human dignity in compliance with valid legislation. (College of Policing Limited, 2014.) Medicine, for its part, aims at minimizing the harm caused to patients, and treatment and care must comply with care guidelines (The National Advisory Board on Social Welfare and Health Care Ethics, 2018; The Finnish Medical Association, 2020; Lin et al ., 2013). Professionals are also likely to experience different emotions when encountering a serious crisis situation with distressed and grieving people. These situations also tend to require making quick decisions, and there is often no time to reflect on the situation with other professionals. In such cases, a personal sense of justice particularly guides the activities of each professional (Rawls, 1999; Dennis, 2008). While the concept of the sense of justice is difficult to determine in detail, it emerges in situations in which solving an issue solely based on the available rules does not feel right, in which case professional decision-making is also guided by intuition.

In previous research, ethical dilemmas have been categorized into dilemmas that leave professionals feeling uncertain about how to act in a given situation, and ones that require professionals to act in contradiction with general rules. Such situations often include some unexpected turn of events, which requires ethical consideration (Banks, 2012). In health care, complicated decision-making situations arise in contexts such as ending the active treatment of a terminal illness (Lin et al., 2013). Such situations affect professionals emotionally and are also always mirrored on the personal values to the professionals. There may also be variation in the interpretations related to confidentiality between different professionals (Blakey, 2014; Rogers, 2018).

Interprofessional simulation learning in developing ethical thinking

Simulation learning provides an important working approach for examining ethical questions, particularly in an interprofessional context. Professional collaboration plays a major role in minimizing medical errors and ensuring overall client and patient safety, for instance (Mehta et al., 2013). Research findings have confirmed that interprofessional education improves collaboration, and reduces prejudice, between professions (Schrader et al., 2013; Frost et al., 2005). Interprofessional education (IPE) aims at creating capabilities between professions for the purpose of providing clients with coordinated treatment or services. From a learning perspective, it is important that the participants in IPE jointly reflect on how each person acts in a certain way and which motives and goals the person attributes to his or her actions (Lin et al., 2013).

A simulation provides a safe environment for practicing genuine, even critical, situations, without endangering patients. Simulation learning occurs in a variety of contexts, including role play and virtual practices. In comprehensive scenario-based simulations students are provided with a realistic, dynamically progressing case that may include activities and decision-making occurring on various levels (Dieckmann et al., 2009.)

The simulation progresses from a briefing and a simulation scenario to a debriefing (Shinnick et al., 2011; Tervaskanto-Mäentausta, 2018). In a traditional simulation, learners are either active agents or observers and learn according to the goals set for the simulation. While the emotional experience of the simulation can be powerful for those with active roles, observers also learn by following and empathizing with the roles of those actively participating (Rode et al., 2006),

A large-scale simulation is a new method of simulation pedagogy that involves utilizing the traditional small group simulation learning with a large group of learners. The main difference compared to traditional scenario-based simulation is that the group participating is larger than the traditional simulations. (Rode et al., 2006). In Eastern Finland, large-scale simulations have been implemented since the autumn of 2017 in collaboration with the departments of pharmacy, dentistry, nursing science, medicine and social sciences at a university, universities of applied sciences, and a university hospital.

In the studied large-scale simulation, professionals were asked to act similarly as they would if they encountered the situation in real life. While the facilitator's task involved posing questions to obtain further information from the participants during the simulation debriefing, the aim was to otherwise provide a platform for the participants' own experiences. (Dieckmann et al. 2009). As mentioned above, the simulation scenario of this study was related to a crisis situation, and started as follows:

> Parents find their child lifeless in the morning and call the emergency center. Four paramedics arrive at the scene and start resuscitating the child. Once the resuscitation has been continued for long enough, an emergency care physician, contacted via a remote link, informs the paramedics that they must stop resuscitating as the efforts are unsuccessful. Two police officers and an on-duty social worker are called to the scene.

The scenario was watched by a large group of students in medicine, nursing science, pharmacy, social work and psychology, and professionals in social welfare and health care (n=427). The roles of the drama were played by professional actors (as the child's parents) and professionals from various fields (paramedics, police officers, a social worker, and an emergency care physician). The simulation followed a joint debriefing which involved the performers reflecting on the significance of the choices they had made and emotions they had felt during the simulation (Dickemann et al., 2009; Dufrene & Yang, 2014; Aura et al., 2016). Subsequently, everyone else involved in the learning event participated in the discussion.

Methods: Narrative analysis in examining ethical dilemmas

The aim of the simulation examined in the present article was to promote interprofessional learning in general. However, ethical questions often arose during the simulation reflection included in the learning session.

This study did not involve consciously highlighting ethical issues during the simulation debriefing, and no separate questions on the topic were included in the instructions provided on the students' learning assignments. Ethical dilemmas surfaced as a significant finding in the reflection by the professionals during the simulation debriefing and in the students' learning diaries. This resulted in a need for further examination of the topic.

This is a qualitative, narrative study utilizing multimodal video data of the large-scale simulation and learning assignments the students completed based on the simulation. The methodological background orientation of this study is focused on the main premises of social constructionism on producing a shared social reality through language by affording things social meanings (Gergen, 2009; Flick, 2015). The data were analyzed using the narrative analysis method, which involved examining the data as a whole, looking for essential comprehensive meanings related to ethical dilemmas (Polkinghorne 1988; Hänninen 2004). The Atlas.ti software was used as support for the analysis. The material was read several times over to identify themes contained by the narratives. Participating in a simulation, transcribing videos and reading learning diaries provided the researchers with an opportunity for in-depth knowledge of the data.

The data consist of video material of the simulation debriefing related to the large-scale simulation (1.5 hours) and 45 learning diaries, which were on average five pages in length. The learning diaries were assignments written by social welfare and social psychology students. The instructions included reflecting on large-scale simulations from the viewpoint of personal learning. The learning diaries involved a relatively high amount of ethical consideration, and these sections of the learning diaries served as the data for this study. Content that stirred ethical consideration was selected from the simulation debriefing video (in total around 20 min.) which was then edited and transcribed for closer analysis. The video material of the actual scenario served as support material in interpreting the narratives, as the atmosphere and emotions stirred by the discussion could be identified from these. The interactions between different agents was not the topic of study; instead, the focus was rather on the topics addressed by the participants in relation to the context of the discussion.

Excerpts concerning ethical dilemmas were selected from the total data which we will

hereinafter refer to as sub-narratives. Two main thematic wholes could be formed based on the sub-narratives (N111, 22 pages), which we will refer to as core narratives. Each core narrative was paired with an opposing perspective in the context of the debriefing. As these opposing views fulfilled the characteristics of a dilemma, they were reconstructed into a major narrative, i.e., a situation-specific dilemma. The narratives interpreted as ethical dilemmas clearly concerned tension between two different alternatives for action, both correct in principle, and which participants observing the simulation highlighted both in their reflection.

The below figure (Figure 1), as an example, presents the conceptualization of the ethical dilemmas at the analysis stage of this study. Narratives describing the expansion of the narrator's perspective based on the learning experience or involving clear assessment of various perspectives illustrated interprofessional learning. The code following each sub-narrative indicates which core narrative each sub-narrative concern (A/B), and whether the informant is a professional (P) or a student (S). Three dots (...) have been used to indicate short pauses in speech. Information is also given in writing on whether the narrator is a student or a professional. For the latter, we have also reported which professional group the person represents.
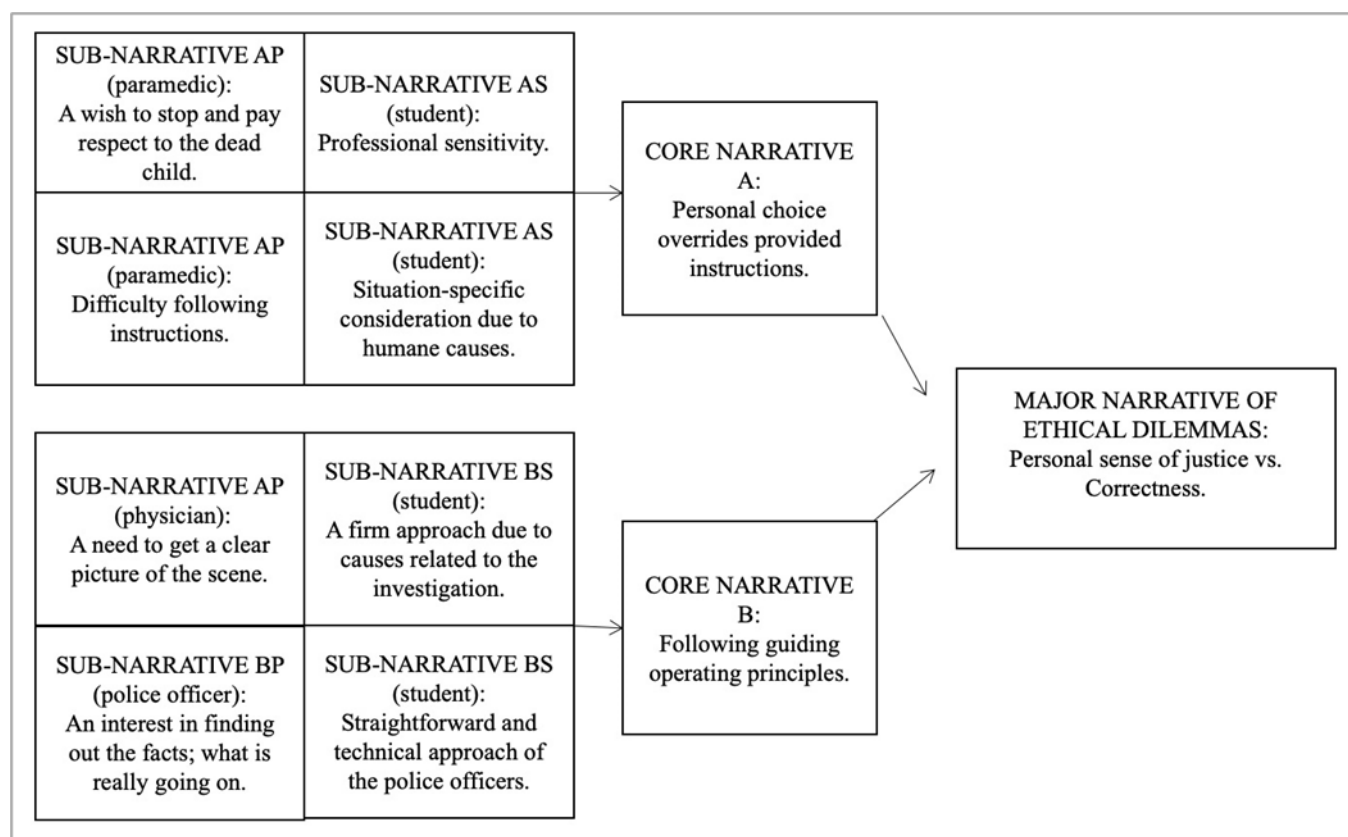
Figure 1: Conceptualization of the ethical dilemmas at the analysis stage of this study

Research findings

Person-oriented vs. action-oriented approach

The research findings were structured into two ethical dilemmas, which formed essential thematic entities in the simulation debriefings and learning diaries. The third sub-section also includes separate examination of the perspectives presented by the students in relation with interprofessional learning even though these are also partly presented in the examination of ethical dilemmas.

In the context of interprofessional work, dilemmas must be considered to not only concern the right or wrong operating approaches, but also if the operations of each professional are correct from some perspective. The topics particularly stirring discussion were related to the situations portrayed in the simulation scenario that involved a) asking the parents to move to the kitchen during the resuscitation, b) stopping resuscitating the

child, and c) the paramedic handing the deceased child over to the parents so they can say goodbye to their child, and d) the arrival of the police to the scene to investigate the matter.

These situations prepared the participants to discuss what sort of tension there is between efficiency and encountering clients in a crisis, what is allowed in practicing a profession, and which lines may be crossed. The discussion was divided into three perspectives. The first theme involved encountering a client in a crisis, including aspects such as an ability to interpret situations, encounter clients sensitively, and the significance of communications respectful to the clients. Second, the narratives also involved consideration of the professionals' different orientation to the situation. The straightforward and action-oriented approach of the police officers made them stand out from the others. Third, the participants reflected on the role of emotions as part of the profession in the context of retaining professional functional capacity.

Encountering the death of a child is always emotionally difficult, also for professionals, which can also pose a challenge to professionalism. The professionals described experiencing moments when time seems to stop during the crisis scenario. This could result in the professionals acting differently than in other situations. One of the paramedics reflected on the issue as follows:

> It was impossible to start and pack up your things in that moment ... or do anything or say anything … I felt that I just had to be there, in that moment.

The significance of nonverbal communications during a crisis was often emphasized by the students. They pointed out that clients are likely to remember the small gestures and the words spoken during a sensitive situation for a long time.

> The paramedics and social worker did particularly well in using non-verbal communications to express how sorry they were for the clients' loss. Touching the client is a powerful means of expressing empathy and understanding for the client's situation.

From a perspective of interprofessional learning, considering the issue of nonverbal communications based on the different roles of the professionals is important. In this context, tension emerged in connection with the empathy related to the situation and the actions required by problem-solving. The debriefing also helped the participants see the activities of the police officers in a new light.

> While the viewers were at times confused by the behavior of the police officers, this job requires the professionals to act rationally, do what the situation requires and ensure that their responsibility is not threatened by anything.

As the students' narratives and comments referred to the behavior of the police officers as "strict," the debriefing required the police officers to explain the nature of their basic assignment in a criminal investigation to the audience, therefore justifying their choices during the scenario. The debriefing helped the audience to also see a more compassionate dimension in the work of the police officers, as the event included an officer reflecting on personal experiences of the death of a child witnessed at work. The following excerpt illustrates both the role required by the profession and the individual's personal emotions related to the death.

> The work of a police officer is about forming a mental image. What information has been given, does it match the evidence...But then, as an individual, you think about how the parents must be feeling...think about your own children. My goodness, they have just lost a child. That really stops you in your tracks.

The issue of showing personal emotions made both professionals and students reflect on what emotions may be shown in the situation. This was particularly examined as a source of tension related to professionalism and showing emotions.

> I've encountered a few situations that put tears in my eyes... But I still tried to maintain my role as a professional there,

remembering that I am there to help... We're all people, after all... I could imagine that if the parents see tears in the eyes of those who help them, it will not upset them.

A great deal of critical discussion emerged among the students and audience related to a situation involving one of the police officers asking the parents to move to the kitchen for the course of the investigation and put their deceased child back on the table. The audience members asked why the parents were not allowed to be in the same room during the resuscitation and investigation. The students reported having felt irritated because of the actions by the police and paramedics when watching the scenario, but later understanding that a crisis situation requires short and direct commands. This was also confirmed by the actor playing the father in the drama, who describes his experiences of the situation as follows:

> You can only understand direct commands. Not someone patting your hand and gently asking you to do something. In a situation like that, you only do what you're told. It may sound strange, but when someone has died, and your grief has poured out. It´s like you're on autopilot. Direct commands, no alternative.

The leader of the paramedic team also emphasized the importance of safeguarding professional functional capacity to ensure that the paramedics resuscitating the child can take care of their duty undisturbed: Perspectives of encountering a crisis were also presented from the viewpoints of emotional and practical support.

The social worker took on a role as a person present in the situation, handing tissues to the parents and making it okay for them to cry in peace, while also showing compassion with touch. She described the nature of on-duty social work, confirming that parents must not be left alone in this situation. The social worker also highlighted the sensitivity of the issues, as the role involves retaining the ability to ask concrete questions regarding support for everyday life.

You have to be able to read the situation quite a lot, even though I started by asking a lot of questions. You have to highlight the most important issues. Always include written instructions. From a perspective of consequences, it is important not to leave the scene before someone else arrives there... the family's networks also tend to get activated at this point.

As a whole, this conversation was summarized as two dilemmatic core narratives: a person-oriented approach involving presence with the clients and retaining professional functional capacity. Both dimensions are essential components of applicable professional principles in a crisis situation. Both perspectives also exist in a relationship involving tension in many tasks in social welfare and health care.

Personal sense of justice versus correctness

The large-scale simulation stirred a lot of discussion on a sense of justice and correctness. The scene involving giving the dead child to the arms of the parents for the final time was particularly touching. This took place after the decision of stopping resuscitation had been made and the paramedics had ceased resuscitating the child. After this, they calmly set their emergency care equipment aside and had a moment of silence for the child. After this, one of the paramedics asked the parents if they would like to say goodbye to their child before the child is taken away. The child was handed over to the father, who held the child until the police arrived at the scene.

During the debriefing, a question emerged from the audience regarding whether the child should be handed to the parents and all paramedic equipment removed from the scene, or whether the child should be left on the table. This topic was also addressed in many learning diaries, stirring strong emotions and varying views. The paramedics teacher who led the discussion asked the police officer performing in the scene about the issue of handing over the child, whose answer was as follows:

> For a police officer, this is a very bad decision. What if there's a medical error there?... What if something has been

done incorrectly? If that is the cause of death... Absolutely not.

The emergency care physician confirmed what the police officer said, putting emphasis on the mandatory nature of instructions. The physician highly emphasized this, also based on long experience in encountering similar situations. The message given to the audience was that following this procedure is vital for the purpose of determining the cause of death. The physician's viewpoint was guided by a strong and uncompromising principle of correctness that excludes any other alternatives for action. Therefore, the physician did not perceive the issue as a dilemma, in contrast with some of the audience members.

> You may not remove any equipment, if the patient has an intubation tube, an oral airway, a laryngeal mask... any cannulas must be left where they were, as this child will be taken to an autopsy in forensic medicine... And the child may not be removed from the table, as the police must get photos of the scene of the incident… It's just the way it is.

After the physician had spoken, the facilitator of the discussion asked how the professionals involved in the simulation would act in a similar situation in the future. This question was particularly addressed to the paramedics. The answer given by the paramedics provided more in-depth information about the nature of ethical dilemmas. In this episode, paramedics spoke about the issue very quietly, at times interrupting what they were saying. This reflected the sensitivity of the topic to them. All the paramedics felt that they were forced to act in contradiction to the official guidelines in this situation. Paramedic 1:

> But a child... I know... fully well you're not supposed to move it. But if a crying parent asks to hold their child, I don't know if I have what it takes to deny them... I honestly cannot say.

> Paramedic 2: I could not act in any other way than by handing the child over to the parents if this was what the parents asked for.

> Paramedic 3: I absolutely agree... I don't think you could refuse to hand the child over to the parents... I don't think anyone could refuse it.

The above discussion is clearly divided into two opposing views. According to the physician and police officer, no medical equipment may be removed due to reasons related to the investigation. By contrast, the paramedics indicate that while they are aware of this rule, they made the choice they did based on compassion felt towards the parents. In the learning diaries, this episode manifested as reflection from both an ethical perspective and from the viewpoint of the operating process. The students could particularly identify with the solution made by the paramedics, but also had no trouble understanding the viewpoint of the police and the physician.

Many different factors were presented on how activities perceived as compassionate may meddle with and harm the police investigation.

> What we have here is a humane perspective against a clinical perspective. The paramedics commented that it's hard to deny a parent a possibility to hold the child to say goodbye, even though as a rule, this should not be done. This is very understandable.

The students also considered that the shared debriefing provided them with information about the moral justifications related to the issue. The professionals performing in the drama could also see the situation in a new light, which fortified the significance of the debriefing and shared reflection among the professionals.

Increasing understanding of the activities by different professions

As noted above, the students initially perceived the straightforward operating approach of the police officers as inhumane, "harsh" or "cold" in the crisis situation. However, nearly all of the students also reflected on a change in their attitudes and raising their awareness of the operating logic of the professions in this context.

This event helped me understand even more deeply how every professional group has a different perspective on things, and therefore also varying interests. For example, from an empathetic perspective, the way the police officers act in this sort of a situation can be seen as very insensitive, but this is actually all down to their different role as professionals and their part in all of this.

The learning diaries revealed that the simulation had led to realizing important things about encountering a client in crisis. The students and participants understood that the professionals do not have clear operating instructions for the most highly demanding situations, as a result of which interpersonal interactions gain prominence in this context. Despite the different professional backgrounds, encountering the individuals was perceived as an overarching factor, and each professional was perceived as a human agent, even in their professional roles. Many of the students reported that the simulation had "gone under their skin." This made it vital to reflect on related emotions and attitudes.'

Underneath a professional exterior is a human being with emotions, who finds it easy to put him/herself in the place of the distraught client. I believe this is invaluable when you're engaging in work that involves interpersonal relationships.

The following excerpts summarize the core idea of interprofessional learning regarding understanding the activities by different professional fields and an ability to see beyond personal professional role.

While interprofessional collaboration enables the members of a team to learn from one another, it requires a right kind of an attitude in the interprofessional team. The members must be able to see beyond the limits of their professional competence and accept that someone representing a different profession may have better command of some areas.

According to the research data, the simulation provided an important opportunity for identifying dilemmas in professional ethics and understanding the justifications for the activities by each professional group.

Discussion and conclusion

The dilemmas in professional ethics have been previously studied by exploring either the ethical language used by professionals or phenomena that professionals have identified as ethical dilemmas (Banks & Williams, 2005). In the present study, dilemmas emerged in the narratives produced by professionals and students without having to separately ask about the issue. We believe that it is also important to examine ethical phenomena through real-life situations that involve problem solving. Simulation pedagogy provided an important tool for this.

This study included reflection on ethical dilemmas based on a simulated interprofessional crisis situation and related learning. Figure 1 presents key research findings. Two main narratives emerged from the data: a person-oriented vs. action-oriented approach and a personal sense of justice vs. correctness (column 1). The core narratives and their moral justifications are presented in the second and third column. In this study, "moral justifications" refer to perceiving the activities by the professionals as right or correct based on some perspective. The narratives related to a person-oriented approach demonstrated human compassion during encounters and display of emotions by the professionals and emphasized the significance of non-verbal communications in the crisis encountered by clients. The narratives emphasizing an action orientation, categorized as the "opposite" of a person orientation, focused on objectivity, retaining professional functional capacity, and careful compliance with one's professional task. In turn, the narratives representing a personal sense of justice put emphasis on following one's personal sense of justice and the ability to e empathize with others. This was contrasted with narratives focusing on correctness manifested as investigating objective facts and careful compliance with instructions.

1. ETHICAL DILEMMA	2. MORAL JUSTIFICATIONS OF CORE NARRATIVE	3. MORAL JUSTIFICATIONS OF CORE NARRATIVE
Person-oriented vs. action-oriented approach.	Person-oriented approach: Significance of human compassion. Emphasizing non-verbal communications in a crisis. Stopping activities to pay respect to deceased patient. Human emotions as part of professionality.	Action-oriented approach: Careful management of duty based on the role. Maintaining professional functional capacity. Significance of direct communications in a crisis.
Personal sense of justice vs. correctness.	Personal sense of justice: Compassion towards the parents overrides official rules. Following one's ethical intuition. Professional compassion.	Correctness: An aim to investigate the facts. Compliance with law and instructions. Investigating the facts of the incident to determine cause of death.

Figure 2: Ethical dilemma and moral justifications of core narrative

The simulation prepared the students for reflecting on issues significant to interprofessional learning, including understanding the professional roles of others, changing previous attitudes, ethical reflection, and the significance of interprofessional work The most essential learning outcome concerned a change in personal attitudes towards other professionals, which had also been set as one of the most important goals of the interprofessional simulation. Other key learning outcomes included understanding the ethical choices involved in other professional roles and the fact that all professionals work based on principles related to their activities.

LEARNING OUTCOMES OF INTERPROFESSIONAL SIMULATION LEARNING

Changing personal attitudes.
Understanding the significance of the basic tasks of different professionals.
Clearer idea of the moral justifications for the activities of each professional group.
Significance of interprofessional collaboration in a crisis.
Interprofessional reflection promoting ethical argumentation.

Figure 3: Learning outcomes of interprofessional simulation learning

Narrative research perceives narratives as an opportunity for self-positioning, which means that speakers position themselves in relation with others while simultaneously constructing their identities through narration by giving moral meanings to issues (Harré & van Langenhove, 2003; Hirvonen, 2016). In an ethically demanding situation, professionals also reflect on their activities in relation to their professional identities. In our research data, this could be seen as moral negotiation related to the basic task of each profession, through which different professionals and students expanded their views of the ways other professionals operate, as a result revising and complementing their previous assumptions. At the same time, the participants advanced their know-how related to interprofessional crises, which manifested as an understanding of the integration of sensitive encountering and professional functional capacity.

In interprofessional collaboration, tension particularly arises from the different premises for the professional ethics of various occupations, even though these all share the principles of respecting human dignity and carefully managing one's basic task. Ethical dilemmas can also emerge from different ways of understanding the effectiveness of work as well as the participants' professional authority (Rogers, 2018).

While professional roles affect problem-solving situations, many aspects of encountering clients are the same for everyone involved, as was also apparent in the students' learning diaries. The moral development of vocational students has been previously studied through biennial interviews of undergraduate social welfare and law enforcement students (Juujärvi, 2003). The moral reasoning of the students was particularly evaluated from the perspectives of caring and fairness. There were hardly any differences in the moral development of the social welfare and law enforcement students, despite the fact that the student police officers train as law and order enforcers while the social welfare students' work involves care and support. The dimensions of moral decision-making, caring and fairness, develop side by side, and support each other in the students' professional development. (Juujärvi, 2003). This may lead to a conclusion that the different interpretations of professionals are more closely connected to a specific situation and role than the moral functional capacity of the profession.

Interprofessional learning also develops individual professional identity and ethical thinking. It's based on joint act in the best interests of the clients and challenges unjust or harmful rules (Juujärvi et al. 2020; Weinberg & Banks 2019). Members of a single profession may also experience interprofessional collaboration in various ways. Rydenfält et al. (2018) found that perceptions of the interprofessional teamwork varied among physicians. The physicians emphasized that collaboration in interprofessional team creates additional value to the work, and it demands determining clear roles and joint objectives for professional team and having a psychologically safe atmosphere in the group (Rydenfält et. al., 2018) research in social work and nursing science has also revealed similar perspectives (Bronstein 2003; Schaik, Plant & O'Brien, 2015; Wang & Petrini, 2017). Ethical argumentation requires a safe atmosphere, as this encourages the parties to present their views, including criticism, and openly express their emotions. This enables making the requirements set for each person's role and basic task visible. (Frost et al., 2005.)

In the context of interprofessional collaboration, ethical assessment must not be examined based on a single interpretation, one that is either right or wrong, as this often results in ignoring the context of the situation and the effect of the professional's duty on the solutions. The development of ethical competence requires providing professionals with an opportunity for joint reflection to reveal all perspectives related to individual situations (Kulju, Stolt, Suhonen & Leino-Kilpi, 2016). It is also important to examine ethical dilemmas in an interprofessional context to enable professionals and students to recognize the importance of interprofessional collaboration and reflection for developing their personal ethical thinking. This is also the idea underlying the significance of interprofessional simulation learning.

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Licensing Complaints: Experiences of Social Workers in Investigation Processes

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Abstract

This qualitative study explored the lived experiences of 13 licensed independent social workers who participated in licensing investigations and received sanctions by a state licensing board for violations of laws, rules, or ethical standards. The researchers used an interpretive approach to analyze the interviews and identify common themes in their experiences. Participants identified 5 key aspects of the investigation process: due process, respect, investigator neutrality, investigator qualifications, and contextual factors. They also described their views on the value of having effective legal representation. This article concludes with recommendations for improving licensing board investigation processes.

Keywords: licensing, complaints, investigations, social work

Introduction

The purposes of professional licensing are to promote safe professional practice and to protect the public from harm (Association of Social Work Boards, n.d.). Licensing supports competent and ethical practice by limiting practice to those who have met particular educational requirements, including basic and continuing professional education (Carnahan, 2019) Licensing laws provide professional guidance about appropriate and inappropriate practice behaviors. Licensure also offers a method of professional accountability and recourse for clients with concerns about their helping professionals. When clients have concerns about professional misconduct, they may submit complaints to their state licensing board. The board conducts an investigation and determines whether the professional has violated any mandatory laws, rules, or ethics governing the professional (Carnahan, 2019). If the board finds that a violation has been committed, the board then determines appropriate sanctions or corrective actions. Sanctions for violations may include reprimand letters, suspension or revocation of licensure, supervision for specific probation periods, or limitations on types of practice (Boland-Prom, 2009). Licensees may also be required to have impairment-appropriate therapy as part of a consent agreement.

Licensing investigation processes are conducted in a confidential manner. Although there have been some published studies on the nature of the complaints against social workers and the types of sanctions provided (Boland-Prom et al., 2015), there is very little published research on what happens within the investigation process (Boland-Prom et al., 2018). The purpose of the present research is to provide greater insight into the investigation process from the perspectives of Licensed Independent Social Workers (LISWs).

The present research was conducted in Ohio. Under the licensing laws in other states, other titles are used (e.g., Licensed Clinical Social Worker or Licensed Master Social Worker). In Ohio, LISWs require a master's degree in social work from a program accredited by Council on Social Work Education, at least 2 years of post-MSW experience, and at least 150 hours of documented supervision by a licensed supervisor with an LISW-S designation. When the Ohio Counselor, Social Worker, and Family and Marriage Therapist Board receives complaints against social workers, the Deputy Director assesses them for jurisdiction and severity. If the complaint warrants further exploration, a board-approved investigator is appointed to gather information related to the complaint. This may include interviews, research, subpoenaing documents, and legal consultation. The investigators have training in how to conduct investigations. They are not required to have social work degrees or licensure; however, the investigators may consult with social work members of the board. The Social Worker Professional Standards Committee reviews all investigations involving social workers. Four members of this committee must have social work licensure, usually the LISW. The committee also includes a public member who has no social work background. This committee determines whether discipline is warranted based on the investigator's report. Upon completion of the investigation, allegations may be substantiated or dismissed (Ohio Counselor, Social Worker, and Family and Marriage Therapist Board, n.d.).

The following literature review explores prior research on social work licensing complaints, including the types of complaints that licensing boards receive and the types of sanctions that they impose. Given the relative paucity of research specific to social work licensure, the literature review also explores licensing complaints in other mental health professions. After the literature review, this article describes the qualitative research methods used to explore the experiences and perceptions of LISWs who the subject of licensure complaints. The balance of the article provides the findings of the research and implications of these findings for licensing boards and LISWs.

Literature Review

Until 2003, most research on professional misconduct of social workers was related to professional review processes conducted by the National Association of Social Workers (NASW). Social work licensing did not start until the 1980s, so prior to this time, people with complaints about social worker misconduct had to pursue their issues in court or file a request for professional review with the NASW. Whereas the NASW has jurisdiction to review concerns related to any of the standards in its Code of Ethics, licensing boards may only review cases involving complaints alleging specific violations of the state's licensing laws.

In a comprehensive study of professional review cases based on ethics complaints against NASW members from 1986 to 1997, Strom-Gottfried (2000a) found that the most common violations involved issues related to sexual and nonsexual boundaries (32%), substandard practice (20%), record keeping (9%), competence (5%), confidentiality (5%), informed consent (5%), infractions with colleagues (4%), reimbursement (3%), and conflict of interest (3%). In a second article, Strom-Gottfried (2000b) studied the literature regarding ethics issues involving social work students, faculty, and field instructors. She found the main areas of ethical concern related to boundaries and dual roles, confidentiality, student evaluation, professional competence, and vicarious liability. She also identified concerns about the fairness of process in handling concerns with students, including problems with notifying students about concerns, fact-finding processes, attempts at resolution, and hearings within the educational institution. In a third article, Strom-Gottfried (2003) describes NASW's professional review process, including its focus on corrective rather than punitive actions. Unlike licensing boards, NASW cannot prohibit social workers from practicing. Most of NASW's professional review processes are referred to mediation;

hearings are typically used for more serious ethical violations and situations where mediation is not successful. NASW's review processes are most frequently initiated by clients, family members, employees, and supervisees. Consequences resulting from NASW's process include censure, supervision, education, suspended membership, restricted practice, personal therapy, refund fees to the client, employer notification, and notification of the state licensing body. Due to concerns about confidentiality of the professional review process, there are no recently published studies about ethics complaints processed by NASW.

Most published research regarding social work licensing violations focuses on the numbers and types of misconduct. Daley and Doughty (2007) examined licensing complaints against social workers in Texas between 1995 and 2003. They noted that prior studies focused on social workers with MSWs. BSWs were underrepresented due to prior restrictions on BSWs joining NASW. The authors found that the most common violations included issues related to boundaries, substandard practice, record keeping, honesty, confidentiality, informed consent, reimbursement, and conflicts of interest. The annual rate of licensing allegations against BSWs was 0.4%, which was similar to the rate of complaints against MSWs. BSWs were more frequently the subject of complaints regarding poor practice and record keeping, whereas complaints against MSWs more frequently related to honesty and confidentiality.

In a study comprising 874 sanctions of LISWs from 27 states between 1999-2004, Boland-Prom (2009) found that the most common violations related to dual relationships (sexual and non-sexual), license-related problems (continuing education non-compliance and lapsed licenses), criminal behavior, and practice falling below expected standards of care. Boland-Prom (2009) highlights the importance of understanding the nature of LISW violations to inform social work supervision, management, and education. Chase (2015) notes that requiring more continuing education does not necessarily solve the problem of ethical lapses as there is no firm evidence that additional continuing education reduces violations. Rather, to prevent violations, it is important to understand the constraints, challenges, peer influences, and pressures experienced by LISWs that can lead to violations.

In a study of 2,607 LISWs sanctioned between 2000-2009, Boland-Prom et al. (2015) found the most common violations were related to recordkeeping and confidentiality. The most frequent sanctions for serious offenses were revocation or voluntary surrender of licensure. Social workers in their 20s were more likely to receive sanctions for problems in basic practice functions such as record-keeping, informed consent, and confidentiality. Workers in their 30s and 60s were more likely to be cited for problems in continuing education and lapsed licenses. Workers in their 40s were more likely to be cited for dual relationships. Workers in their 50s were more likely to be cited for standard of care violations. Boland-Prom et al. (2015) note the lack of detailed information regarding LISW misconduct (e.g., practice contexts, factors associated with violations). They encourage licensure boards to make more information available to researchers so educators, supervisors, and practitioners can have a better sense of how to reduce violations and enhance ethical practice.

In a qualitative study of 18 LISWs (in a Midwest state) who experienced investigation processes, Gricus (2018) found one of the main concerns was a sense that the board presumed LISWs were guilty before completing the investigation. Although some workers felt the board treated them with respect, others suggested that they felt shamed, belittled, or intimidated throughout the investigation process. They did not feel the investigators were caring or empathic. LISWs also expressed concerns that investigators gave no "credit" for their long-term service or contributions to the wellbeing of others. This is the only published study exploring the experiences of social workers in investigation processes. The concerns reported in this study, however, are similar to those expressed by other mental health professions, as described below.

In a survey study of 240 psychologists who experienced licensing complaints (in a southern state), Schoenfeld et al. (2001) found licensees expressed concerns about the board's process, including a sense that board members responded by "gut reaction" rather than following specific guidelines and that investigators assumed guilt. Some licensees felt the board's approach was unfair, discourteous, and punitive. Some licensees expressed concerns about conflicts between ethical codes and laws. Others expressed concerns

about the processes taking too long, adding to their stress. Even exonerated licensees felt they were subjected to painful and unfair processes. Schoenfeld et al. (2001) suggest that boards implement monitoring processes to ensure investigations are fair and appropriate, and to consider the impacts of investigations on licensees. Peterson (2001) submits that licensees who have violated licensing laws are not necessarily malevolent but may have made judgment errors that should lead to remedial responses rather than punishment. Peterson suggests licensing boards should be proactive, compassionate, understanding, and supportive.

In another survey study, Van Horne (2004) found that despite perceptions that licensing boards are overzealous in sanctioning licensees, less than 0.4% of psychologists will face any licensing board actions and less than 0.13% will face any discipline. In more recent research, Wilkinson et al. (2019) found that just 0.67% of psychologists face any discipline. Still, Van Horne (2004) suggests that licensees have legitimate concerns about licensing board processes, as boards can serve as investigators, prosecutors, judges, juries, and appeals courts. In criminal and civil court cases, due process rights would require independent people to serve in each of these roles. Further, the standard of proof required by boards is either the "preponderance of evidence" or "clear and convincing evidence" rather than "beyond a reasonable doubt," as required in criminal cases. Given that licensees may lose their ability to practice and earn a living, it is arguable that the preponderance of evidence is too low a bar for proving violations. Further, the financial, emotional, personal, and professional costs can be high even when the psychologist is investigated. Some psychologists who have endured inappropriate investigations and adjudications have been quite vocal and/or litigious in their efforts to publicize their mistreatment by licensing boards (Van Horne, 2004). Licensees have expressed concerns that violations are posted on a publicly disciplinary data website, creating a permanent record that affects them personally and professionally.

Williams (2001) suggests boards should ensure licensees are aware of their rights, including their right to an attorney and their right to know that investigators may use the licensee's self-incriminating statements or admissions in

further actions against the licensee. In some cases, an investigator may find the initial complaint is not validated, but still find other violations in the records or other information shared by the licensee. Sometimes, investigators invite licensees to provide admissions in order to facilitate quick resolution of cases. Investigators should ensure licensees have access to legal advice before they provide such admissions.

In a literature review on the experiences of psychologists facing licensing complaints, Thomas (2005) found that psychologists report feeling terror, outrage, shock, disbelief, guilt, anger, and embarrassment upon being notified of complaints. The stress associated with facing such allegations can compromise psychologists' objectivity and effectiveness in their clinical work, as well as their responses during the investigation. To cope with the stresses of investigation processes, Thomas (2005) suggests that licensees should consider legal representation, supervision, clinical consultation, therapy, and other sources of support, as needed.

The time between notification and resolution of complaints may be very stressful. Some complaints are reviewed and dismissed quickly when the allegations are unfounded. Others may be dismissed shortly following receipt of an explanatory letter from the licensee. In some cases, complaint processes may continue for months or years (Thomas, 2005). The longer the complaint continues, the greater the costs to the licensee in terms of legal fees, time away from work, and emotional costs. Licensees may also incur costs for clinical consultation and personal therapy. Some licensees, wanting to avoid the costs and stress of a prolonged process, may prematurely agree to a resolution plan, admitting to violations they did not actually commit.

Research Methods

This research used qualitative methods and an interpretive approach (Grinnell et al., 2018) to explore the lived experiences of 13 LISWs in Ohio who had been sanctioned by their state licensing board for violating laws, rules, or ethics. Potential research participants were identified through the website of the Ohio Counselor, Social Worker, and Family and Marriage Therapist Board (n.d.), which lists LISWs who received sanctions. From 2014 to 2019, the average number of complaints received by the Ohio Board was 400 cases per

year. Of these cases, an average of 33 cases resulted in a finding of no jurisdiction (e.g., complaints against people who were not licensed social workers), 155 were unfounded (insufficient proof of a violation), 123 resulted in a private caution letter but no sanctions, and 45 cases resulted in sanctions. This research drew a sample from the LISWs who received sanctions.

The first author attempted to contact a random sample of 82 LISWs (by email and/or phone) to invite them to participate in the research. Among those contacted, 13 agreed to participate, 9 said no, and 40 did not respond (including people whose email addresses or phone numbers were not working). The first author conducted in-depth, semi-structured interviews, including questions related to participants' perceptions of the fairness and validity of the investigation process. Each interview lasted 30 to 60 minutes. Eleven participants allowed the interview to be audio recorded and transcribed. One participant requested no audio recording, so the interviewer took detailed notes. One participant submitted responses in a text document.

The first interviewer analyzed transcripts and notes using qualitative data analysis, including word coding to identify patterns of words, phrases and contexts within the transcripts and notes. He then identified common themes and subthemes within the answers to the primary questions (Grinnell et al., 2018). To enhance the rigor of the study and verify the accuracy of the themes, the third author conducted an external audit of the themes identified by the first author by reviewing each transcript and comparing participant data to the themes and subthemes generated (Creswell & Miller, 2000). The second author did not have access to the original data. He participated in writing the literature review and conclusions for this article.

Findings

The sample included 11 female and 2 male LISWs who experienced investigations between 2004 and 2020. Tables 1 and 2 illustrate the demographics of the sample. In terms of post-licensure experience at the time of the investigation, 6 participants had 1 to 5 years, 2 had 5 to 10 years, 3 had 21 to 30 years, and 1 had over 30 years [one did not answer]. The participants' practice contexts at the time of investigation included private practice (10), agency-based practice (2), and retired (1). Their primary practice areas included mental health (10), forensic social work (1), addiction (1), supervision (1), and older adults (1). The reported violations included nonsexual boundary violations (5), not obtaining informed consent (2), sex with client (1), felony (1), inappropriate documentation (1), insufficient continuing education (2), impaired practice (1), making threats (1), not reporting a supervisee's violation (1), bias (1), and unprofessional communication with client (1). The investigation outcomes included, permanent revocation (5), supervision (5), ethics course (4), suspended license (3), and reprimand (1). Some LISWs received 2 consequences. Some demographic information cannot be reported to maintain the participants' anonymity. The following sections describe the participants' initial reactions to learning that they were being investigated, their experiences with the investigation process, and their perspectives on the value of obtaining legal representation.

Table 1
Practice Experience, Contexts and Areas

Post-Licensure Practice Experience		Practice Contexts		Practice Areas	
1-5 years	6	Private practice	10	Mental health	10
5-10 years	2	Agency-based	3	Forensic	1
21-30 years	3	Retired	1	Addiction	1
Over 30 years	1			Supervision	1
Unanswered	1			Older adults	1

Numbers in each column may not add up to 13 because more than one response may have applied to certain research participants.

Table 2
Reported Violations and Investigation Outcomes

Reported Violations		Investigation Outcomes	
Nonsexual boundary violations	5	Supervision	5
Not obtaining informed consent	2	Permanent revocation	5
Sex with client	1	Ethics course	4
Felony	1	Suspended license	3
Inappropriate documentation	1	Reprimand	1
Insufficient continuing education	1		
Impaired practice	1		
Making threats	1		
Not reporting a supervisee's violation	1		
Bias	1		
Unprofessional communication with client	1		

Initial reactions

When participants learned that licensing complaints were initiated against them, their reactions ranged from shock, fear, and embarrassment to resignation or hope. Some participants were shocked or "dumbfounded" because they had never experienced prior complaints and they had no idea that clients, family members, or professional colleagues were planning to file complaints. Some participants were immediately afraid that they would lose their license and their ability to earn a living. As one participant noted, "I was scared to death. I opened the letter with some friends at a restaurant and couldn't speak." The stress levels were so great that participants found it difficult to respond to the allegations. Other participants felt embarrassed, understanding that they had violated a law or ethical standard. They felt badly about "screwing up" despite having good intentions. Some participants felt resigned and decided relatively quickly that there was no point in contesting the complaint. They would simply accept the Board's determination, even if that meant losing their license and leaving the profession. Finally, some participants felt hopeful. They believed the board would listen to them and either dismiss the case or find a violation but impose a relatively minor consequence. Upon meeting with the investigator, however, those who felt hopeful quickly learned that they would likely face more serious consequences than they had initially expected.

Experiences with the investigation process

Three participants described having positive experiences with the investigation process. They felt the process was fair, the investigator treated them with respect, and the investigation was conducted in a timely manner. These participants acknowledged early on that they violated laws or ethical standards and decided not to contest the matter. Among the 10 participants reporting negative experiences, most contested the validity of the allegations. However, some felt the process was unfair or disrespectful even in cases when they acknowledged wrongdoing. The following subsections describe 5 key aspects of the investigation process from the participants' perspectives: due process, respect, investigator neutrality, investigator qualifications, and contextual factors.

Due process

The three participants who felt the process was fair said they were made aware of the allegations against them, they had an opportunity to present their evidence, the investigator did not assume guilt, and the investigator offered them an opportunity to sign a consent agreement (admitting a violation) or proceed to a full hearing. These participants said they voluntarily admitted the violations and agreed to sign the consent agreement. Although two participants felt the

consequences were harsh, all three appreciated the timely matter for handling the complaint.

Among the 9 participants sharing strong concerns about fairness of the process, some indicated that they were not told about the specific allegations and they were denied information that would have been useful to respond to the investigator. They noted that they were unprepared and caught off guard when they met the investigator. They felt that they should be afforded similar due process rights as if they were being tried in a criminal case. As one participant noted:

> If there's a criminal case… you're provided with the evidence that somebody has against you, so you can defend yourself. If the prosecutor has this, that, or the other, you have some information. You can make decisions about how to proceed… Do you plead guilty, do you plead no contest, or do you just take it to trial? And when I asked for that information, they said you're not privy to that.

Participants suggested that statutory provisions limited what information could be shared, including names of complainants and what specific evidence they had shared with the board. Although they understood why complainants' names might be protected, the absence of this information made it impossible to respond to possible motivations behind the complaints. For instance, if a client made a complaint, the client may have been unhappy with services; if a family member made a complaint, the family member might have been upset that the worker was advocating for the client. Participants wanted access to the particular evidence being presented against them so they could have a fair opportunity to defend themselves. If complainants submitted particular documents, being able to see the documents would enable the worker to either contest the document or accept it as valid evidence.

One of the strongest concerns expressed by participants was that the investigator believed the complainant and assumed the participant was guilty even prior to the social worker having an opportunity to present evidence or explanations for their actions. Some believed the investigator acted on hearsay (second-hand information) and was not open to hearing anything from the participant's

perspective. One participant said the investigator relied on information from a family member and did not even speak with the client for first-hand information. Several participants felt the investigators lacked objectivity, assumed what the complainant said was true, and had their "mind made up" before the interview process. These participants felt the investigators treated them as if they were guilty even before they were even afforded a chance to provide evidence. One participant's attorney explained, "This is administrative law. You're guilty until you can prove your innocence." One participant indicated that the investigator would not allow questions about the allegations or incriminating evidence. Various participants suggested that they had no opportunity to make their cases because the investigators had already made up their mind. One participant said, "I offered to show them the records. They said it didn't matter. I showed them why I was concerned and why I did what I did. It didn't matter."

Some participants felt the investigators pressured them into signing consent agreements. "They just want an open and shut case." Some participants said they were told to sign the agreement and that the consequences would be harsher if they requested a hearing. Some participants acquiesced because they wanted to end the process as quickly as possible or because they could not afford an attorney to represent them in a hearing. Others suggested that there was no point in requesting a hearing because the Board would simply rubber stamp the investigator's decision. They did not think Board members would be any more willing to hear their evidence than the investigator. Two participants had hearings. Both suggested the hearing was unfair because the Board simply went along with what the investigator presented; they were not open to evidence or arguments presented by the participants. One participant appealed the consent agreement, suggesting it was not a true agreement. The participant said the Board moved to enforce the agreement despite the objections. They would not allow the participant to renegotiate the agreement or conduct a fair hearing.

Some participants suggested the Board should not initiate investigations of concerns raised by professional colleagues unless and until the colleague first tried to resolve matters informally with the subject of the allegation. They suggested

this prerequisite would fit with Standard 2.10(c) of NASW Code of Ethics and also offer them an opportunity to understand the nature of the allegations. They felt it may also deter false allegations.

Some process concerns were identified by a single participant. One participant questioned the integrity of how information was gathered. The participant said the investigator called work colleagues, pretending to be someone else in order to gather incriminatory evidence. The participant suggested that, when gathering evidence, investigators need to identify themselves and their purpose for calling. Other participants expressed concerns that there was no opportunity to delay hearings due to personal or family hardships, including illness or death. One participant felt the Board could have accommodated the participant. The Board's decision forced the participant to attend despite having a compromised ability participate effectively in the hearing. The participant also had to choose between attending to family concerns or attending the hearing.

Respect

Three participants indicated they were treated with kindness and respect. They felt the investigator was nonjudgmental and professional. The investigators acted in a matter-of-fact manner and focused on the allegations in a professional manner. They allowed the participants to speak openly and ask questions. The participants did not feel that they were being treated as "bad" people. One participant expressed gratitude about an investigator showing empathy for the personal challenges experienced by the participant.

For the nine participants who felt the investigator treated them with disrespect, the main concerns were that the investigator grilled them, used judgmental language, and facilitated an intimidating process. By grilling, some participants suggested the investigators acted like criminal law investigators trying to get them to present incriminating evidence and admit violations. Some felt the investigators used interrogation for "power and control." One described feeling "pounded by questions" and pressured to admit particular violations. Another stated, "They brought me in and it was basically gestapo grilling for two hours."

Some participants felt the entire structure was intimidating, from having to drive several hours to the investigator's office, to lack of parking, to having their pictures taken by security upon entering the building, to being forced to wait alone. Some knew of colleagues who met with investigators on neutral territory closer to where they lived. They expressed distress about why they were being set up for a more intimidating process. One participant expressed concerns that the investigator scheduled their interview at a restaurant. Although the location was neutral and convenient, it was not a private or confidential setting.

Various participants expressed concerns about the investigators' training, suggesting investigators were trained in criminal law and interrogation. They believed investigators should be trained with social work skills such as empathy, respect, neutral fact finding, and holistic assessment. Some felt the investigator was very argumentative, for instance, telling them what they should have done or should have known. One described the investigator as "a pit bull" whose mind was made up from the outset. Another suggested the investigator's hostility was projected through an angry tone of voice, phraseology, and attitude.

Some participants suggested investigators intimidated them by raising their voices or standing over them with threatening body language. One participant said, "She was just going after me. She was never friendly. From the outset, from the greeting. She was not congenial or collegial at all. She was just on me."

One participant said that when she answered questions the investigator would yell, "That's not what happened." She wondered why the investigator asked questions if she did not want to hear the answers. A participant who described the overall process as "fair," described the investigator as "hostile and antagonistic."

Some participants expressed concerns about the investigator's cold tone and adversarial style of questioning. One participant noted, "It was like a trial, so I was pretty much questioned about everything that happened in the incident. It was very cold… Very judgmental… The way [she] asked questions and made me feel like a repeat offender."

Examples of questions viewed as curt or disrespectful included, "Didn't you know better?" or "Didn't you know you committed a conflict of interest?" Participants suggested these questions

were meant to intimidate or demean rather than to gather information. The investigator's questions and tone suggested the participants were "creepy" or "scummy."

Various participants said investigators used language and tones insinuating the participants were terrible people, the equivalent of sexual predators or heinous criminals. Concerns about judgmental language were raised by participants who readily admitted they messed up, as well as by those who believed they did nothing wrong. Some mentioned that the investigator's interrogations and insinuations made them feel sick or brought them to tears. Others felt they could not open their mouths without getting into further trouble. One mentioned that she was initially prepared to disclose additional violations, but then felt too intimidated to be open and honest with the investigator.

Some participants said the investigator lacked empathy, not acknowledging their feelings or experiences. Some participants recently experienced death, illness, or separation in their families, but the investigator showed no compassion. They felt the process was punitive, as investigators did not demonstrate concern for their hardships or wellbeing. Some participants suggested that investigators could have acknowledged that the client and worker could have different perceptions of what happened rather than dismissing the worker's perceptions.

Participants expected the investigators to be friendlier and more respectful. When one participant expressed concerns about the investigator's approach, the investigator said, "Look, you don't understand this. I'm not your friend. I'm not here to help you." The participant said she stopped and started to cry. "What a terrible thing to say."

Participants knew that investigators were not their friends; however, they expected the investigators to be respectful and supportive rather than degrading.

Investigator neutrality

Participants believed that it was important for investigators to have and to demonstrate neutrality throughout the investigation process. Although some participants felt that investigators conducted unbiased investigations, others suggested that investigators operated on various biases. Some felt that investigators were biased toward clients or family members who initiated complaints, assuming their allegations were true. These participants did not feel they had fair opportunities to be heard. They suggested investigators asked leading questions and were not interested in unbiased information gathering. As one said, "I'm guilty because I am accused." They said investigators ignored the fact that some complainants had personality disorders or other mental health conditions that led to dubious complaints. One participant said, "I felt like I was being accused and prosecuted for things that were inaccurate. I was dumbfounded by how closed-minded the investigator was. They took the word of one person over 30."

Some participants believed investigators were biased against women and that women receive harsher treatment than men. Other participants felt that investigators had biases based on their type of practice or methods of intervention. Participants working in custody cases or high-conflict family situations, for instance, suggested that investigators said they should not be practicing in those areas. These participants acknowledged working with clients who may be more likely to initiate complaints; still, they felt that investigators should not treat them more harshly because of their practice areas. Some participants indicated that investigators lacked objectivity regarding nontraditional models of practice; that is, investigators assumed that participants committed malpractice simply because they employed naturopathy or non-Western approaches to health and mental health. They suggested investigators were not open to hearing about the positive effects of their methods. Some participants noted that investigators treated them as "evil" because they used alternative medicine or other nontraditional approaches.

Contextual factors

Some participants felt the process was unfair because the investigator did not consider contextual factors, including the participant's past conduct, the impact of the alleged violation on the client, the participant's intentions, and the motivations of the complainant. Participants believed the investigator should have gathered information about the participants' past conduct, including all the good work and positive impact they had with their clients and communities. After many years of exemplary service, they felt they

should not be punished harshly for a single "questionable act" or "lapse in judgment." Some believed that suspending or revoking their licenses would do more harm than good, so it was vital to assess alleged violations in context.

Participants noted that investigators did not seem interested in the impact of alleged violations on their clients. In situations of alleged boundary violations or dual relationships, for instance, they noted that the client did not suffer or that the client actually benefited from the conduct in question. If there was no harm to the client, how could there be a violation? In the words of one participant, "Although there was a conflict of interest, which I agreed, there was no harm. I acted ethically."

Participants also expressed concerns that investigators did not take their intentions into account. They suggested that if they crossed a boundary or did something out of their ordinary scope of practice, they meant well. As one participant stated, "I told [the investigator] all the good things that I did for my client… And she said, 'Your intentions mean nothing.' And I about fell off my chair, because my intentions mean everything to me. Everything. When I intend for a client to get better, I will do whatever needs to be done." Participants were concerned that investigators did not seem to care about their intentions when their intentions and the outcomes for the client were positive.

Some participants said investigators would not consider the motives of complainants. Although investigators did not disclose names of complainants, some participants surmised that family members initiated the complaints. They believed the clients were happy with the services but family members were unhappy with the social worker for acting as an advocate for the client. They felt family members may not like that workers advocate for what the client wants rather than what the family wishes. Other participants thought that a begrudged colleague initiated the complaint. One participant stated, "It's a retaliatory complaint. I knew my partner was behind it. I knew my client appreciated what I did." Participants expressed concerns that investigators did not want to hear why the colleague may have initiated the case in bad faith.

Legal representation

Some participants decided to hire attorneys shortly after receiving notice of the investigation. Most

had liability insurance covering legal costs. One did not have insurance and personally paid for legal fees. Participants who hired attorneys felt it was important to have legal representation because their license and livelihood were at stake. Some participants did not hire an attorney until after their first meeting with the investigator. Some thought the process would be relatively informal and swift, so they did not need attorneys. Some participants believed the allegations would be dismissed as soon as they presented their side of the story. As one noted, "You don't go to the investigator's office and answer questions without an attorney. It all seemed so innocent. I thought you could just go there and explain what happened and it will be ok."

Participants decided to "lawyer up" when they felt the investigator was not treating them fairly or when they feared harsh consequences were impending. Some participants felt investigators gave more credence to arguments presented by attorneys than they would have received without an attorney. Participants noted the importance of having an attorney who specialized in licensing cases. One participant suggested that having a prior relationship with board members helped the attorney negotiate more favorable results.

Some participants decided not to hire attorneys because they did not intend to contest the case. Others declined legal representation because they did not have insurance and could not afford the legal fees. They received estimates that legal fees would surpass $10,000—and much more if the case went to court. Among these participants, some quickly agreed to have their licenses revoked, thinking there was no point in contesting the allegations without the aid of an attorney. Others contested the allegations but felt that they were at a disadvantage without an attorney. Participants noted that it was particularly expensive to pay for attorneys who had to drive long distances to attend investigation meetings or hearings.

Among those who hired attorneys, perceptions of the value of legal representation varied widely. Those who valued legal representation appreciated having the attorney explain the process, provide them with reassurance, and defend their rights. In the words of one participant,

My lawyer did a much better job explaining the process than the investigator did. He said, "The investigators are like your parents, and you're like a 16-year-old and you get in a car accident. It's no use saying the car was old or it wasn't your fault. Just bow your head and apologize profusely, and things will go better for you." That spoke to me. I understood my position. So, I said, "I'll bow my head and learn my lesson—no excuses."

In some instances, participants originally believed that they did not violate any laws, but attorneys were able to help them understand that they had done so. In some cases, attorneys took responsibility for communication with the board. Several participants felt the attorneys negotiated better consequences than they could have done themselves (e.g., reducing the period of a suspension). Some participants also appreciated that their attorneys demonstrated care and concern for how they were feeling and coping.

Certain participants believed that hiring an attorney led to investigators becoming more defensive, more adversarial, or more punitive. They noted changes in the investigator's demeanor, describing instances when investigators bristled or raised their voices. One participant suggested the investigator brought the Board's director into meetings because she had an attorney. Another suggested that the investigator allowed the attorney to be present but would not permit the attorney to speak: "They literally told him to shut up." Another participant suggested that hiring an attorney led investigators to think the participant was admitting guilt. "Having a lawyer may have made it look like I was guilty. Otherwise, why would I need one?"

Participants who contested whether they violated any laws tended to have more concerns about involving attorneys than those who were willing to admit fault. When attorneys were primarily negotiating consequences, participants felt that having an attorney was particularly helpful. When participants hired attorneys to contest the allegations, they often felt the investigators became more antagonistic and punitive.

Limitations

Given that this study was based on a sample of 13 participants from one licensing board, the primary limitation is the transferability of the findings (Grinnell et al., 2018). Although the sample was drawn randomly from a list of LISWs who had received licensing sanctions, the sample may be skewed by the fact that nine people declined to participate in the research and 40 others did not respond to calls or emails (including the possibility of incorrect email addresses or phone numbers). People with stronger feelings about the process may have been more likely to respond. People who felt embarrassed or anxious about their investigation experiences may have been more likely to decline participation. Others may have felt they had nothing important to share regarding their experience. Still, the sample generally reflected the demographics of the Ohio Counselor, Social Worker, and Family and Marriage Therapist Board's cases in relation to gender, agency-based versus private practice, practice areas, and the range of violations. The findings may be more transferable to licensing boards with similar investigation processes to those of Ohio (e.g., paid professional investigators rather than board members or licensed volunteers recruited by the board).

Discussion

Feedback from research participants suggests the investigation process comprises 5 essential elements: due process, investigator qualifications, respect, investigator neutrality, and contextual factors. In terms of due process, participants believe it is important for LISWs to have access to the specific allegations and evidence submitted by the complainants. They believe that they needed this information to have a fair opportunity to defend themselves. They think they should be treated as innocent until violations were proven and investigators should avoid suggestions of guilt throughout the investigation process. Some participants compared licensing investigations to criminal court cases, expecting to be provided with the same rights as a person charged with a crime. Given this feedback, licensing boards should consider what types of rights or due process protections should be afforded to LISWs under investigation (Williams, 2001). Some changes may be made by updating internal policies; other changes may require reforms to licensing statutes

or regulations. Licensing investigations are different from criminal prosecutions, so boards should ensure that LISWs fully understand their procedural rights and how these rights may differ from those in criminal proceedings. According to the principles of due process, LISWs should have a right to know the specific allegations against them, a right to a timely process, and a right to provide their evidence and arguments to an impartial investigator before the investigator determines whether any violations have been committed. Investigators should inform LISWs about the standard of proof used to determine violations (Van Horne, 2004). Boards should ensure that they provide LISWs with clear information (in writing and orally) regarding the nature of the investigation process, their right to a hearing, and the implications of signing a consent agreement. Some participants in the present research said they did not understand that they were waiving all their rights and could not have a hearing once they signed a consent agreement. Boards should also institute methods of gathering feedback from LISWs so they can ensure the investigation process is fair and can take corrective actions when necessary.

When laws prevent investigators from sharing certain information with LISWs, investigators should provide clear explanations so LISWs can understand why such information is unavailable. Policymakers might also consider ways to allow protected information to be shared upon consent of the complainant. For instance, if a complainant agrees to share particular documentation, then this information could be shared with the licensee.

In terms of investigator qualifications, investigators should be skilled at gathering information in a fair, respectful, and impartial manner (Gricus, 2018). Participants noted the importance of using body language, verbal skills, and vocal tones to convey respect. Leading questions, for instance, may cause LISWs to believe that investigators predetermined the LISW committed the alleged violations. The use of stern tones may suggest the investigator is angry or disappointed with the licensee. Participants felt investigators should be trained to demonstrate empathy, compassion, and unconditional positive regard just as social workers afford these qualities to their clients. Investigators should be aware of any negative feelings toward licensees so they do

not allow these feelings to interfere with the need for neutrality and respect.

Participants understood the value of having legal representation, but some felt that investigators responded angrily or defensively when they brought attorneys into the process. It is important for investigators to support the use of attorneys (Williams, 2001). Boards may need to offer investigators training and support on how to work effectively with attorneys.

Some participants believed that boards should take contextual factors into account; for instance, their prior history of professional service, their good intentions, and personal and familial concerns that they were experiencing. Licensing laws typically do not allow these factors to be considered when determining whether violations have been committed. These factors could be considered in terms of the consequences for violating licensing laws. A licensee who had good intentions and a prior history of stellar practice, for instance, may be provided with corrective actions for relatively minor violations. Suspensions and revocations should be reserved for the most serious violations. Boards should educate LISWs about what types of factors are considered in determining violations, as well as what types of factors are considered when determining appropriate consequences. Investigators should also be trained to validate concerns expressed by LISWs, even if the concerns are not directly relevant to the decision about whether a violation has occurred. When LISWs describe their good work, their good intentions, or personal hardships, they would appreciate empathy and compassion. They view licensing boards as part of the social work profession. They feel betrayed by the board when investigators come across as uncaring or judgmental. They believe that boards should be supportive and offer corrective actions rather than punitive ones.

Conclusion

Licensing investigations are stressful processes. LISWs fear for their livelihoods and reputations. LISWs may benefit from greater guidance about working with licensing boards, including how to advocate when they believe investigators are acting in an inappropriate manner. Whenever social workers receive notice of a complaint from their investigatory bodies, they should obtain legal consultation. Experiences from the research

participants suggest that contacting an attorney early is vital to understanding the nature of the allegations, potential consequences, and the best course of action moving forward. When seeking legal representation, social workers should consider attorneys who specialize in licensing complaints and are familiar with the investigation process. Attorneys can provide suggestions for how to respond to the licensing body, including how to respond in writing and how to prepare for meetings with the investigator. Some participants noted that costs were a barrier to hiring an attorney. Thus, it is important for social workers to have professional liability insurance that covers the cost of legal advice and representation to assist with any licensing complaints. Social workers under investigation may also benefit from consultation with another social worker who has specific training and experience related to the issues under investigation. Specialized consultants can assist the social worker in identifying any past concerns about their practice, as well as helping the worker take corrective action to ensure safe, effective, and ethical practice moving forward.

In terms of continuing education, LISWs may benefit from further education about the types of cases that come before licensing boards, as well as the types of consequences issued by the boards for various types of misconduct. Trainers or practitioners could consult the National Practitioner Data Bank to obtain information about malpractice cases and other adverse actions against social workers and related professionals in the fields of health and mental health. Although information about cases filed may be confidential, state licensing boards do publish information in cases that have resulted in a finding of misconduct. Learning about specific cases may help LISWs appreciate the nature and severity of recent complaints.

The present research focused on the views of LISWs who experienced investigation processes. Future research could compare the perceptions of LISWs with those of investigators, complainants, and attorneys who participate in investigation processes. It would also be instructive to compare perceptions of investigation processes in different states (Krom, 2019). Historically, licensing boards may have shied away from opening their processes to researchers due to concerns about confidentiality, as well as concerns about responding to negative feedback. Although

confidentiality is certainly important, these concerns can be managed through informed consent and ensuring that findings are presented without identifying information (Barsky, 2019). Licensing boards play a key role in promoting ethical practice and investigating the validity of complaints against licensees. Given the potential impacts of investigations for LISWs and the people they serve, it is vital that boards ensure their processes are fair, safe, and constructive.

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The Trolley Problem and the Nature of Intention: Implications for Social Work Ethics

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Abstract

Since around 1980, social work students and practitioners have been introduced to a wide range of conceptually rich ethical decision-making protocols. Ambitious ethics education in social work emerged in conjunction with the maturation of the broader field of applied and professional ethics. Comprehensive ethics education is required by the Council on Social Work Education's Educational Policy and Accreditation Standards. What is known in professional ethics as The Trolley Problem, or trolleyology, has become a staple in ethics education in many professions. The Trolley Problem provides educators, students, and practitioners with complex ethics scenarios that require careful analysis, particularly with respect to their implications for practical decision making. In contrast to other health and human services professions, the social work literature has not featured any discussions of The Trolley Problem. This article fills that gap, provides an overview of The Trolley Problem and related concepts, and explores their implications for social work ethics.

Keywords: Ethical decision making, ethical theory, The Trolley Problem, trolleyology, utilitarianism

Introduction

The Trolley Problem is legendary in ethics education (Thomson, 1976, 1985). The classic scenario, which is a staple in moral philosophy, goes like this: You are standing beside a set of train tracks. In the distance, you spot a runaway trolley hurtling down the tracks towards five workers who cannot hear it coming. Even if they do see the trolley, they won't be able to move out of the way in time. As this disaster unfolds, you glance down and see a lever connected to the tracks. You realize that if you pull the lever, the trolley will be diverted down a second set of tracks away from the five unsuspecting workers. However, down this side track is one lone worker, just as oblivious as his colleagues. If you divert the trolley to the side track, the lone worker will die. Then comes the compelling moral question: Would you pull the lever, leading to one death but saving five lives?

On its face, the moral dilemma is clear: Is it ethically justifiable to sacrifice one person in order to save a group of people, or is it inherently wrong to take an action that will clearly kill an innocent person, regardless of the consequences for the other at-risk people whose lives would be saved? For decades, The Trolley Problem has provided educators, students, and practitioners in a wide range of professions with a rich heuristic protocol designed to enhance ethics analysis and decision-making skills.

Social Work and The Trolley Problem

The classic Trolley Problem scenario, which is the stuff of mere intellectual exercises in philosophy seminars, takes on different and much more practical significance in professions, including social work. Consider, for example, a social worker who is deeply committed to social justice

in her work as a community organizer. The community development agency of which she is executive director has embarked on an ambitious plan to promote economic development in a low-income section of a large metropolitan area. The social worker and her board of directors secured a large federal economic development grant which was matched by funds from a local community foundation. The comprehensive plan includes razing several blocks of deteriorated housing and replacing these structures with state-of-the art "mixed use" housing that includes a combination of subsidized apartments, market-rate apartments, and commercial businesses (such as restaurants, clothing stores, hair salons, food stores) which would be owned by people from the neighborhood who represent ethnic and racial minorities.

However, to make this space available, the developers would need to displace current low-income residents, many of whom are people of color. A group of these residents organized to protest the economic development plan. They argued that their well-being and rights are being violated. Most members of the board of directors argued that the larger community will benefit from the displacement of this relatively small group of people. From an ethics perspective, they assert that sacrificing the interests of a small group is justifiable to benefit a larger group.

Comparable ethics challenges arise in clinical social work. Consider, for example, a social worker who is the clinical director of a residential program serving high-risk adolescents. The teens admitted to this program typically struggle with significant mental health and behavioral issues, such as mood disorders, anxiety, substance use, self-harming behavior, and aggressive behavior. Historically, the program's revenue has included a mix of private health insurance payments and state Medicaid payments. The per diem rate paid by the state Medicaid program is much lower than the per diem rate paid by private insurers.

The program has been struggling to balance its budget, in part because of the relatively low state Medicaid payments the agency receives for a large percentage of its clients. The social worker and the agency director convened the organization's board of directors to review the agency's financial condition and vulnerability and to consider options. It was clear that the agency's survival required budget cuts, staff layoffs, or other drastic measures.

After considerable discussion, the board recommended that the agency discontinue accepting youths whose care would be covered by the state Medicaid program and, instead, serve only youths whose families have private health insurance that reimburses at a higher rate. The board concluded that this is the only way for the agency to remain solvent. The social worker was distressed about this proposal, given the agency's long-term commitment to serving low-income youths and their families.

A social worker who applies a classic rights-based perspective to this dilemma might argue that excluding low-income, Medicaid-eligible youths is morally wrong on its face and inconsistent with social work's values-based mission. According to the National Association of Social Workers (NASW) Code of Ethics (2017), "The primary mission of the social work profession is to enhance human well-being and help meet the basic human needs of all people, *with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty*" (emphasis added). In the context of The Trolley Problem, this would be akin to an unconscionable sacrifice of one worker's life to save the others.

In contrast, a social worker who is more concerned about the potential consequences of her actions might argue that the agency was morally permitted or even obligated to shift its clientele entirely to those whose care was covered by private health insurers that reimburse at a rate that would enable the agency to survive and serve vulnerable teens. In the context of The Trolley Problem, this would be akin to sacrificing the one lone worker because of the greater good that would result.

In short, The Trolley Problem has profound practical implications in social work and the broader human services. As the philosopher David Edmonds (2014) observes in his thought-provoking exploration of The Trolley Problem in his book *Would You Kill the Fat Man: The Trolley Problem and What Your Answer Tells Us About Right and Wrong*,

> Sometimes you can't save everyone. Politicians do have to make decisions that are a matter of life and death. So do health officials. Health resources are not limitless. Whenever a health body is faced with a choice between funding a

drug that is estimated to save X lives, and funding another that would save Y, they are, in effect, confronted with a variation of The Trolley Problem, though these are dilemmas that don't involve killing anybody… Indeed, to an outsider, the curious incidents of the trains on the track may seem like harmless fun—crossword puzzles for long stay occupants of the Ivory Tower. But at heart, they're about what's right and wrong, and how we should behave. And what could be more important than that? (pp. 11, 12)

The Trolley Problem: Key Concepts

The Trolley Problem has been used for nearly a half century to teach moral reasoning (Andrade, 2019; Dzionek-Kozlowska & Rehman, 2019; Hallborg, 1997), although to date the social work ethics literature has not included any application of these rich analyses. The British philosopher Philippa Foot introduced The Trolley Problem in 1967, initially in the context of debate about the morality of abortion. In her classic paper "The Problem of Abortion and the Doctrine of the Double Effect," Foot lays the foundation as follows:

> Suppose that a judge or magistrate is faced with rioters demanding that a culprit be found for a certain crime and threatening otherwise to take their own bloody revenge on a particular section of the community. The real culprit being unknown, the judge sees himself as able to prevent the bloodshed only by framing some innocent person and having him executed. Beside this example is placed another in which a pilot whose airplane is about to crash is deciding whether to steer from a more to a less inhabited area. To make the parallel as close as possible it may rather be supposed that he is the driver of a runaway tram which he can only steer from one narrow track on to another; five men are working on one track and one man on the other; anyone on the track he enters is bound to be killed. (p. 2)

Since its introduction, this pedagogical tool has been used to pose vexing ethical challenges in a variety of contexts. Moral philosopher Judith Jarvis Thomson (1976, 1985) introduced several well-known variations of Foot's initial framing, including these:

- David is a great transplant surgeon. Five of his patients need new parts. One needs a heart, the others need, respectively, liver, stomach, spleen, and spinal cord. But all are of the same, relatively rare, blood-type. By chance, David learns of a healthy specimen with that very blood-type. David can take the healthy specimen's parts, killing him, and install them in his patients, saving them. Or he can refrain from taking the healthy specimen's parts, letting his patients die.

- Irving is President, and has just been told that the Russians have launched an atom bomb towards New York. The only way in which the bomb can be prevented from reaching New York is by dropping one of our own atom bombs on Worcester: the blast of the American bomb will pulverize the Russian bomb. Irving can do nothing, letting all of New York die; or he can press a button, which launches an American bomb onto Worcester, killing all of Worcester.

Sadly, a real-life version of The Trolley Problem presented itself on June 20, 2003, when a runaway string of 31 unmanned Union Pacific freight cars barreled toward Los Angeles along a main track (Streeter, Mehta, & Garvey, 2003). To keep the runaway train from entering the Union Pacific yards in Los Angeles, where it would not only cause damage, but where a regional passenger train was thought to be located, dispatchers ordered the shunting of the runaway cars to track 4, through an area with lower density housing of mostly lower income residents. The switch to track 4 was rated for 15 miles per hour, and dispatch knew the cars were moving significantly faster, thus likely causing a derailment. The train, carrying over 3,800 tons of mostly lumber and building materials, then derailed into the residential neighborhood in Commerce,

California, crashing through several houses. A pregnant woman asleep in one of the houses was injured but managed to escape through a window and was uninjured by the lumber and steel train wheels that fell around her.

Traditionally, educators introduce The Trolley Problem to help students appreciate the relevance of theories of normative ethics and conceptual distinctions between, and implications of, deontological and teleological perspectives (especially utilitarianism and consequentialism). The Trolley Problem has proven to be a valuable heuristic and pedagogical device that brings classic ethical theories to life by connecting otherwise abstruse concepts to hard, imaginable moral choices.

For example, the Trolley Problem forces social workers to critically examine the merits and limitations of ethical choices based on one's beliefs about clients' inherent rights and other obligatory actions, as defined by classic deontological theories. Deontological theories (from the Greek *deontos*, "of the obligatory"), typically associated with the eighteenth-century German philosopher Immanuel Kant, claim that certain actions are inherently right or wrong as a matter of fundamental principle (Rachels & Rachels, 2015; Reamer, 1993). From a strict deontological perspective, for example, social workers should always obey laws and regulations, even when they think that violating a law or regulation is in a client's best interest. From this point of view, social workers should always tell the truth and should always keep their promises to their clients, no matter how harmful the consequences may be. Social workers should always obey mandatory reporting laws, even when they think notifying protective service officials would likely cause more harm than good. In the case scenarios presented earlier, the social worker concerned about the rights of low-income community residents should consider whether displacing them for economic development purposes would violate their fundamental rights, regardless of the positive consequences for the broader community. Similarly, the clinical social worker who considers excluding clients whose care would be covered by Medicaid should consider whether this course of action would violate these individuals' fundamental right to care, regardless of the positive impact on the agency's fiscal solvency. This is comparable to concluding in The Trolley Problem that one should never intentionally cause harm to an innocent person.

In contrast, teleological (from the Greek *teleios*, "brought to its end or purpose") or consequentialist theories suggest that ethical decisions should be based on social workers' assessment of which action will produce the most favorable outcome or consequences. This approach to ethical decision making entails what is commonly referred to as a cost-benefit analysis, as opposed to analysis of people's fundamental rights. According to the most popular teleological perspective, utilitarianism—typically associated with the eighteenth century British philosopher Jeremy Bentham and the nineteenth century British philosopher John Stuart Mill—ethical choices should be based on thorough assessments of what will produce the greatest good for the greatest number (positive utilitarianism) or the least harm (negative utilitarianism). From this perspective, lying to a client about his poor prognosis may be justifiable if a social worker has reason to believe that telling the client the grim truth, which deontology would require, would likely cause significant emotional anguish. Similarly, teleologists and consequentialists might argue that failing to report a client's assets, as required by law and deontology, may be justifiable if the deception would enable a vulnerable client to become eligible for much needed health care benefits. With regard to the case scenarios presented earlier, the social worker concerned about the rights of low-income community residents should consider whether displacing them for economic development purposes would be justifiable ethically because of the greater good that would likely result. Similarly, the clinical social worker who considers excluding clients whose care would be covered by Medicaid should consider whether this course of action would result in greater good because it would ensure the financial survival of the agency and its ability to assist struggling adolescents. This is comparable to concluding in The Trolley Problem that one should make ethical decisions in a way that maximizes good, even though this course of action may include some collateral harm.

From a strict teleological or consequentialist perspective, the bystander witnessing the runaway trolley would be morally justified if he chose to pull the lever in order to divert the trolley down a

second set of tracks away from the five unsuspecting workers, even though this would likely kill the lone worker on the side track. In contrast, a deontologist may argue that it is inherently wrong, in a moral sense, to engage in a deliberate act that will likely result in killing an innocent human being, no matter the possible benefit to other people.

More recently, social workers and other professionals have broadened their application of ethical theory to include so-called virtue ethics and the ethics of care, perspectives that trolleyology does not typically consider. According to virtue ethics, professionals' ethical judgments should be guided by certain core virtues, such as kindness, generosity, courage, integrity, respectfulness, justice, prudence, and compassion (Beauchamp & Childress, 2019; MacIntyre, 2007; Reamer, 2018). The ethics of care, which is related to virtue ethics, was developed mainly by feminist writers (Held, 2006). According to this view, men tend to think in masculine terms, such as justice and autonomy, whereas women think in feminine terms, such as caring. Proponents of the ethics of care argue that professionals should change how they view morality and the virtues, placing more emphasis on virtues exemplified by women, such as taking care of others, patience, the ability to nurture, and self-sacrifice.

The Limitations of a Utilitarian Perspective

Trolley problem analyses typically focus especially on the relevance of utilitarian thinking, where the rightness of one's actions is determined by the goodness of the outcomes and consequences. One problem with utilitarianism is that this framework sometimes can be used to justify competing options. For example, one utilitarian might argue that enhancing economic development in a low-income community justifies displacing some current residents against their wishes. Another utilitarian, who assigns different weights to the potential benefits and costs involved in the options, might enter different variables into this complex equation and conclude that the harm likely to be endured by the displaced residents, along with the damage that may befall the social worker's and her agency's reputation and corresponding effectiveness, outweighs the potential benefits of the proposed economic development.

Many moral philosophers argue that distinguishing between act and rule utilitarianism is important and helpful (Gorovitz, 1971). According to act utilitarianism, the rightness of an action is determined by the goodness of the consequences produced in that specific case or by that particular act. One does not need to look beyond the implications of this one instance, for example, whether a program that serves high-risk adolescents should stop accepting clients whose care would be covered by Medicaid payments in order to ensure the organization's financial viability. In contrast, rule utilitarianism takes into account the long-term consequences likely to result if one generalizes from the case at hand or treats it as a precedent. Thus an act utilitarian might argue that sacrificing low-income people (for example, for economic development or any other purpose) whenever doing so might produce a positive net benefit for the broader community would create a dangerous and ethically impermissible precedent which, if followed consistently in comparable circumstances, would cause widespread harm in the broader society.

Another illustration of the distinction between act and rule utilitarianism concerns the well-known mandatory reporting laws related to child abuse and neglect. According to these statutes, social workers and other mandated reporters are required to notify child welfare or protective service authorities whenever they suspect child abuse or neglect. However, circumstances sometimes arise that lead social workers to conclude that a client's best interests would not be served by complying with the mandatory reporting law. In these instances, social workers believe that more harm than good would result if they obeyed the law. What these social workers are claiming, at least implicitly, is that violating a law is permissible when it appears that greater good would result. Of course, social workers are likely to be troubled by this conclusion.

This is a classic example of act utilitarianism. An act utilitarian might justify violating a mandatory reporting law if it can be demonstrated convincingly that in this individual case this would result in greater good (for example, if the social worker is able to show that he would not be able to continue working with the family if he reported the suspected abuse or neglect and that his continuing to work with the family offers the greatest potential for preventing further neglect or abuse).

A rule utilitarian, however, might argue that the precedent established by this deliberate violation of the law would generate more harm than good, regardless of the benefits produced by this one particular violation. A rule utilitarian might argue that the precedent established by this case might encourage other social workers to take matters into their own hands in comparable situations rather than report suspected abuse or neglect to local protective service officials, in accord with the law, and that this would, in the long run, be more harmful than helpful.

In addition, when taken to the extreme in a way that social workers would find troubling, classic utilitarianism can justify trampling on the rights of a vulnerable minority in order to benefit the majority. In principle, a callous utilitarian social worker could argue that policies that protect the interests of low-income community residents who would be displaced are too costly, especially when compared to the benefits of comprehensive economic development. In light of countless instances throughout history in which the rights of minorities and other oppressed groups have been insensitively violated to benefit the majority, social workers have good reason to be concerned about such strict applications of utilitarian principles that undergird trolley problem analyses.

Perhaps the best-known alternative to utilitarianism is proposed by philosophers who embrace what is known as rights-based theory. According to this perspective, statements about people's fundamental rights—for example, the right to life, liberty, expression, property, and protection against oppression, unequal treatment, intolerance, and arbitrary invasion of privacy—provide the basic language and framework for ethical guidelines (Beauchamp and Childress 2013). In his *A Theory of Justice* (1971), philosopher John Rawls offers a rights-based perspective that has profound implications for social workers who are concerned about reconciling competing interests and protecting vulnerable people—circumstances embedded in classic formulations of The Trolley Problem. In his analysis, Rawls assumes that individuals who are formulating a moral principle by which to be governed are in an "original position" of equality such that each individual is unaware of her own attributes and status that might produce some advantage or disadvantage. The assumption is that under what Rawls calls the "veil of ignorance," in which people have no awareness of social or status differences among them, individuals will formulate a moral framework that ultimately protects the least advantaged based upon a ranking of priorities (for example, low-income community residents who would be displaced by an economic development initiative).

Rawls's work highlights a concept that has become critically important in ethics and in social work: the ranking of values and ethical duties, including those that arise in trolley-type problems. For Rawls and many other moral philosophers, ethical decisions often reduce to difficult judgments about what values or duties take precedence over others. Rawls called this lexical ordering. Should a client's right to privacy or the need to protect a client from harm take precedence over the need to respect the law and avoid being associated with fraud perpetrated by the client? Should the needs of low-income residents of a community take precedence over potential beneficiaries of an ambitious economic development project? Should the needs of vulnerable adolescents whose care would be paid for by Medicaid take precedence over the needs of a larger group of adolescents who have access to more generous health insurance benefits that would generate more revenue for the program? To use Ross's (1930) valuable terminology, which of various conflicting prima facie duties should take precedence, that is, which should be one's actual duty?

Other moral philosophers have also offered important rights-based theories about the most appropriate way to rank conflicting duties that arise, as in trolley-type scenarios. The philosopher Donagan argued in *The Theory of Morality* (1977) that when choosing among duties that may result in harm, one should do that which results in the least harm. Popper (1966) called this the minimization of suffering, and Smart and Williams (1973) called this negative utilitarianism. According to Donagan (1977),

> What [common morality] provides depends on the fact that, although wrongness, or moral impermissibility, does not have degrees, impermissible wrongs are more or less grave. The explanation of this is simple. Any violation of the respect owed to human beings as rational is flatly and

unconditionally forbidden; but the respect owed to human beings may be violated either more or less gravely. It is absolutely impermissible either to murder or to steal; but although murder is no more wrong than stealing, it is a graver wrong. There is a parallel in the criminal law, in which murder and stealing are equally felonies, but murder is a graver felony than stealing. In general, every wrong action impairs some human good, and the gravity of wrong actions varies with the human goods they impair. Although there is room for dispute in some cases as to whether or not this action is a graver wrong than that (for example, whether theft of one's reputation is worse than theft of one's purse), when they find themselves trapped… in a choice between wrongs, not only do most moral agents have opinions about whether these wrongs are equally grave, and if they are not, about which is the graver; but also, if they adhere to the same moral tradition, their opinions on these questions largely agree. And, given that wrongs can differ in gravity, it quite obviously follows from the fundamental principle of morality that, when through some misdeed a man is confronted with a choice between wrongs, if one of them is less grave than the others, he is to choose it. This precept is a special application of a more general principle which I shall refer to as the principle of the least evil, and which was already proverbial in Cicero's time: namely, *minima de malis eligenda* — when you must choose between evils, choose the least. (p. 152)

From this perspective, then, the social worker's obligation in the context of a trolley-type circumstance involving conflicting duties is to follow the course of action that results in the least harm. This might produce results quite different from those yielded by a strategy that seeks to produce the greatest good.

In another prominent example of a rights-based theory that is relevant to social work, moral philosopher Gewirth (1978) has offered a number of arguments that are particularly relevant to social workers' thinking about the ranking of conflicting duties (Reamer, 1993). Gewirth's approach in his *Reason and Morality* (1978) also provides a useful illustration of the ways in which moral philosophers think about the kinds of ethical dilemmas that arise in circumstances comparable to The Trolley Problem. Following a series of complex philosophical arguments and derivations, Gewirth ultimately claimed that human beings have a fundamental right to freedom (similar to social workers' conceptualization of self-determination) and well-being and that there are three core "goods" that human beings must value: *basic goods*—those aspects of well-being that are necessary for anyone to engage in purposeful activity (for example, life itself, health, food, shelter, mental equilibrium); *nonsubtractive goods*—goods whose loss would diminish a person's ability to pursue his goals (for example, as a result of being subjected to inferior living conditions or harsh labor, or as a result of being stolen from, cheated on, or lied to); and *additive goods*—goods that enhance a person's ability to pursue her goals (for example, knowledge, self-esteem, material wealth, education).

Like all moral philosophers, Gewirth recognized that people's various duties and rights sometimes conflict and that we sometimes need to choose among them; social workers certainly encounter such conflicts. Gewirth argued that conflicting duties can be ranked or placed in a hierarchy based on the goods involved. Given this hierarchy, Gewirth claimed, several principles can be derived to help make choices among conflicting duties (1978).

First, if one person or group violates or is about to violate another's rights to freedom and well-being (including basic, nonsubtractive, and additive goods), action to prevent or remove the violation may be justified. Whether that action is justified depends on the extent to which the violation jeopardizes an individual's ability to act in the future. Thus, if a social worker's client discloses in confidence that he plans to harm his partner, the practitioner's duty to protect the partner from harm would override the client's right to confidentiality. The partner's right to well-being would justify violation of the client's right to self-determination and privacy. Similarly, displacing low-income residents for economic development purposes in a way that seriously

compromises their ability to act in the future, because of these individuals' inability to have basic housing, may not be justifiable because of the basic goods involved.

Second, because every individual has the duty to respect others' right to the goods that are necessary for human action (freedom and well-being), one duty takes precedence over another if the good involved in the first duty is more necessary for human action and if the right to that duty cannot be protected without violating the second duty. Therefore, protection of a client's partner from violent harm by the client would take precedence over the client's right to privacy, because the good involved in the first duty (protection from serious bodily injury) is more necessary for human action and functioning than is privacy. Protection of vulnerable community residents may be more necessary for human action than broad-based economic development that would enhance the well-being of more affluent people.

Third, rules governing interactions among people can, in particular cases, override the duty not to coerce others, but such rules must meet several conditions. Any coercion must be necessary to prevent undeserved coercion and serious harm; permissible coercion must not go beyond what is necessary for such protection; and the rules that permit occasional coercion must be arrived at democratically. Thus, it would be permissible to coerce one's client (for example, forcing disclosure to authorities of his threat to harm his partner) in order to prevent undeserved coercion (bodily assault) and serious harm. However, coercion with regard to disclosure of confidential information must not go beyond what is necessary to protect the client's partner, and public policy regarding such disclosure should be the result of the democratic process (for example, public policy formed by elected legislators or judges).

Gewirth's framework is particularly helpful in addressing many ethical dilemmas in social work that involve conflicting duties of the sort that arise in trolley-type circumstances. His concept of basic goods, for example, is consistent with social work's long-standing preoccupation with basic human needs (Towle, 1965). Further, Gewirth's ranking of values, goods, and duties provides compelling support to social work's enduring commitment to addressing the needs of society's

most vulnerable members, as reflected in the preamble in the NASW Code of Ethics (2017) that highlights social workers' predominant commitment to addressing the needs and empowerment of people who are vulnerable, oppressed, and living in poverty.

The Doctrines of Double Effect and Distributive Exemption

Moral philosophers' analyses of The Trolley Problem often invoke what is known as the doctrine of double effect. This, too, has implications for social workers.

Put simply, the doctrine of double effect states that if doing something morally good has a morally bad side-effect, it is ethically permissible to do it providing the bad side-effect was not intended (Saemi, 2019). This is true even if one foresaw that the bad effect would probably happen. Thus, from this point of view, intent matters. According to Philippa Foot,

> The doctrine of the double effect is based on a distinction between what a man foresees as a result of his voluntary action and what, in the strict sense, he intends. He intends in the strictest sense both those things that he aims at as ends and those that he aims at as means to his ends. The latter may be regretted in themselves but nevertheless desired for the sake of the end… By contrast a man is said not strictly, or directly, to intend the foreseen consequences of his voluntary actions where these are neither the end at which he is aiming nor the means to this end… The words "double effect" refer to the two effects that an action may produce: the one aimed at, and the one foreseen but in no way desired. By "the doctrine of the double effect" I mean the thesis that it is sometimes permissible to bring about by oblique intention what one may not directly intend. Thus, the distinction is held to be relevant to moral decision in certain difficult cases. (p. 1)

Thus, viewed narrowly through the lens of the double effect, the social worker whose community agency displaces low-income residents to enhance economic development more broadly may be

justified in doing so because the board of directors does not *intend* that any harm should befall the displaced residents; whatever misfortune they experience is an unintended byproduct in pursuit of a morally noble goal. Similarly, under the doctrine of double effect, the fiscally troubled residential treatment program whose clinical director is a social worker would be morally justified in limiting admissions to teens whose care is paid for by private insurance companies, even though low-income teens whose care would be paid for by state Medicaid funds would be denied services, because whatever harm results for low-income teens would be unintended in pursuit of a broader good (the agency's financial stability).

Social workers can benefit from lessons embedded in longstanding philosophical discussions of the doctrine of double effect, which have focused especially on issues related to women's reproductive rights, allocation of limited resources, euthanasia, and war. With regard to women's reproductive rights, for example, some argue that the doctrine of double effect offers support for abortion when necessary to save the life of the mother. Specifically, according to this view, the death of the fetus is the unintended consequence of medical treatment whose goal is saving the life of the mother.

With regard to euthanasia, the doctrine of double effect may be used to justify giving high doses of drugs, such as morphine, to a terminally ill patient who is experiencing unrelenting pain. The doctor who prescribes and administers the medication does not intend to kill the patient, although this may be a predictable consequence of the doctor's attempt to relieve suffering.

In the military, the doctrine of double effect might be advanced to defend a decision to launch an attack on an enemy target in order to prevent widespread harm, knowing that innocent civilians may be injured or killed as a result (collateral damage). From this perspective, it matters that the goal was not to harm innocent civilians who, sadly, may be collateral damage.

In the social policy arena, the doctrine of double effect might be advanced to defend a decision to allocate limited resources (for example, housing development and job creation subsidies) to enhance opportunities for vulnerable individuals and communities, knowing that dedicating funds to one group will have a detrimental impact on others whose interests may be sacrificed in the resource allocation process.[1]

Critics of the doctrine of double effect make two principal arguments. First, people are responsible for all of the anticipated consequences of their actions. If we are able to foresee the "double" or multiple effects of our actions, we are obligated to accept moral responsibility for their consequences. We cannot dodge responsibility by deciding to intend only the outcomes with which we are comfortable.

Second, some argue that it is simply too convenient to couch the moral justification of our actions, some of which may have negative consequences that accompany positive effects, in the nature of our intention. That is, what matters is whether the actions we engage in are objectively right or wrong (consistent with deontology), not whether we intended particular outcomes. From this perspective, what matters is whether a social worker's efforts to enhance a community's economic health led to the actual displacement of vulnerable citizens, as opposed to whether or not the social worker intended this negative outcome. Similarly, what matters is whether the residential treatment program for struggling teens deprived care for low-income youths, as opposed to whether or not the shift in the program's admission criteria was intended to cause this negative outcome.

One key counterargument is that, historically, our widely accepted system of jurisprudence has acknowledged the critical importance of intent, especially in criminal court matters. The legal concept of *mens rea* (Latin for "guilty mind") originated in English courts around the thirteenth century. Before the introduction of mens rea, an individual could be found guilty of a crime based solely on his or her actual conduct. Mens rea developed from the notion that a person should not be found guilty of a crime if he or she had an innocent mindset and did not intend harm.

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[1] Social workers concerned about maximizing good when allocating limited resources may connect key trolleyology concepts with the well known economics concept known as Pareto optimality (or efficiency). "Pareto optimality" is an analytic tool for assessing social welfare resource allocation developed by Italian economist Vilfredo Pareto, a pioneer in the study of distributional efficiency. An allocation is considered Pareto optimal if no alternative allocation could make someone better off without making someone else worse off (Cudd, 1996).

Mens rea, also called criminal intent that entails culpability and fault, has become a required element of some, although not all, criminal offenses (Chiesa, 2018; Levin, 2019).[2]

In her classic discussion of The Trolley Problem and the role of moral intention, Thomson offers a useful distinction known as the doctrine of distributive exemption. This is particularly relevant in the case scenario similar to one described earlier involving organ transplantation: Suppose that Ozzie has entered the hospital for a routine physical. There are five people in that hospital who will die unless they receive various organs. Andy needs a heart, Bert a liver, Cindy a kidney, and Darla and Edith each need one lung. Assuming that it is physically possible for the hospital's star surgeon to transplant Ozzie's organs into each of these patients, may the surgeon do so against Ozzie's consent if it is assured that the operations will each be successful?

Many moral philosophers draw a significant distinction between sacrificing one person for the greater good when there is an existing threat that is in motion (the out-of-control trolley problem) and circumstances where one would have to initiate the threat that entails sacrificing one person for the greater good (the organ transplant problem). Throwing the switch in the trolley-problem scenario merely deflects a force that is already in motion. In the transplant scenario, by contrast, the surgeon creates an entirely new threat. Thomson's solution is that the concept of "distributive exemption" applies to the trolley case, but not to the transplant case (Stelzig, 1998). In her classic discussion, Thomson (1985) introduces the concept of the distributive exemption as follows:

> The bystander who proceeds does not make something be a threat to people which would otherwise not be a threat to anyone; he makes be a threat to fewer what is already a threat to more. We might speak here of a "distributive exemption," which permits arranging that something that will do harm anyway shall be better distributed than

it otherwise would be—shall (in *Bystander at the Switch*) do harm to fewer rather than more. Not just any distributive intervention is permissible: It is not in general morally open to us to make one die to save five. But other things being equal, it is not morally required of us that we let a burden descend out of the blue onto five when we can make it instead descend onto one. (p. 1408)

Accepting the doctrines of double effect and distributive exemption in social work requires accepting that practitioners' actions may be morally defensible, even though there are negative consequences, so long as social workers did not intend the negative outcomes or initiate actions to address a challenge that is not already in motion. In this regard, social workers must have a full understanding of the moral implications of the concept of intent.

The concept of intent has a rich history in moral philosophy and is an essential element in our judgments about the morality of actions and behaviors (Anscombe, 1957; FitzPatrick, 2003; Liao, 2012; Scanlon, 2009; Shaw, 2006). According to Paul (2013),

> The investigation of what we are morally permitted to do is integrally bound up with the puzzle of what it is to act. Intentional actions are paradigm objects of moral evaluation; therefore, grasping what it is to act is part of understanding and justifying such evaluation. In turn, the study of intentional action is integrally bound up with the notion of intention. What is done intentionally stands in some relation to the intention with which one acts: the very same physical event of an arm rising might on one hand be an unintentional spasm, and on the other any of the intentional actions of hailing a taxi, voting, stretching, or signaling for the revolution to begin. And in

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[2] Some laws require that the prosecution in a criminal court case demonstrate that the defendant intentionally committed the act in question (committing the act with the conscious desire for the harmful conduct to occur), while others require that the act be done knowingly or with

reckless disregard of the harm it may pose. Some contemporary statutes require no mens rea at all; these are commonly referred to as strict liability offenses (Samaha, 2015).

addition to contributing to the determination of what is done, the intention with which an action was performed may influence our moral assessment of that action. (p. 2658)

Conclusion

Every corner of social work comes with difficult ethical choices that entail potentially serious moral tradeoffs. The Trolley Problem, along with its extensive array of permutations, provides social workers with a useful analytic and heuristic framework to help practitioners think through the moral problems they face.

Specifically, what has become known as trolleyology can help social workers engage in rigorous analysis of fundamental moral rights and obligations; the merits and limitations of different ethical theories (such as deontology, teleology, utilitarianism, virtue theory, and the ethics of care); and the justifiability of diverse ethics-based courses of action. Trolleyology also provides social workers with a way to reflect on the relevance of intention when they make moral decisions, particularly with regard to the implications of the doctrines of double effect and distributive exemption.

Trolleyology has a wide range of practical applications throughout social work's diverse domains. This includes clinical social work, in which practitioners must make ethical decisions that affect their ability to simultaneously protect the interests of individual clients and third parties; agency administration, in which social workers must make agonizing budget allocation and personnel decisions that may entail moral compromises and tradeoffs; and policy practice, in which social workers have to make complex moral judgments about the distribution of limited social and economic resources.

Trolleyology concepts are especially relevant in a profession such as social work, whose principal code of ethics and moral mission highlight practitioners' fundamental duty to address the needs of the most vulnerable members of our society. As Edmonds (2014) concludes, "The aim of trolleyology is to provide a principle or principles that make sense of our powerful reactions and that can reveal something to us about the nature of morality. It's been a protracted philosophical detective story: different scenarios have provided different pieces of evidence to support different conclusions" (p. 176).

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Creating True Freedom in Food Choice in an Obesogenic Environment: A Common Good Approach to Ethical Decision Making

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Abstract

The prevalence of people with overweight or obese (OW/OB) weight statuses has reached epic proportions in the United States. Freedom to choose the foods we eat without outside interference is highly valued and at the center of many ethical debates related to public health policies that target the OW/OB epidemic. This paper argues that the existing obesogenic environment within the United States significantly impedes our freedom in food choice (FFC) and contributes to the high level of adults and children with OW/OB weight statuses. Though the OW/OB epidemic has not been a cause social worker have championed, it is worthy of the profession's attention. These weight statuses impact the overall well-being of more than two-thirds of the country's population due to the increased risk for health and social complications. This paper explains how social work values and ethics obligate the profession to become involved in advocating for policy changes that correct the current obesogenic environment and create true FFC. The authors use the common good approach to ethical decision making to closely examine how three practices of the food and beverage industry—disparity between availability of healthy and unhealthy foods, marketing and pricing tactics, and food alterations—create barriers to FFC and contribute to sustaining the current obesogenic environment. This discussion is followed by suggested policy changes to regulate these practices in an effort to correct the current obesogenic environment and decrease the prevalence of OW/OB.

Keywords: obesity, obesogenic environment, policies, autonomy, ethics

Introduction

The significant increase in the prevalence of people with overweight or obese (OW/OB) weight statuses has become an area of concern for public health professionals including social workers. Since 1980, the number of people with OW/OB weight statuses has increased 134%; 71.6% of adults (age >20) and 31.8% of children (ages 2-19), making up two-thirds of the United States population, have a weight status of overweight or obese (Center for Disease Control, 2016). The substantial increase in the prevalence of people with OW/OB weight statuses is increasingly thought to reflect the surrounding obesogenic food environment (Sigman, 2010). An obesogenic environment is one that promotes obesity through frequent availability of unhealthy foods and provides constant cues that remind us of palatable, energy-dense food, through advertisements (Watson et al., 2014). In an obesogenic environment, the promotion and availability of healthy alternatives occurs far less frequently than foods high in saturated fat, sodium, sugar and calories (i.e., junk food).

A few public policies have been enacted to place limits on the food and beverage industry with regard to the dissemination of unhealthy foods. However, the freedom to make food choices independent of external restrictions is highly valued. Therefore, these policies have raised serious ethical and political debates, particularly around the issue of freedom in food choice (FFC). In 2006, the Food and Drug Administration (FDA) required the food and beverage industry to include the amount of trans-fat per serving on nutrition labels due to the link between consumption of trans-fat and cardiovascular disease (Resnik, 2010). As a result of this federal policy, California and several major cities passed laws banning the use of trans-fat in restaurants (Resnik, 2010). This ban was met with resistance by the restaurant industry which claimed foods would cost more and taste worse, and restrict consumers' choices. None of these claims came to fruition (Brownell & Pomeranz, 2014). New York City's now infamous "soda ban" was overturned by the state's Supreme Court due to opposition by soft drink companies and consumers (John et al., 2017). It is important to note that neither policy impeded FFC. In New York, the law only impacted the size of the container. Consumers were still free to purchase as many sodas as they chose. Likewise, the ban on trans-fat did not ban any specific foods, it banned the addition of trans-fat to foods.

As described above, there is resistance to policies designed to regulate availability of food additives or foods deemed to be significant contributors to the high prevalence of people with OW/OB weight statuses, as these policies are perceived to be encroachments on FFC. Yet policies that create situations where there is limited availability of and accessibility to affordable, *healthy* foods (i.e., food deserts) are generally not recognized as an encroachment on FFC and do not garner the same level of outcry. For example, the United States government provides subsidies to farmers who grow corn, wheat and soybeans. These subsidies allow farmers to sell their crops to the meat industry for less than the cost of production. While these subsidies allow us to have cheaper beef, poultry, corn, soybeans and sugar, they have had the consequence of demotivating farmers to produce healthy plant foods to the same extent as crops that can be easily processed, since they rely on human labor and not machines, costing more to grow

(Popkin, 2010). Another consequence of this policy is the availability of low-cost foods that are high in fat and sugar (Sigman, 2010). This policy impacts the accessibility and affordability of fresh fruits and vegetables and creates an imbalance in the cost associated with healthy versus less healthy foods, which impacts choice. It also fails to align with the United States Department of Agriculture's (USDA) MyPlate recommendation that half of our meal consist of fruits and vegetables (USDA, 2018).

Current literature examines ethical dilemmas associated with public policies limiting one's freedom in choosing foods to eat. Wise and Brewer (2010) and Resnick (2010) examine the debate over the ban on trans-fat. Gostin (2013) explores the legacy of former New York City mayor, Michael Bloomberg, as he was often criticized for his efforts to implement policies that were perceived as limiting FCC. However, the root causes of more than two-thirds of the United States having weight statuses of OW/OB stem not just from foods and beverages with added trans-fat and sugar, but also limitations in the availability of healthy alternatives. Little scholarship has focused on how the existing obesogenic environment within the United States, largely shaped by the food and beverage industry, has diminished true FFC. True FFC would allow for equal availability and accessibility of healthy and unhealthy foods. Therefore, it is necessary to challenge the notion of FFC in the current food environment.

This paper seeks to address this gap in knowledge by making the argument that the unregulated practices of the food and beverage industry have created an obesogenic environment that limits true FFC. This discussion identifies three specific barriers to FFC: disparate availability of healthy and unhealthy foods, marketing and pricing tactics, and food alterations that make food more palatable but do not increase nutritional value. This paper also seeks to demonstrate how social work values and ethics call for the profession to have a more active role in combating the OW/OB epidemic by advocating for policies that correct the current obesogenic environment and increase FFC. Using the common good approach as a framework for ethical decision making, there will be a call to action through public health policies and regulations on the food and beverage industry's practices that support the current obesogenic environment in the United

States. This discussion will include a brief overview of the structural and financial power of the food and beverage industry to illustrate the industry's influence on public health policy.

Consequences associated with OW/OB weight statuses

Social workers are more likely to encounter people with OW/OB weight statuses today in our practice than we were 20 years ago (Lawrence et al., 2012). Therefore, it is imperative that social workers understand how an obesogenic environment negatively impacts the overall well-being of individuals and society as a whole. Demonstrating competence through increasing our professional knowledge is a core social work value (National Association of Social Workers, 2017). The following defines OW/OB and offers an overview of how having OW/OB weight status places adults and children at higher risk for social and medical consequences.

The Body Mass Index (BMI) uses height and weight to calculate weight status. There are four weight statuses for adults measured as follows: underweight (BMI <18.5), healthy (BMI 18.5-24.9), overweight (BMI 25-29.9) or obese (BMI > 30; CDC, 2016). For children, weight status is determined by comparing a child to a reference group of children of the same age and sex (Sigman, 2010). Children whose weights fall above the 85th percentile are considered overweight and those that fall above the 95th percentile are considered obese (Sigman, 2010). An increase in body weight is often associated with excess body fat. Harvard School of Public Health (2017) defines OW/OB weight statuses as having excess body fat at a level that presents a health risk to the individual. Excess body fat disrupts the natural function of the body. Adipose tissue (fat tissue) is an endocrine organ that regulates the body's metabolism by producing certain hormones (Singla et al., 2010). Excess body fat causes an imbalance in the release of these regulatory hormones, causing metabolic syndrome which increases the risk of developing diabetes (18 times greater), cardiovascular disease (7 times greater), and in some cases, premature death (shortened life expectancy of 7 to 20 years) compared to a person with a healthy weight status (Hoffman, 2016). Additionally, having a higher BMI can increase the risk of developing cancer. For every 11-pound increase in weight, there is a 52% increase in the risk for esophageal cancer and

a 24% increase for colon cancer for men, and a 59% increase in risk for endometrial cancer and 12% increase for post-menopausal breast cancer for women (Wang et al., 2011).

There are also social and economic burdens associated with OW/OB weight statuses. Compared to youth with a healthy weight status, youth with OW/OB weight statuses are more likely to be victims of bullying, are absent from school 1.9 days more, and have a 1.83% decrease in hourly pay for every one-unit increase in their BMI (Apovian, 2016). Compared to adults with a healthy weight status, adults with OW/OB weight statuses spend 42% more annually on medical expenses (Apovian, 2016). They are also more likely to experience weight discrimination which includes being waited on more slowly by sales personnel, being less likely to be offered jobs or rented apartments, and often being looked down upon by educators and health care professionals (Allison et al, 2008). The social and medical consequences associated with having OW/OB weight statuses are multifaceted and complex, transforming the issue of weight status from an individual health problem to a public health concern.

Working to address the current obesogenic environment that exists within the United States falls within the scope of social work practice. The ethical standards outlined in our Code of Ethics call for social workers to promote the general welfare of society and the development of people, their communities and their environment (NASW, 2017). The ethical standards also dictate that social workers advocate for living conditions that are conducive to the fulfillment of basic human needs (NASW, 2017). Conditions in an obesogenic environment put people in jeopardy of having OW/OB weight statuses, putting them at greater risk for experiencing medical, social and economic problems. Low-income populations are at further risk as their ability to access and afford healthier food options is impeded by virtue of their lack of resources and limited access to full-service grocery stores (USDA, 2017). This makes them more vulnerable to experiencing the ill effects of an obesogenic environment. Social justice is a core social work value which calls for social workers to work to expand choice for all people, but especially disadvantaged and vulnerable populations (NASW, 2017).

Correcting the Obesogenic Environment - A Common Good Perspective

The common good approach to ethical decision making assumes that society is comprised of individuals whose own good is impossible to disentangle from the good of the community (Velasquez et al., 2015). This approach aligns with the social work values of social justice, dignity and worth of the person, and the ethical standard of promoting the general welfare of society (NASW, 2017). The concept of common good signifies a set of conditions that facilitate an environment in which individual freedoms and collective goals are not mutually exclusive, but instead are mutually enriching and intertwined (Azétsop & Joy, 2011). In this case, in order for individuals to have true FFC, the food environment that exists around them must offer a variety of food choices beyond those primarily associated with gaining excess weight and healthy foods and beverages must be marketed, priced, and accessible at comparable rates to the unhealthy alternatives (Gertner et al., 2016). The common good approach requires policy makers to take action to reverse the processes which have led to the prevailing obesogenic environment in the United States and create an environment that offers actual FFC. Policy makers must begin regulating the practices of the food and beverage industry. However, in order to garner public support for creating new regulations to address OW/OB, we must first reframe OW/OB weight statuses from an environmental perspective.

Reframing society's perception of weight status

Historically, weight statuses have been viewed through the lens of a medical model which examines the problem at the individual level ignoring sociocultural and environmental factors (Chang & Christakis, 2002). Consequently, interventions developed to reduce the prevalence of people with OW/OB weight statuses have focused primarily on changing individuals' behaviors. However, due to the lack of true FFC in the current obesogenic environment, the common good approach rejects the belief that the sole responsibility of one's weight status rests with the individual. Therefore, it is necessary to reframe OW/OB weight statuses from an environmental perspective.

To be clear, this is not a suggestion that individuals shoulder no responsibility for their own health. Individuals do have personal responsibility for their health, but environmental factors impact the ability of people to exercise personal responsibility by delivering large amounts of unhealthy foods to people in a manner that exploits biological, psychological, social, and economic vulnerabilities that undermine individuals' abilities to act in their long-term self-interest (Roberto et al, 2015).

Reframing weight status from an environmental perspective helps identify social ideologies that distort people's perception of the etiology of OW/OB weight statuses (Asétsop & Joy, 2011). There is evidence that suggests viewing the issue from an environmental perspective could garner more public support for policies designed to address it (Gollust et al., 2013). Reframing the issue of OW/OB would shift the focus of interventions from primarily targeting the individual to also targeting external factors contributing to the current obesogenic environment. Public health interventions that address the macro-environmental level would be more effective than primarily targeting individual health behaviors (Sigman, 2010). Given the inequitable accessibility of nutritious food compared to foods high in fat and sugar, it is morally unjustifiable to hold individuals solely accountable for consuming a poor diet while the food and beverage industry remains unchecked (Azétsop & Joy, 2013).

This reframing should entail a national public health campaign similar to the anti-tobacco truth® campaign. The truth® campaign shifted the focus from primarily targeting individual behaviors (e.g., smoking) to also targeting the practices of the tobacco industry that encourage tobacco use (Vallone et al., 2015). Public health campaigns addressing weight should acknowledge the impact of the obesogenic environment that exists within the United States. The messages should elucidate the food and beverage industry's practices that influence eating behaviors, such as psychological pricing, linear pricing, targeting minorities, and adding sugar and trans-fat to food. Reframing the primary focus of the high prevalence of people with OW/OB weight statuses from personal responsibility to also include the obesogenic environment may assuage the ethical debates

regarding autonomy in food selection by educating the public.

Food and beverage industry practices that impede freedom in food choice

Does FFC actually exist in our current food environment? Viewing public health policies that restrict unhealthy food and beverage additives as the primary restriction to FFC emphasizes a one-dimensional idea of freedom that ignores factors that attract individuals to those unhealthy foods. In particular, there are three current practices of the food and beverage industry that create environmental barriers to FFC: overabundance of access to unhealthy foods, marketing and pricing tactics, and food alterations.

Abundant availability and accessibility of unhealthy food

Foods high in fat, sugar and salt have increased in availability while availability of lower fat and more healthful foods has decreased (Sigman, 2010). Between 1967 and 1997, the number of full-service grocery stores across the country declined 15%, while convenience stores and fast-food restaurants more than doubled, creating a decrease in availability of healthy foods (Jeffery & Utter, 2003). Between 1970 and 1990, there were food availability changes that favored increases in weight, such as an increase in availability of cooking oil (47%), cheese (111%), corn sweetener (283%), and soft drinks (75%; Jeffery & Utter, 2003). Studies have shown a strong correlation between high fat diets and OW/OB (Liang et al., 2012). Consumption of sugar sweetened beverages is the largest contributor to America's caloric intake (Kass et al., 2014). Increased portion size is another change to the food environment which impacts FFC, especially since people do not seem to be aware they are eating larger portions. According to a survey of 1,003 adults by the American Cancer Institute, less than one-third of those surveyed believed portion sizes at restaurants have increased over the past 30 years (Herman et al., 2016). The size of soft drinks and prepackaged foods have also increased: In 1950, a 12-ounce Coke was considered "king" size, now it is considered "child" size and many prepackaged or prepared foods exceed the USDA's recommended portion size, sometimes by 100% (Herman et al., 2016). As portion sizes continue to increase, so does the prevalence of adults and children who have OW/OB weight statuses.

Marketing and pricing tactics

Inequality in marketing and pricing of unhealthy foods and marketing using misleading information are also restrictions on FFC. We are inundated with messages that promote the consumption of unhealthy foods. For instance, in 2013 Coca-Cola minimized the relationship between its products and excess weight gain by suggesting in an ad that all calories are equal regardless of the source (referring to calories from a Coke as "happy calories") and implying lack of exercise and not excess calories is the key driver in the epidemic of people with OW/OB weight statuses (Gertner et al., 2016). In 2007, McDonald's spent more than two and half times on marketing its products than all the fruit, vegetable, bottled water, and milk advertisers combined (Schroeder et al., 2015).

While all Americans live in an obesogenic environment, racial and ethnic minorities are faced with even more environmental cues to consume unhealthy foods. Fast food restaurants disproportionately target Blacks and Hispanics, spending $224 million dollars advertising on Spanish-language TV and $61 million on black-targeted TV with these ads being less likely to promote healthier menu items such as salads, fruit, and yogurt (Jones, 2015).

Pricing tactics such as psychological and nonlinear pricing are more frequently applied to less healthy foods. Psychological pricing refers to the process of setting prices to capitalize on particular psychological phenomena. Research by Gertner et al. (2016) found that foods and drinks priced just a few cents below a round number (e.g. $4.99 instead of $5) are more likely to be purchased, and food and drinks promoted in multiple units (e.g., five for $5 instead of $1 each) are sold at 32% higher rates than single unit promotions of the same product. Additionally, consumers tend to purchase more of a given food that is marketed with a quantity limit (e.g., limit 10 per customer) than when the food has no quantity limit. Psychological pricing tends to have less of an influence on encouraging the purchase of healthy foods because increases in the price of healthy foods have a greater influence on consumers' purchases than decreases in price of these same foods. For example, an increase in the price of apples may reduce sales by 30%, but a

decrease in price at the same rate may only increase sales by 10%.

Nonlinear pricing offers consumers larger portions for lower prices. Nonlinear pricing involves offering increased portion sizes at a price that does not increase at a comparable rate. For instance, if an eight-ounce drink is $1 then a 16-ounce drink should cost $2. Instead it might cost $1.25 or $1.50, giving the impression that the larger size offers a greater value. This type of pricing can be seen in movie theater concession stands and convenience stores. While consumers may get more "bang for the buck," they are also increasing their caloric intake with the larger portion sizes. This type of pricing encourages increased consumption of calories and also penalizes those who want to control portions by causing them to pay more than three times per unit price compared to those who order larger portions (Gertner et al., 2016).

Healthier options tend to cost more, influencing consumers to select cheaper, less healthy food options. This is demonstrated within the fast-food industry. For example, Burger King previously launched a lower fat version of their French fries called Satisfries; these fries cost 20% more than their regular fries, which remained on the menu (Gertner et al, 2016). Similarly, McDonald's Dollar Menu and More mainly consists of sandwiches, fries, and desserts, while McDonald's full salads cost a little under $6.00 in most stores; salad sales are consistently poor at McDonald's (Gertner et al., 2016).

Disparate marketing and pricing practices by the food and beverage industry as well as misinformation in marketing interfere with FFC. The very purpose of these practices is to encourage the purchase of certain foods, foods that are often high in fat, sugar and calories, ultimately contributing to the high prevalence of OW/OB weight statuses.

Alterations to food

To make foods more appealing to consumers, many foods have been altered to make them more palatable. For example, while trans-fat occurs naturally in small amounts in animal and dairy products, the largest source of trans-fats consumed comes from artificial sources that are added to enhance taste and help preserve texture (Resnik, 2010). Added sugar enhances taste and increases calories but has no nutritional value. Also,

research has shown that sugar can induce rewards and cravings comparable to addictive drugs (Ahmed et al., 2013; Avena, & Hoebel, 2008; Taubes, 2017). In the United States, it is estimated that about 73.5% of 85,541 packaged foods and beverages sold contain added sugar (Khandpur et al., 2017). Although the FDA mandated in 2016 that food labels list the amount of sugar added to the product, compliance was not required until 2020 (FDA, 2018a). Given the amount of excess sugar in foods (often unbeknownst to consumers) and the addictive qualities of sugar, one must question whether free will is at play when individuals are making food choices.

Ethical implications of industry practices

Individually, we have a fundamental right to self-determination in all areas of our lives, including the freedom to consume the foods we choose (i.e., dignity and worth of the person). However, the practices of the food and beverage industry described above have created an environment where freedom of choice is grossly undermined. While our individual goals for eating healthy vary, the common good approach calls for policy makers to correct the current obesogenic environment to one that facilitates individuals being able to fully and readily achieve these goals (Azétsop & Joy, 2013). The following is a discussion of steps policy makers can take to address misinformation in marketing; disparate marketing and pricing, and disparate accessibility and availability of unhealthy foods in comparison to healthier foods; and the practice of making alterations to foods that do not increase nutritional value.

Misinformation in marketing

Public health policies should prohibit misleading or blatantly inaccurate nutritional information promoted by the food and beverage industry. For example, Coca-Cola's message about "happy calories" undermines an individual's ability to make informed choices as it implies that calories from soda are no different than calories from vegetables. It ignores the fact that a can of Coke has 39 grams of sugar (9.3 teaspoons), which is more than the recommended daily allowance for both men (38 grams) and women (25 grams; Gertner et al., 2016). Advertisers should not be permitted to provide information that directly

contradicts scientifically based nutrition information. This form of marketing is unethical because FFC is seriously inhibited when food advertisements promote inaccurate information.

Disparate marketing

Policies should also be implemented that increase marketing of healthy foods and regulate the marketing of junk food, especially ads that air during peak television viewing hours (Azétsop & Joy, 2013). In 2010, the World Health Organization (WHO) recommended that the marketing of junk food toward children be regulated (WHO, 2010). This recommendation should be expanded to include adults, as the high prevalence of OW/OB weight statuses is impacting the whole population, not just children. Despite the well-organized opposition of the food and beverage industry, it can no longer be allowed to self-regulate. It did not work with the tobacco industry, and is not working for the food and beverage industry. A study of countries with and without statutory regulations on broadcast marketing of junk food found that those countries with statutory regulations saw a decrease in mean total junk food sales per capita from 2002 to 2016, while countries that relied on self-regulation saw an increase in sales per capita (Kovic et al., 2018).

Disparate pricing and accessibility

Action to make healthier foods more affordable must also be taken. The United States government already collaborates with certain marketing boards (e.g., dairy and egg farmers) to ensure quality, affordability and availability. This collaboration should be expanded to a wider variety of healthy foods. One step to reduce disparities in price would be to re-examine the structure of government subsidies to the farming industry with a goal of decreasing the cost of more healthful foods such as fresh produce and diminishing disparity in the accessibility and availability of more healthful foods in comparison to processed foods.

While the disparity in pricing between healthy and unhealthy foods impacts society as whole, those with low-income backgrounds shoulder a larger amount of the burden associated with disparate pricing tactics. Low-income communities have limited access to full-service grocery stores and farmers' markets and greater access to convenience stores and fast-food chains, which primarily sell processed foods high in sugar, fat, sodium and calories (Treuhaft & Karpyn,

2010). When healthful food is available, it often costs more than the same foods available in higher income neighborhoods (Caspi et al., 2017). The practices of nonlinear and psychological pricing described earlier make less healthy foods more appealing financially than more expensive healthier foods for those with limited incomes. These practices, along with the disparity in the price of processed foods in general compared to more healthful foods (e.g., fresh produce), severely limit individuals with low incomes from acting as agents in their own best interests (Azétsop & Joy, 2013). Having less FFC than their higher income counterparts may be a contributing factor to people living in low-income communities being at greater risk of having weight statuses of OW/OB (Ogden et al., 2017).

For this reason, policies are needed that specifically target the affordability and availability of healthful foods in low-income communities. Healthful foods sold in neighborhood convenience stores tend to cost more but be of poorer quality compared to healthful foods sold in full-service grocery stores (Gosliner et al., 2018). Because low-income communities are more likely to have convenience stores as a primary food source, policies are needed to regulate the price, quality and quantity of healthful foods sold in these stores. For example, convenience stores located in communities with no full-service grocery stores should be incentivized to offer proportionate amounts of quality healthful foods in comparison to less healthful foods similar to proportions found in full-service grocery stores. These policies should also place restrictions on the inflated prices of healthful foods associated with convenience stores.

A more long-term goal of policy makers should be to end food deserts by bringing full-service grocery stores back to low-income communities. These stores carry a greater variety of nutritious foods, often at lower prices, than convenience stores (Ohri-Vachaspati et al., 2019). There are examples of state-level policies that have garnered success in bringing grocery stores to underserved communities. An example would be the Pennsylvania Fresh Food Financing Initiative (FFFI), a public-private initiative that developed 78 supermarkets and other fresh food outlets in food deserts, increasing access to healthful foods to almost 500,000 residents.

Regulating food alterations

There are a few public health policies that regulate food alterations. When the FDA required food labels to include the amount of trans-fat, the food and beverage industry began to decrease the amount of trans-fat added to foods (Rahkovsky, 2012). In 2015, the FDA banned the use of partially hydrated oil, the primary dietary source of artificial trans-fat in food (FDA, 2018b). While the common good approach advocates for policies that address the issue of the inaccessibility of nutritious foods, this policy is at least a step in the direction of improving the quality of food that is accessible. More must be done in this area.

Given sugar's addictive qualities, the practice of adding sugar to foods seems to serve one purpose, to create and sustain addiction. This practice is comparable to the tobacco industry's practice of controlling levels of nicotine in cigarettes (Land et al., 2014). In the case of the tobacco industry, the FDA is considering policy changes that would limit the amount of nicotine that can be in cigarettes (FDA, n.d.). This same type of policy should be used to regulate the amount of sugar that can be added to foods. This would not only help with weight management but also management of other health conditions such as diabetes.

Challenges of regulating the food and beverage industry

The food and beverage industry is complex, well organized, and well-resourced, giving it significant power. It consists of mega agribusiness companies (e.g., Cargill); massive food selling companies such as Kraft, which owns other food companies such as Nabisco; and large restaurant companies like Yum!, which owns Pizza Hut, Taco Bell, KFC and more. The industry is composed of powerful associations such as the National Beverage Association, Sugar Association, and Corn Refiners Association (Brownell & Warner, 2009). These associations tend be larger in size than associations for unprocessed foods. For example, Snack, Nutrition, and Convenience International (SNAC; formerly known as the Snack Food Association) represents more than 400 members worldwide (SNAC, 2020) and the American Beverage Association (ABA), which began with 11 members in 1919, now has 220 members that produce non-alcoholic beverages (ABA, n.d.). According to SNAC

(2020), one of its three pillars is to actively engage "in the development of legislation and regulations that impact its members' ability to manufacture and market their products" (https://snacintl.org/). In comparison, the National Milk Producers Federation (NMPF) has 56 members (NMPF, 2020) and the United Fresh Produce Association (UFPA) has just over 100 members including representation from the fast-food industry (e.g., McDonald's and Taco Bell) and retail chains (Walmart and Target) (UFPA, 2020). The structural density of the industry has transformed it into a financial juggernaut that has proven highly influential in dictating public health policies related to food. For example, from 2011 to 2015, Coca-Cola and PepsiCo lobbied against 29 public health bills designed to promote nutrition by reducing consumption of sugar sweetened drinks (Aaron & Siegel, 2017). Therefore, it is important to understand that regulating the practices of the food and beverage industry to create a more balanced food environment that promotes FCC will be met with great resistance, however, it can be done.

There is a precedent for policy makers to take action against powerful industries that put profit over the well-being of society. For example, consider the tobacco industry and cigarette smoking in the United States. When public health policies stopped focusing primarily on the behaviors of smokers and also established regulations to address the practices of the tobacco industry, the United States went from having the highest rate of tobacco consumption among developed countries to now having some of the lowest rates (Higgins, 2015). The number of people who smoke "daily" or "some days" in the United States has declined 67% since 1965 (CDC, 2018). Policy makers have an ethical obligation to hold entities within the food and beverage industry accountable for their practices that limit FCC and support an obesogenic environment that puts millions of Americans at risk of having a reduced quality life due to medical and/or social complications associated with having weight statuses of OW/OB.

A standard response to comparing tobacco use to food consumption is that tobacco is not necessary to live, whereas food is needed to sustain life. While this is true, food in today's society is a commodity controlled by the food and beverage industry, available for purchase, and influenced by

marketing tactics; it is not treated as a universal human right (Azétsop & Joy, 2013). However, access to food is a human right as it ensures survival. Social workers have an ethical obligation to champion the cause for equitable access to healthy foods. In a society where more than two-thirds of the population are at risk of experiencing health and/or social consequences associated with having OW/OB weight statuses, equitable access to healthful foods is a social justice issue (Wilson, 2016). Likewise, it is the ethical responsibility of policy makers and corporations that produce food to engage in practices that ensure equal access to nutritious foods for all members of society. The common good approach to ethical decision making requires policy makers to prefer intervention to prevent and reduce controllable risks of an obesogenic environment over a preference for the market (i.e., food and beverage industry; Azétsop & Joy, 2013). As long as foods high in fat, sugar and calories are mass produced, mass marketed, and easily accessible at a rate far greater than their nutritional counter parts, FFC cannot exist, nor will there be a decrease in the prevalence of people who have OW/OB weight statuses.

Conclusion

Equitable availability and access to healthy foods are critical to creating an environment that promotes optimal health and wellbeing for all individuals in our society. Food is produced for the primary purpose of profit for the food and beverage industry. Even in their alleged efforts to fight the epidemic of high numbers of adults and children with OW/OB weight statuses by developing healthier foods, the industry continues to heavily market and make available foods high in fat, sugar and calories at a much higher rate which ultimately restricts FFC and sustains the obesogenic environment. This environment is fueled by the unregulated practices of the food and beverage industry and the misperception that FFC actually exists. For this reason, OW/OB weight statuses should be reframed from an environmental perspective, acknowledging the significant influence of the food and beverage industry on what we eat and drink. While public policy makers must be the primary promoters and defenders of public health, social workers must advocate for public health policies that include developing and implementing comprehensive legislation that reverses the current obesogenic environment. True FFC cannot exist in a society where public health does not take precedence over the food and beverage industry's annual profits.

Piecemeal public health policies created in different cities at different times are easily undermined through covert and at times overt efforts of the most powerful segments of the food and beverage industry (e.g., political lobbying, campaign contributions, and funding advocacy groups; Gertner et al., 2016; Gostin, 2016; Maziak & Ward, 2009). It is time for a cohesive legislative plan to be implemented in multiple geographic areas simultaneously as well as supported by key policy makers and public health professionals at local, state and federal levels. Solidarity among policy makers and public health professionals is necessary to withstand the inevitable resistance from the food and beverage industry.

The disparity that exists with regard to the availability and accessibility of healthful foods in comparison to less healthful foods must be corrected if we are to have true FFC. Policies associated with ensuring the quality, availability and affordability of foods such as meat, eggs and milk should be expanded to include fruits, vegetables and whole grains since it is recommended that they constitute approximately 75% of our daily food intake (USDA, 2017). Healthful foods becoming as commonplace and affordable in our food environment as less healthful foods would create an atmosphere that supports FFC and healthful eating habits. However, this freedom will not be achieved as long as the policy changes such as the ones suggested in this article are misconstrued as impingements on FFC instead of their intended purpose - a balanced food environment.

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Right to an Adequate Standard of Living: Social Work and Mental Health in a COVID-19 Era

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Abstract

The COVID-19 pandemic may have strengthened social work students' awareness regarding the mandates of the profession. Specifically, students' unique lived experiences with COVID-19 highlighted the responsibility that the social work profession has in upholding fundamental human rights for our students. A secondary analysis of data collected via a field education survey for undergraduate and graduate social work students (N=234) was used to examine how the COVID-19 pandemic impacted students' educational experience. Results indicate that to ensure the right to an adequate standard of living, the social work profession in a COVID-19 era must broker and advocate for mental health resources. Implications for social work education are discussed.

Keywords: COVID-19, adequate standard of living, mental health, human rights, social work

Introduction

The School of Social Work at San Diego State University engaged in a thoughtful planning process for what classroom and field education should look like during a global pandemic. As a response to disruptions caused by the COVID-19 pandemic, our School sought feedback from students, faculty, community agencies and field instructors, and the University. As one of the most critical stakeholders in this process, we asked students to complete an online survey to discuss how the COVID-19 pandemic impacted their circumstances and learning goals. A single survey question may have unveiled one of the most important findings of this time. This paper discusses how our social work students, perhaps indirectly, highlighted how mental health is an unrealized component of the protected right to an adequate standard of living.

Mental Health in the United States

The United States has pronounced mental health issues. In 2018, the Substance Abuse and Mental Health Services Administration found that one in five U.S. adults experience mental illness each year as defined by a condition affecting a person's thinking, feeling, behavior or mood, and having the potential of impacting day-to-day functioning and the ability to relate to others (SAMHSA, 2019). Recent studies suggest that the impact of coronavirus has exacerbated mental health-related issues. In late March 2020, the Kaiser Family Foundation found that 7 in 10 United States residents said that their lives were disrupted "a lot" or "some" by the outbreak; 4 in 10 adults reported that the crisis had harmed their mental health, and about 1 in 5 said it had had a "major impact" including about 25% of women, Hispanic adults, and Black adults (Kirzinger et al., 2020). The CEO of Mental Health America, Paul Gionfriddo, stated, "These numbers represent the tip of an iceberg. Tens of thousands of people are already experiencing serious mental health problems because of the pandemic, many of them young" (Sarical, 2020, para 2).

Mental Health Stigma

The National Alliance on Mental Illness reported that the demand for mental health resources saw a significant increase from March 1 to April 23, 2020 from individuals concerned about financial insecurity, the lack of health insurance, and or their families becoming ill (Morgan, 2020). Despite this demand for mental health resources, the stigma around mental illness is a significant barrier to seeking help. It is estimated that 40% of individuals with serious mental illness issues in the United States went without treatment in 2011 (Corrigan, et al., 2014).

There is a clear distinction between how those in the United States tend to think about mental health and physical health, with a tendency for stigma to be associated with seeking the former. A recent study found that individuals did not believe their mental health would be perceived as a legitimate health concern equivalent to a physical ailment (Physical illness, 2020). Public stigma, institutional stigma, and self-stigma allow mental health rights to be largely ignored. For example, institutional stigma can manifest as insurance providers covering mental healthcare to a lesser extent than other care, whereas self-stigma looks like lack of motivation to seek help. Mental health is part of "health and well-being," yet receives little recognition in terms of defining an adequate standard of living.

Adequate Standard of Living

Social workers and those concerned with upholding the fundamental human rights of all persons must consider that people with mental illness are not only facing stigma, but to a higher degree, discrimination. A standard of living adequate for health and well-being, as affirmed by Article 25 of the Universal Declaration of Human Rights, is not being upheld when it comes to mental health specifically when we consider how much mental health is overlooked:

> Everyone has the right to a standard of living adequate for the health and well-being [of themselves and their family], including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances

beyond [their] control. (United Nations, 1948)

For those with mental health challenges, experiences of discrimination include barriers to adequate housing, education, employment, and health care, as well as damaging labels such as "crazy" or "nuts." The mental health movement is a civil and human rights movement, and through its use of education, support, and advocacy, it seeks to change laws and policies to improve access to treatment and services. Social work is inseparable from human rights, and there is a responsibility for social work professionals to uphold these rights of humans (Dibbets & Eijkman, 2018; United Nations Human Rights Council, 2010).

Shared Trauma

The COVID-19 pandemic and the impending mental health crisis in its wake have created an opportunity for shared trauma. Shared trauma is defined as two individuals sharing the same collective trauma (Siegel, 2020). For example, a social worker and a client can both have similar lived experiences as related to an outside traumatic event (e.g., natural disaster, terrorist attack). However, for the social worker, their role is to help clients process their experiences with the trauma separate from the same trauma that the social worker may be experiencing as well. For our social work students, disruptions experienced to their education and personal lives due to COVID-19 generated a shared traumatic event with those they serve or plan to serve. As future social work professionals, our students indicated a responsibility to broker and advocate for an adequate standard of living that includes mental health rights at every system level, even while navigating their own lived experiences with a global pandemic.

Methods

This is a secondary analysis of data collected via a School of Social Work Field Education Survey. The original purpose of the survey was to inform the School's field education program planning efforts for the 2020-2021 academic year. Given the educational disruptions students experienced due to COVID-19 in Spring 2020, it was critical for the School to seek student perceptions regarding learning goals and expectations for field education in a COVID-19 era. We found students very

willing to qualitatively share their thoughts regarding in-person and remote field practicum experiences and seminars; future plans for their social work education; and how the School as well as field education sites could help address student concerns. As a result of the depth and variety of responses to these items, we pursued a secondary data analysis study to further understand the importance of this unprecedented moment in time. The San Diego State University Institutional Review Board reviewed and verified this secondary data analysis study as exempt in accordance with federal requirements pertaining to human subjects' protections within the Code of Federal Regulations (45 CFR 46.104).

Sample

The survey was completed by a total of 234 undergraduate and graduate social work students who were to be enrolled in a BASW or MSW field placement in the 2020-2021 school year, with a response rate of 76%. Most respondents were foundation (n=78) and advanced year level (n=85) graduate students, representing 69.7% of sample; 71 respondents were undergraduate level students (30.3%). The only missing data generated from the survey (n=42) were for items that were not applicable to the respondent (e.g., not enrolled in Spring 2020 field education program). Because the scope of this study was to understand student's perceptions regarding the role of social work during the COVID-19 pandemic, surveys with missing data were included in the analysis. Demographic data was not collected. The School of Social Work is in a public university in the Southwest region of the United States.

Procedures

The survey was designed by the School's Director of Field Education. Survey data were collected using Google Forms during a three-week period in May 2020. Purposeful sampling techniques were employed, with the Director of Field Education inviting participation from current and future Fall 2020 students to complete the survey. The goal of the survey was to understand student perceptions, circumstances, and learning objectives related to field education and how the COVID-19 pandemic might impact them. Data obtained for the original purpose of the survey was used to inform field education planning for Fall 2020. For this study, the Director de-identified the data collected via Google Forms for IRB approval.

Measures

School of Social Work Field Education Survey. The Field Education Survey was predominately open-ended questions, with a total of 16 items. The survey comprised items related to intent to start or continue field practicum experience in Fall 2020; perceptions of remote competency development activities, virtual field seminars, and in-person field experiences; suggestions for School and field sites to ensure learning goals while supporting students; and the profession of social work. Sample items included "How concerned are you about COVID-19 and its potential impact on your future field practicum experience?" and "If you attended virtual field seminars in spring 2020, is there anything that Field Faculty could do to improve the learning experience?" This secondary analysis focused solely on the last item on the survey which asked, "What do you believe is the role of social work during the COVID-19 pandemic?"

Data Analysis

A qualitative analysis software program, NVivo 12, was used for analysis. All data generated from the "What do you believe is the role of social work during the COVID-19 pandemic?" question was extracted from Google Forms and uploaded into NVivo 12 (N=234). Code words were grouped around a "particular concept in the data, called categorizing" (Merriam, 2002, p. 149). The two authors reviewed and coded the responses independently and discussed findings to improve trustworthiness through triangulation using thematic analysis (Braun & Clarke, 2006). Once we agreed on the established codes, we reviewed all responses (N=234) a second time independently to ensure no new codes were observed in the data set. The codes were then used to arrive at overarching themes.

Results

Within the data generated from the open-ended question addressing how students perceived the role of social work in the COVID-19 pandemic, an overarching theme emerged: a responsibility to ensure an adequate standard of living for all persons. Two distinct professional social worker roles, (1) broker and (2) advocate, conceptualized this responsibility.

Broker

Ensuring that individuals, families, and communities have the necessary resources to maintain an adequate standard of living was found to be a paramount role a social worker should play during the COVID-19 pandemic. A foundation year graduate student described:

> I believe the role is to check in with our communities and continue reaching out to families and individuals for any assistance they may need such as needing groceries, financial resources, requiring mental and or physical support, and or feeling unsafe within their household and needing protection.

Student respondents discussed at length connecting individuals to resources that provide the fulfillment of fundamental human rights such as food, housing, safety, healthcare, and unemployment. This is further illustrated by this advanced year graduate student:

> Social work is incredibly important during COVID 19. Many people are experiencing much uncertainty when it comes to their well-being both mentally, physically, and financially. Social workers can implement a wide variety of interventions to aid in the mental well-being of their clients and connect them with much needed resources following the loss of jobs due to COVID. I don't think there has been a time where social workers are so needed.

Addressing mental health concerns (e.g., depression, anxiety, isolation, suicidality) was explicitly identified as a role social workers should play in the COVID-19 pandemic. Respondents asserted that social workers should be responsible for identifying, locating, and linking resources specific to mental health, with mental health a crucial component of an adequate standard of living just as physical health needs are.

Advocate

Safeguarding and promoting human rights is a significant responsibility for the social work profession. Social workers stand up against injustices and work with or on behalf of vulnerable and oppressed individuals. Students perceived social workers undertaking a dominant advocacy role in response to the COVID-19 pandemic. A foundation year graduate student shared:

> Social workers now, more than ever, continue to provide guidance to clients and connect communities to resources. COVID-19 is disproportionately affecting communities of color and exposing the impact that systematic oppression is having on people's health. Our role is to continue supporting disadvantaged populations during this pandemic.

Social workers not only advocate to ensure individuals have access to needed information, resources, and services that help meet an adequate standard of living, but social workers pursue social change to challenge social injustices. Students highlighted the responsibility that the profession has in ensuring policies created in response to the crisis are equitable. An undergraduate student shared:

> Social Workers are responsible for protecting the most vulnerable populations. It is our responsibility to try and enact systematic change within our society so that in the future, vulnerable populations are better protected and equipped.

Students also felt COVID-19 was exacerbating the social injustices already present in US society. A foundation year graduate student commented:

> COVID-19 is highlighting and amplifying many socioeconomic divides in our society, including access to quality healthcare, housing, education, and jobs. I believe the role of Social Work is to address these differences and advocate for disadvantaged groups, in community-based and direct practices and policymaking.

Discussion

We found that undergraduate and graduate social work students demonstrated a strong consensus that social workers must connect individuals with needed resources and advocate for those that are lacking in those resources and services. Resources were considered those that ensure an adequate standard of living. Perhaps our most critical understanding of the social work profession's role in the COVID-19 pandemic, however, was the need to call out mental health as a distinct factor in defining an adequate standard of living.

Social Work Education Implications

Through increased accessibility and the provision of mental health services, social work educational institutions can play a pivotal role to ensure mental health is considered a fundamental and inalienable right to an adequate standard of living, distinct from physical health. One way is by preparing students to provide social work services via telehealth. Telemental health is the practice of delivering mental health services remotely between a practitioner and a client who are at two distinct locations via communications technologies.

Before the COVID-19 national public health emergency, providers subject to the Health Insurance Portability and Accountability Act (HIPAA) had to use HIPAA compliant video conferencing platforms and were required to establish a Business Associate Agreement (BAA). The Coronavirus Aid, Relief, and Economic Security (CARES) Act has allowed greater regulatory flexibility in telehealth to increase accessibility to services. This enables uninterrupted service provision to individuals in need during the pandemic, particularly to those most at risk, including older adults and those with disabilities.

Social work programs can further support field education placement sites by ensuring that students have adequate resources to conduct remote services and offering trainings around telehealth best practices. For example, programs should provide students support with needed technologies (e.g., Internet connection, laptop), and telehealth training, including how to engage clients via telehealth; legal, ethical and clinical issues; and confidentiality. Schools must be intentional in how they prepare students and collaborate with field sites to ensure successful delivery of telemental health services.

Ethical Considerations

Additionally, we hope our findings bring about a further discussion regarding the fundamental human right of mental health and the description of Article 25 of the Universal Declaration of Human Rights. Some may argue that the UN's phrasing of "health and well-being" or "medical care and necessary social service" already implies rights associated with mental health. However, alternative or omissive language can compromise intentionality. Rebecca Solnit (2012), a journalist for the Guardian Comment Network asserts, "Change the language and you've begun to change the reality or at least open the status quo to question" (para 5). The reality is that we must include mental health in our language to describe an adequate standard of living, so that mental health receives the recognition it deserves. This is crucial given projections of an impending mental health crisis in the wake of the pandemic and other aspects of collateral damage (e.g., economic recession, overburdened physical and mental health care system).

Limitations

Although the secondary data analysis study provides insight into how social work students perceive the mandates of the profession regarding mental health rights, results should be considered carefully. The reliability and validity of the instrument cannot be fully verified. Results are geographically restricted to one university and not generalizable, however findings may be useful in informing social work values and ethics curriculum. Moreover, students likely had a willingness to share personal thoughts and reflections about the pandemic's impact on their field education and personal lives and would be more willing to participate than those with differing beliefs, experiences, or delayed field education enrollment. Additionally, researchers are social work educators who may introduce unintentional bias into the data analysis and interpretations of data.

Conclusion

Commitment to uphold the rights of humans within the social work profession is essential and speaks to social workers' status as essential frontline workers. Our findings indicate both

BASW and MSW students alike, galvanized by their own lived experience in facing disruptions caused by the pandemic in parallel with their clients, assert that mental health is a right to be supported, protected, and considered as necessary to an adequate standard of living as housing and financial stability are.

Social work professionals, specifically those in social work education, should take deliberate steps to facilitate discussions among students that examine access to mental health resources and how adequate mental health care should be considered a fundamental and inalienable human right. This discussion must include an awareness of shared trauma, and in this case (of the COVID-19 pandemic) provisions for the critical practice of self-care. Social work professionals must be able to model help-seeking behavior for each other as colleagues, as well as for their clients, to truly support the notion that mental health care is a fundamental human right and to dismantle the stigma surrounding access to mental health treatment.

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Book Review

Buchanan, A. (2020). *Our moral fate: Evolution and the escape from tribalism*. The MIT Press.

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

Buchanan is a political philosopher at the University of Arizona. In this accessible and somewhat controversial book, he wants to refute a form of evolutionary determinism that limits human nature and morality to tribal identification or to the need to cooperate. In his view, tribalism was an appropriate evolutionary adaptation approximately 10,000 years ago that helped insure our survival by limiting disease transmission from out-groups and improving shared resources and thereby reproductive possibilities among in-groups. Those seeking a naturalistic explanation for human morality are correct to link the stimulus to cooperate to this environment of evolutionary adaptation (EEA), but err by attempting to explain all subsequent human moralities through a tribal and cooperative lens. Social workers will care about Buchanan's arguments because tribalistic morality is a denial of the Other's humanity that subsumes their individuality into a homogenous whole, restricts rational thought to black/white thinking, and adopts a winner-takes-all view of inter-group competition. Advocacy for human dignity demands a more inclusive morality.

The evidence he offers to support his claims that human morality is malleable rests primarily on what he calls the Two Great Expansions that have occurred in the last 300 years: (a) that all human beings possess certain human rights, and (b) that some nonhuman animals have moral standing of their own. Buchanan is addressing a scientific audience who he hopes to engage in his larger purpose, "to design institutions that will contribute to a social environment in which moralities will be progressive and individual human beings will realize their potential as moral beings" (p. 10) but he writes as a philosopher – with precise definitions, exacting care, and repetitive summaries of his logical arguments. The lay reader will find her attention waning. The essence of his argument is that the evolutionary development of our capacity for a moral mind did not stop when tribalism was environmentally sound. The cognitive and emotional development of the moral mind, and the human proclivity for niche construction of new environments, produced the possibility of moral progress toward inclusion once the environment created surplus reproductive success that decoupled morality from the constraints of reproductive fitness. Yet moral progress is not inevitable. Moral possibilities may ossify into cultural spaces that hinder additional progress, become constrained by power brokers defending their own privilege and position, or simply regress to the exclusive tribal morality when facing perceived threats.

What Buchanan does emphasize is a few of the environmental and historical changes that facilitated the development of a more inclusive morality: (a) public health and sanitation improvements reduced the threat of a new stranger, (b) the King's Peace (or the restriction of violence to the state) and then the rule-of-law improved physical security, and (c) the development of markets spurred cooperation. These changes did not require inclusive moralities but permitted them as they permitted the development of the capacity for critical open-ended moral thinking. This kind of thinking is not only necessary to moral progress, it is a socially reinforced need to be regarded by others as moral, to develop a moral identity, and to be the kind of person who does the right thing for the right reason. For most, this kind of thinking stems from a rising awareness of an inconsistency, an irritating realization that one has insufficient justification for their behavior or beliefs. Societally, the spread of this kind of thinking depends on the institutional

structure, political organization, and social practices of that society.

Since the development of agriculture, Buchanan argues that ideologies have taken over the role of exclusionary tribal in-groups. Ideologies are systems of beliefs and attitudes that map social life, define good and bad, and morally justify cooperative action for the group. Ideologies need not be comprehensive and overly evaluative, but in the worst case, they are, and they can be deeply divisive. In the best of cases, ideologies promote in-group cooperation; in the worst they make out-group cooperation impossible. Buchanan calls this the belief immune system of deep ideological differences – the complete discounting of all out-group voices.

Our moral progress over the last 300 years has been largely a matter of luck. What Buchanan calls for is a more scientific and intentional agenda of moral theorizing and institution-building that is focused on continued expansion of inclusionary morality. His big conclusion is that

> If humans learn enough about the moral mind and the interactions between it and specific environmental features, we can in principle take charge of our moral fate: we can exert significant influence on what sorts of moralities are predominant in our societies and what sorts of moral agents we are. Doing so would be perhaps the highest form of human autonomy. It would also be the most profound kind of creativity: the creation of the moral self in a species for whom the moral self lies at the core of our being (p. 249).

Sadly, Buchanan does not provide much in regard to the characteristics that lead to moral change. He notes that the existing social/religious mechanisms for compliance with moral rules must be loose enough to permit nonconformity, that liberal institutions are required to promote freedom of expression, civil society's influence over government, a culture that values rational justifications, and communication technologies that enhance perspectives and sympathy toward others but constrain EEA-threat provocations.

Buchanan does not hide his underlying concern of the tribalistic form of political organizing that has risen in the United States. He understands this to be a repugnant moral regression and a response to the perceived failure of democracy. He calls for an unbundling of ideologies, making them less toxic, and creating a plurality of ideological contestants rather than a majoritarian winner-takes-all political structure. There is a very real sense that he hopes to convince his readers that this moral regression is not our fate. With additional effort, we may be able to direct ourselves toward a more inclusive future. Unfortunately, he provides little more than encouragement toward that goal. No meaningful guidelines are provided. Readers might also be disappointed that his arguments in support of the malleability of human moralities does so little to attempt an explanation for the current regression back into tribalism. I am concerned that the unstated cause of the current regression is the failure of market competition to fairly distribute resources, a structural behemoth standing in the pathway of human rights, human dignity, and our mutual humanity. I believe that the social work profession stands with inclusiveness, but I fear that our focus on micro and clinical practices leaves us largely underprepared for the moral, institutional, and political challenges that we need to face.

If you would like to submit a book for review, please contact Laura Gibson, book review editor.

Book Review

Rank, M. R. (Ed.). (2020). Toward a livable life: A 21st century agenda for social work. Oxford University Press.

Reviewed by Bishnu Mohan Dash, MSW, MPhil, PhD, ICSSR PDF, Associate Professor, Dr Bhim Rao Ambedkar College, (University of Delhi), Delhi

The book, *Toward a Livable Life: A 21st Century for Social Work*, presents a comprehensive review of various socioeconomic and environmental issues that have a detrimental effect on the well-being of children, families, and communities. The book has been organized into fourteen chapters, along with an introduction by the editor. All the authors and editors are associated with the George Warren Brown School of Social Work at Washington University. This book highlights a wide range of critical issues of the social work profession and proposes various policy measures and practice frameworks for the pursuit of a livable life for all as the most important goal of social work.

The book highlights ten key areas that social work profession must focus on to ensure that individuals and families maintain livable lives. These ten key areas are tackling the root socioeconomic determinants of ill health; alleviating poverty; confronting stigma/discrimination/exclusion; reducing cumulative inequality; developing financial and tangible assets for lower and moderate income populations; preventing child maltreatment; fostering civic engagement across the life course; building healthy, diverse, and thriving communities; achieving environmental justice; and engaging older adults. The book also emphasized generating effective demand and use of social services, designing and implementing policy and programme innovations, and leveraging big data analytics and informatics, which are essential for the social work profession to achieve a livable life for all. The book posits that the agenda of the social work profession in the 21st century is to enable every individual to lead a "livable life.

The book provides an in-depth discussion on various challenges and on the most pressing issues of the social work profession in the USA, as well as at the global level. One of the unique aspects of the book is that most of the chapters provide perspectives on the USA, as well as international perspectives, with an aim to provide the comparative picture of the nature, extent, and depth of the problem and to highlight disparities in wealth, health, and other areas that affect marginalized and disadvantaged sections of the population.

This book illuminates the various challenges faced by Americans and other people around the globe and has identified and presented various strategies through which individuals are able to thrive and develop in order to reach their full potential and capacity for a livable life. The ultimate goal of the various chapters is to facilitate more livable lives for the children, families, older populations and marginalized sections by ensuring that all individuals have the opportunity to have a livable life. The book has made an attempt in presenting emerging global social work challenges and contributed in the creation of new knowledge, practices, and policies essential for social workers. The book will definitely create a dialogue between social work educators and practitioners, as well as researchers, to look for interventions towards the various emerging social concerns. This book should be essential reading for not only social workers, but also for policy makers, politicians, and others engaged in social work and developmental activities.

If you would like to submit a book for review, please contact Laura Gibson, book review editor.

Book Review

Reamer, F. G. (2021). *Ethics & risk management in online & distance social work*. Cognella.

Reviewed by Laura Gibson, PhD, Brescia University, IJSWVE Book Review Editor

Reamer holds a PhD in social work from the University of Chicago. He is the author of more than 20 books on social work practice and is well-known in the field for his expertise in the area of social work ethics. He has additional expertise in the area of criminal justice and is a professor at Rhode Island College. For full disclosure, it should be noted that Reamer serves on the editorial board of this journal.

This book is divided into five short chapters: "Introduction;" "The Contours of Online and Distance Social Work: Ethical Challenges;" "Ethical, Regulatory, and Practice Standards;" "Challenges in Integrated Health and Social Work Education Settings;" and "Preventing and Managing Risk." Reamer defines online and distance technology use as the use of a computer or other electronic means to "(a) deliver services to clients, (b) communicate with clients, (c) manage confidential case records, and (d) access information about clients" (p. 3). This is a broad definition, and this 75-page book tries to cover a lot of territory.

I found that the way language was used caught my attention. As an example, when discussing the pros and cons, Reamer indicates that "many social workers" (p. 3) appreciate being able to use distance counseling tools, but "many *seasoned* (italics mine) social workers have ethical and clinical concerns (p. 4). In another instance, the advice to social workers to use "sophisticated" (p. 15) encryption, as opposed to encryption, implies that this could be a particularly challenging endeavor. However, there are many products on the market today that are encrypted and suitable for online social work. The author's choice of words may be suggesting a biased meaning he did not intend.

In discussing challenges, Reamer indicates that social workers could miss important clinical cues such as facial expressions or squirming and that social workers may find it difficult to maintain clear boundaries in their relationships with clients (p. 4). These concerns are not supported by any research cited by Reamer, and as an online practitioner, I would suggest that the former could be related to the type of technology used, but the latter leaves me puzzled. Using video conferencing, I do not believe I have had the experience of missing visual cues (any more than when in the same room), and I am unclear how services such as video counseling pose more risk to boundary crossing than when the social worker and client are located in the same place. Furthermore, I'm reasonably sure that clinical social workers who are visually impaired also have the experience of not seeing visual cues and have adapted their practice accordingly.

Reamer, in the second chapter, defines many of the terms used in distance social work. This is useful, both because of the many types of technologies that will be discussed, but also because the professional literature and state legislatures define such terms in different ways. It is helpful to have a shared meaning to provide the context for the later discussions. I did find the distinction between online counseling and video counseling to be a little unclear. Reamer characterizes online counseling as consistent with synchronous online "chat," which is itself not defined. Some readers may interpret chat as text-based, and other readers may interpret this as video-based.

The example given that Skype is inappropriate is dated. The Department of Health and Human Services lists Skype for Business as one of many products that represents itself as HIPAA compliant and is willing to enter into a Business Associate Agreement with users. Reamer's statement about "video counseling

software that *claims* [emphasis mine] to be HIPAA compliant" (p. 6) warrants further explanation.

Also in Chapter 2, Reamer identifies informed consent; privacy and confidentiality; boundaries, dual relationships, and conflicts of interest; practitioner competence; records and documentation; and collegial relationships as the most pertinent ethical issues in online work. These topics will be familiar to most social workers, and this book seeks to apply them to online practice and technology use. Many of the suggestions are relevant regardless of whether technology is used, such as adhering to HIPAA requirements, avoiding inappropriate disclosures of protected health information, and staying current with the requirements of licensing jurisdictions. In some cases, it is unclear how some topics such as psychotherapy notes, confidentiality agreements in group treatment, and entering electronic notes in a timely fashion poses any different challenges than in traditional practice.

Some social workers may be disappointed that much of the book reminds social workers to do what they were already doing – using the Code of Ethics and the Standards for Technology in Social Work Practice developed by NASW et al. in 2017. With the exception of the social media policy, Reamer's recommended steps in Chapter 5 to protect clients and practitioners are tried and true and could apply to any ethical situation, regardless of technology:

1. Consult colleagues
2. Obtain appropriate supervision
3. Review relevant ethical standards
4. Review relevant regulations, laws, and policies
5. Develop a social media policy for clients and staffers
6. Review relevant literature
7. Obtain legal consultation when necessary
8. Document decision-making steps.

Unfortunately, Reamer does not address the effectiveness of online & distance social work or the research that guides best practice. He remarks about the "ambiguity and controversy surrounding social workers' use of technology," (p. 57), but is this warranted in 2021? There is a wealth of research that has found online interventions to be as effective as in-person interventions. This is critical to understanding and using best practices in online social work. I would have liked to have

seen discussion about online counseling platforms such as Better Help or Talk Space, as there are ongoing ethical dialogues regarding these approaches. I would also like to have seen discussion about the current partnership between the Council of State Governments and ASWB to develop an interstate compact for licensure portability. Also missing are the topics of providing services to clients in other areas of the country where social workers are not familiar with the cultural context, and providing services internationally where emergency support services may be unknown or absent. There is also some debate about whether BSWs and MSWs may provide services online that are non-clinical in nature. For example, some states restrict online practice to clinical social workers, making a discussion about scope of practice highly relevant. Addressing these areas would have helped make the book more current.

Overall, I was disappointed in the lack of up to date information. Most sources cited ranged from approximately 2003 to 2015, with only about a fourth of the over 90 references being within the last 5 years. A great deal of information from Reamer's 2015 article ("Clinical Social Work in a Digital Environment: Ethical and Risk-Management Challenges") and 2013 article ("Social Work in a Digital Age: Ethical and Risk Management Challenges") is reproduced verbatim in this work. Much has changed in online social work within the last six years and particularly within the last 18 months.

If you would like to submit a book for review, please contact Laura Gibson, book review editor.