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**SOCIAL WORK VALUES
AND ETHICS** THIRD EDITION



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SOCIAL WORK VALUES AND ETHICS

An Overview

IMAGINE THAT you are a social worker at a local community mental health center. You spend most of your time providing supportive and casework services to individuals and families experiencing some sort of difficulty. You have worked at the agency for about three years.

During the past two months you have provided counseling to Sarah Robinson and her two children, Brooks, seven, and Frank, four. Robinson originally sought help at the agency because of difficulty she was having managing Brooks's behavior. According to Robinson, Brooks "frequently throws temper tantrums when he's upset—he can really kick and scream." Robinson also reported that Brooks's teacher said she was having a great deal of difficulty controlling Brooks and wanted to discuss whether he should be transferred to a different classroom, one for "difficult students."

You have spent considerable time teaching Robinson various ways to handle Brooks's behavior, particularly the use of positive reinforcers. During the past few weeks Robinson has reported that his tantrums have been less frequent and that he has responded well to the positive reinforcers. Brooks's teacher has also reported that the child's behavior has "improved somewhat."

During the course of your relationship with Robinson, she has talked at length about some of her own difficulties—single parenthood, financial problems, and her struggle with alcoholism. In recent weeks Robinson has been especially eager to discuss her own problems. In your judgment, you and Robinson have developed a constructive, trust-filled relationship.

Yesterday morning you received a telephone call from Robinson. She was clearly distraught and said she needed to see you as soon as possible, that she could not wait for her regularly scheduled appointment later in the week. She

reported over the telephone that “something awful has happened and it’s really bothering me. I need to talk to you fast. I know you’ll understand.”

You agreed to see Robinson today during the time made available by another client who canceled his appointment. Robinson came in alone and immediately started to cry. She said that two days earlier Brooks was

throwing a terrible tantrum, one of his worst. I had just had it. I was feeling sick, and Frank was screaming for me to feed him. Brooks just wouldn’t let up. I got so frustrated I grabbed him and pushed him. He tripped and fell into the radiator in the kitchen, breaking a tooth. I got him to a dentist right away. I told the dentist that Brooks was horsing around with his brother and bumped into the radiator. I just couldn’t tell her the truth. I’m so ashamed. Things were getting so much better. I don’t know what happened. I just lost it.

During this session you spent most of the time encouraging Robinson to express her feelings. You also talked with her about how most children who are receiving help for behavior-management problems will regress, some even though they are making considerable progress overall. The two of you talked about how Robinson might respond to any future tantrums.

Toward the end of the session you told Robinson that you were

in a real pickle. I know that what happened with Brooks was an accident, that you didn’t mean to hurt him. But here’s the problem. The law requires me to report what happened. I know you don’t think you deliberately abused Brooks, but, according to state law, I have to report to the child welfare agency the fact that Brooks was injured. I’d like you to help me report this, so we can show the state social worker how hard you’ve been working on your problems. Frankly, I don’t think they’ll do much. This is just something I’m supposed to do.

Robinson immediately started to cry and became agitated. “I can’t believe you would do this to me,” she said. “I thought I could trust you. If you call the state, I’m never coming back here. I can’t believe this.”

In fact, you do not really *want* to report the case to state child welfare authorities. You firmly believe that Robinson did not mean to harm Brooks and that this was an isolated instance in which she lost control. You have been impressed with Robinson’s earnest attempt to address her problems and with her progress in recent months. You sense that reporting the incident to the child welfare authorities will do more harm than good; reporting is likely to alienate Robinson and undermine your therapeutic relationship with her. Moreover, Robinson is already receiving competent help from you; in your judgment, services from a state worker are not needed and would be counterproductive.

The bottom line, however, is that you feel compelled to obey the state law. You did your best to explain to Robinson why you felt the need to report the case. You told her you understood why she was so angry. But despite your best effort, Robinson walked out quite distressed and agitated: "Do what you have to do. Just let me know what you end up doing so I can figure out what *I* need to do."

Seasoned social workers can certainly identify with this predicament. It is one that demands sophisticated clinical skills to help the client deal with her anger and to sustain the therapeutic relationship. Sometimes the clinical intervention is effective, and sometimes it is not.

At the center of this case, however, is a complex set of issues involving values and ethics. In fact, the values and ethical issues in this case represent the four core issues in social work—and those on which I shall focus throughout this book:

1. The value base of the social work profession
2. Ethical dilemmas in social work
3. Ethical decision making in social work
4. Ethics risk management

At the heart of this case is a difficult decision about core *social work values*. Social work is among the most value based of all professions. As I shall explore more fully, social work is deeply rooted in a fundamental set of values that ultimately shapes the profession's mission and its practitioners' priorities. As the social worker in this example, you would be concerned about several key values, including Robinson's right to self-determination and privacy (her wish for you to continue working with her without notifying state child welfare officials about the incident involving Brooks); the obligation to protect your clients from harm (Brooks from harm in the form of parental abuse, his mother from being deprived of meaningful help from you, and both from harm that might result from investigation by state child welfare officials); the obligation to obey the law (the law that requires social workers to report all instances of suspected child abuse and neglect); and the right to self-protection (that is, social workers' right to avoid sanctions and penalties that might result from their failure to comply with the law).

Ideally, of course, the social worker would act in accord with all these values simultaneously. What social worker would not want to respect clients' right to self-determination and privacy, protect clients from harm, obey the law, and protect herself or himself? The problem, however, is that situations sometimes arise in social work in which core values in the profession conflict, and this leads to *ethical dilemmas*. An ethical dilemma is a situation in which

professional duties and obligations, rooted in core values, clash. This is when social workers must decide which values—as expressed in various duties and obligations—take precedence.

To make these difficult choices social workers need to be familiar with contemporary thinking about *ethical decision making*. In the Robinson case, the social worker must decide whether to comply with the state's mandatory reporting law—and risk jeopardizing the therapeutic alliance that has been formed with Robinson—or deliberately violate state law in an effort to sustain the meaningful, and apparently helpful, therapeutic relationship.

As I shall explore shortly, the phenomenon of ethical decision making in the professions has matured considerably in recent years. Professionals trained today have far more access to helpful literature and concepts related to ethical decision making than did their predecessors. This is particularly true in social work, which has experienced a noticeable burgeoning of interest in ethical decision making.

Finally, social workers must be concerned about the risk-management ramifications of their ethical decisions and actions, particularly the possibility of *professional malpractice and misconduct*. Is it acceptable for a social worker knowingly and willingly to violate a law, whatever the motive? What consequences should there be for a social worker who does not act in a client's best interests? What legal risks—in the form of criminal penalties, ethics complaints, formal adjudication by ethics disciplinary committees or state licensing boards, and lawsuits—do social workers face as a result of their actions?

THE EVOLUTION OF SOCIAL WORK VALUES AND ETHICS

In order to explore fully the nature of contemporary values and ethics in social work, it is important to understand the historical evolution of thinking in the field with respect to the profession's value base, ethical dilemmas in practice, ethical decision making in social work, and practitioner malpractice and misconduct. The social work profession's grasp of key values and ethical issues has matured considerably in recent years.

The general topics of values and ethics have been central to social work since its formal inception. Historical accounts of the profession's development routinely focus on the compelling importance of social work's value base and ethical principles. Over the years, beliefs about social work's values and ethics have served as the foundation for the profession's mission.

Social work is, after all, a normative profession, perhaps the most normative of the so-called helping professions. In contrast to professions such as psychia-

try, psychology, and counseling, social work's historical roots are firmly grounded in concepts such as justice and fairness. Throughout its history, social work's mission has been anchored primarily, although not exclusively, by conceptions of what is just and unjust and by a collective belief about what individuals in a society have a right to and owe to one another.

Although the theme of values and ethics has endured in the profession, social workers' conceptions of what these terms mean and of their influence on practice have changed over time. The evolution of social work values and ethics has had several key stages: the *morality period*, the *values period*, the *ethical theory and decision making period*, and the *ethical standards and risk management period* (Reamer 1998d).

THE MORALITY PERIOD. The first stage began in the late nineteenth century, when social work was formally inaugurated as a profession. During this period social work was much more concerned about the morality of the client than about the morality or ethics of the profession or its practitioners. Organizing relief and responding to the "curse of pauperism" (Paine 1880) were the profession's principal missions. This preoccupation often took the form of paternalistic attempts to strengthen the morality or rectitude of the poor whose "wayward" lives had gotten the best of them.

The rise of the settlement house movement and Progressive era in the early twentieth century marked a time when the aims and value orientations of many social workers shifted from concern about the morality, or immorality, of the poor to the need for dramatic social reform designed to ameliorate a wide range of social problems, for example, those related to housing, health care, sanitation, employment, poverty, and education (Reamer 1992a). During the Great Depression especially, social workers promoted social reforms to address structural problems. Many social policies and programs created during the New Deal years in the United States (1933–1941) were shaped or influenced by social workers (Brieland 1995).

THE VALUES PERIOD. Concern about the morality of the client continued to recede somewhat during the next several decades of the profession's life, as practitioners engaged in earnest attempts to establish and polish their intervention strategies and techniques, training programs, and schools of thought. Over time, concern about clients' morality was overshadowed by debate about the profession's future, that is, the extent to which social work would stress the cultivation of expertise in psychosocial and psychiatric casework, psychotherapy, social welfare policy and administration, community organization, or social reform. After a half century of development in the United States, the social work profession was moving into a phase characterized by several attempts to

develop consensus about the profession's core values. As I explore in chapter 2, several prominent commentaries appeared during this period in which authors defined, explored, and critiqued the profession's core values and mission (Bartlett 1970; Emmet 1962; Gordon 1962, 1965; Keith-Lucas 1963; Levy 1972, 1973, 1976; H. Lewis 1972; Perlman 1965; Pumphrey 1959; Teicher 1967; Towle 1965; Varley 1968; Vigilante 1974; Younghusband 1967).

In addition to exploring the profession's core values, some of the literature during this period (the 1960s and 1970s) reflects social workers' efforts to examine and clarify the relationship between their own personal values and professional practice (e.g., Hardman 1975; McCleod and Meyer 1967; Varley 1968). In the context of this so-called values clarification movement, many social workers developed a keen understanding of the relationship between their personal views and their professional practice, especially when it came to controversial and divisive issues such as poverty, abortion, homosexuality, alcohol and drug use, and race relations.

Nearly half a century after its inauguration, the profession began to develop formal ethical guidelines, based on its core values, to enhance proper conduct among practitioners. In 1947, after several years of debate and discussion, the Delegate Conference of the American Association of Social Workers adopted a code of ethics. The profession's journals also began to publish articles on the subject with greater frequency (Hall 1952; Pumphrey 1959; Roy 1954).

This is not to say, of course, that social workers neglected the subject until this period. Social workers have always espoused concern about a core group of central values that have served as the profession's ballast, such as the dignity, uniqueness, and worth of the person, self-determination, autonomy, respect, justice, equality, and individuation (Biestek 1957; Cabot 1973; Hamilton 1951; Joseph 1989; National Association of Social Workers 1974; Richmond 1917). In addition, there were several modest efforts earlier in the twentieth century to place ethics on social workers' agenda. As early as 1919 there were attempts to draft professional codes of ethics (Elliott 1931). In 1922 the Family Welfare Association of America appointed an ethics committee in response to questions about ethical challenges in the field (Joseph 1989; Elliott 1931). However, the late 1940s and early 1950s rather clearly constituted a watershed period in social work when the subject of professional ethics became a subject of study and scholarship in its own right (Frankel 1959; Reamer 1980, 1982, 1987a; Reamer and Abramson 1982).

Not surprisingly, in the 1960s social workers shifted considerable attention toward the ethical constructs of social justice, rights, and reform. The public and political mood of this turbulent period infused social work training and practice with a prominent set of values focused on social equality, welfare rights, human rights, discrimination, and oppression (Emmet 1962; H. Lewis

1972; Plant 1970; Reamer 1994c; Vigilante 1974). The National Association of Social Workers (NASW) adopted its first code of ethics in 1960.

Perhaps the most visible expression of emerging concern about social work values and ethics was the 1976 publication of Levy's *Social Work Ethics*. Although the profession's journals had, by then, published a number of articles on social work values and ethics, Levy's book was the profession's most ambitious conceptual discussion of the subject. This had great symbolic significance. Since then, scholarship on social work ethics has blossomed. Levy's work, contained in *Social Work Ethics* and other publications (1972, 1973), helped to turn social workers' attention to the study of overarching values and ethical principles.

THE ETHICAL THEORY AND DECISION MAKING PERIOD. Until the late 1970s, the profession focused primarily on social work's core values and value base. At this point the profession underwent another significant transition in its concern about values and ethical issues. The 1970s saw a dramatic surge of interest in the broad subject of applied and professional ethics. Professions as diverse as medicine, law, business, journalism, engineering, nursing, social work, and criminal justice began to devote sustained attention to the subject. Large numbers of undergraduate and graduate training programs added courses on applied and professional ethics to their curricula, professional conferences witnessed a substantial increase in presentations on the subject, and the number of publications on professional ethics increased dramatically (Callahan and Bok 1980; Reamer and Abramson 1982).

The proliferation of bioethics and professional ethics think tanks in the United States during this period—beginning especially with the Hastings Center in New York and the Kennedy Institute of Ethics at Georgetown University—is a major indicator of the rapid growth of interest in this subject. Today, in fact, the number of such ethics centers is so large that there is a national association, the Association for Practical and Professional Ethics. The field has also produced two prominent and influential encyclopedias: the *Encyclopedia of Bioethics* and *Encyclopedia of Applied Ethics*.

The growth of interest in professional ethics during this period was due to a variety of factors. Controversial technological developments in health care and other fields certainly helped to spark ethical debate involving such issues as termination of life support, organ transplantation, genetic engineering, psychopharmacological intervention, and test-tube babies. What criteria should be used to determine which medically needy patients should receive scarce organs, such as hearts and kidneys? When is it acceptable to terminate the life support that is keeping a comatose family member alive? To what extent is it appropriate to influence, through laboratory intervention, the sex of a fetus? Is

it ethically justifiable to implant an animal's heart into the body of an infant born with an impaired heart?

Widespread publicity about scandals in government also triggered considerable interest in professional ethics. Beginning especially with Watergate in the early 1970s, the public has become painfully aware of various professionals who have abused their clients and patients, emotionally, physically, or financially. The media have been filled with disturbing reports of physicians, psychologists, lawyers, clergy, social workers, nurses, pharmacists, and other professionals who have taken advantage of the people they are supposed to help. Consequently, most professions take more seriously their responsibility to educate practitioners about potential abuse and ways to prevent it.

In addition, the introduction, beginning especially in the 1960s, of such terminology as patients' rights, welfare rights, women's rights, and prisoners' rights helped shape professionals' thinking about the need to attend to ethical concepts. Since the 1960s, members of many professions have been much more cognizant of the concept of rights, and this has led many training programs to broach questions about the nature of professionals' ethical duties to their clients and patients.

Contemporary professionals also have a much better appreciation of the limits of science and its ability to respond to the many complex questions professionals face. Although for some time, particularly since the 1930s, science has been placed on a pedestal and widely regarded as the key to many of life's mysteries, modern-day professionals acknowledge that science cannot answer a variety of questions that are, fundamentally, ethical in nature (Sloan 1980).

Finally, the well-documented increase in litigation and malpractice, along with publicity about unethical professionals, has forced the professions to take a closer look at their ethics traditions and training. All professions have experienced an increase in claims and lawsuits against practitioners, and a substantial portion of these complaints allege some form of unethical conduct. As a result of this noteworthy and troubling trend, the professions, including social work, have enhanced their focus on ethics education (Houston-Vega, Nuehring, and Daguio 1997; Reamer 2001a, 2003).

The emergence of the broad applied and professional ethics field clearly influenced the development of social work ethics (Congress 1999; Manning 2003; Mattison 2000). Beginning in the early 1980s, a small number of U.S. social work scholars began writing about ethical issues and dilemmas, drawing in part on literature, concepts, and theories from moral philosophy in general and the newer field of applied and professional ethics. The net result of these developments was the emergence in the 1980s of a critical mass of literature on social work ethics. For the first time in the profession's history, several books (Loewenberg and Dolgoff [1982] 1996; Reamer [1982] 1990; Rhodes 1986) and many journal articles explored the intricate and complex relationship between

ethical dilemmas in social work and ethical decision making (Reamer 1990). Interestingly, the 1987 edition of the NASW *Encyclopedia of Social Work* included for the first time an article directly exploring the relevance of philosophical and ethical concepts to social work ethics (Reamer 1987a). Unlike the profession's earlier literature, publications on social work ethics in the 1980s explored the relevance of moral philosophy and ethical theory to ethical dilemmas faced by social workers; similar developments occurred in nearly all the professions. Clearly, this was a watershed period, one that has dramatically changed social workers' understanding of and approach to ethical issues.

THE ETHICAL STANDARDS AND RISK MANAGEMENT PERIOD. The most recent stage in the development of social work ethics in the United States reflects the dramatic maturation of social workers' understanding of ethical issues. This stage is characterized mainly by the significant expansion of ethical standards to guide practitioners' conduct and by increased knowledge concerning professional negligence and liability. More specifically, this period includes the development of a comprehensive code of ethics for the profession, the emergence of a significant body of literature focusing on ethics-related malpractice and liability risks and risk-management strategies designed to protect clients and prevent ethics complaints and ethics-related lawsuits (Barker and Branson 2000; Houston-Vega, Nuehring, and Daguio 1997; Jayaratne, Croxton, and Mattison 1997; NASW 1999; Reamer 2003).

In recent years there has been an increase in ethics complaints and ethics-related lawsuits filed against social workers in the United States (Berliner 1989; Besharov 1985; Bullis 1995; Houston-Vega, Nuehring, and Daguio 1997; Reamer 2003). Compared to most other nations, the United States has a relatively high incidence of lawsuits filed against professionals in general (doctors, dentists, psychologists, etc.).

As a result of increased litigation against social workers—a significant portion of which alleges some kind of ethics violation—many social work education programs, social service agencies, licensing boards, and professional associations are sponsoring special training and education on ethics-related risk management, especially related to such issues as confidential and privileged information, informed consent, conflicts of interest, dual relationships and boundary issues, termination of services, and documentation. This training and education typically focuses on common ethical mistakes, procedures for handling complex ethical issues and dilemmas, forms of ethical misconduct, and prevailing ethical standards.

Social workers in the United States are particularly concerned about ethical issues and related liability risks that result from managed care (Reamer 2001b; Strom-Gottfried 1998). Managed care, which began in earnest in the United States in the 1980s, includes large-scale efforts by the insurance indus-

try and service providers to deliver mental health and social services in the most cost-effective and efficient way possible. One major feature of managed care is that social workers must obtain approval from managed care organizations before commencing services. This process typically requires social workers to disclose confidential clinical and personal information about clients. Social workers must be familiar with potential confidentiality risks associated with the disclosure of information to managed care organizations.

Managed care has created other ethical issues as well. Social workers sometimes are unable to obtain authorization for services that they think are essential for vulnerable or troubled clients. In some instances social workers may be tempted to exaggerate clients' clinical symptoms, a form of fraud and deception, in an effort to obtain approval for services from managed care organizations (Kirk and Kutchins 1988). Social workers sometimes find themselves caught between their obligation to serve clients and their right to be paid for their professional services. The possibility of premature termination of services (known in legal circles as abandonment) is a serious ethical and liability risk. Also, social workers are sometimes required to refer clients to treatment programs that seem inadequate in light of clients' clinical needs. This may occur when a managed care organization has entered into an agreement with the treatment program to provide services at an attractive cost, as opposed to allowing clients and their social workers to locate the most appropriate, and perhaps more expensive, program based solely on clinical criteria.

The burgeoning interest in professional values and ethics is the product of a variety of circumstances. These factors have combined to produce a remarkable and sustained growth of interest in the subject across professions, one that has fundamentally changed the way professionals are educated and trained. I now turn to a systematic review of the key components of social work values and ethics that ought to be part of every practitioner's knowledge base.

DISCUSSION QUESTIONS

1. What are the most challenging ethical issues facing social workers in general and the social work profession?
2. What ethical issues have you encountered in social work?
3. Most social workers specialize in a field of practice, such as child welfare, public welfare, family services, mental health, health care, aging, addictions, corrections and criminal justice, refugee and immigrant services, and so on. What ethical issues do practitioners face that are unique to these fields of practice?
4. What specific issues do you want to learn more about with respect to social work's core values, ethical dilemmas in the profession, ethical decision making, and ethics-related risk management?

2

SOCIAL WORK VALUES

CASE 2.1

Stephanie P. recently received her master's degree in social work. She is about to embark on the first stage of her social work career. Stephanie P. worked as a teacher's aide in a preschool program located in a suburb of a major city before enrolling in the master's program at a nearby university.

Stephanie P. hopes to be "a psychotherapist working with individuals, couples, and families. When I was younger, my family received counseling help from a social worker, and since then I've always wanted to be a therapist."

Stephanie P. knows that she must obtain considerable experience before venturing out on her own. She realizes that she must provide clinical services under an experienced practitioner's supervision before starting her own private practice.

Stephanie P. has been interviewing for various positions. The one concrete offer she has received is for a position as a caseworker in a family service agency located in a low-income section of the city in which she lives, an area where most residents are people of color.

Stephanie P. acknowledges that the agency provides much-needed services to the local community and would provide her with valuable experience, but she is reluctant to accept the position. Although it is difficult for Stephanie P. to state it publicly, she admits to herself and to her closest friends that she has never felt comfortable around poor people and ethnic minorities. Stephanie P. grew up in a relatively affluent community nearby and, she says, never spent much time around people of color or ethnic minorities. She says she will feel much more comfortable working with clients "more like myself."

This case raises a number of critically important issues about core social work values and the value base of the profession. The subject of social work values has always been central to the profession (Vigilante 1974). As Aptekar (1964,

cited in Levy 1973:35) notes, "The framework of social work, as we know it, is a set of values."

Values have several important attributes and perform several important functions: they are generalized, emotionally charged conceptions of what is desirable; historically created and derived from experience; shared by a population or a group within it; and provide the means for organizing and structuring patterns of behavior (R. Williams 1968, cited in Meinert 1980:6).

The term *value* is difficult to define. It derives from the Latin *valere*, meaning "to be strong, to prevail, or to be of worth" (Meinert 1980:5). Over the years scholars have penned diverse definitions of value and values, including "anything capable of being appreciated"; "the object of any need"; "a conception, explicit or implicit, distinctive of an individual or characteristic of a group, of the desirable which influences the selection from available means and ends of action"; "the desirable end states which act as a guide to human endeavor or the most general statements of legitimate ends which guide social action"; and "normative standards by which human beings are influenced in their choice among the alternative courses of action which they perceive" (Rescher 1969:2). As Rescher concluded in his classic text, *Introduction to Value Theory* (1969),

In the English language the word is used in a somewhat loose and fluctuating way. Philosophers and social scientists concerned with value questions have long recognized the need for a more precise value terminology to facilitate the exact formulations needed in scholarly and scientific contexts. But this desideratum seems to be the only point of agreement. All workers in the field echo this complaint. Nevertheless, all their positive efforts have failed. No proposal for delineation of value terminology has been able to generate any significant degree of concurrence, let alone become a focus of settled consensus. (P. 1)

The subject of values has been popular in social work, and most practitioners recognize the critical importance of values to the profession. As Perlman has noted,

The need for conscious awareness of the values that influence our doing applies at every level of social work. Not only may subjective and unanalyzed values motivate the case- and group-worker, but community planners, researchers, indeed all of us are pushed and pulled by often unseen value assumptions and commitments. Only as we continuously raise these assumptions and commitments to full consciousness can we take possession of them. (1976:389)

Unfortunately, however, many discussions of the concept of values in social work's literature have been relatively superficial. Authors often cite commonly

embraced social work values and offer brief summaries of their relevance to practice. Rarely does one find in-depth analyses of the nature of values in general or of social work values in particular (Hunt 1978:12, 15). As Vigilante has observed,

Although we have identified social work practice as the amalgamation of values, knowledge, and skills, and we assume a preeminence of values, most of our sparse research efforts have been directed at the knowledge and skill components. By comparison the use of values in practice has been neglected as a target for research. Values have received only superficial attention from scholars, theory builders, and curriculum designers. ... Social workers have religiously clung to values over the ... years of the development of the profession and have not done these values justice. We seem to cling to them intuitively, out of faith, as a symbol of our humanitarianism. We have not treated them with the seriousness befitting their role as a fulcrum of practice.

(1974:108, 114)

In social work, values have been important in several key respects, with regard to (1) the nature of social work's mission; (2) the relationships that social workers have with clients, colleagues, and members of the broader society; (3) the methods of intervention that social workers use in their work; and (4) the resolution of ethical dilemmas in practice.

As I explore more fully, social work's fundamental aims and mission are rooted in deep-seated beliefs among the profession's founders and contemporary practitioners concerning the values of helping, aiding, and assisting people who experience problems in living (Reid 1992). Social work is not mere technology; rather, it is a value-based and value-inspired effort designed to help vulnerable people through the use of sophisticated methods of intervention (Timms 1983). As Levy observed, "Social work values in short are supposed to represent neither a random nor a variable set of norms and prescriptions. Neither are they supposed to represent a mirror of societal preferences and emphases. Rather, they are supposed to represent a standardized reflection of collective responsibility, implicit in the role of social work in society" (1973:39).

Social workers' values influence the kinds of relationships they have with clients, colleagues, and members of the broader society (Hamilton 1940; Younghusband 1967). Social workers make choices about the people with whom they want to work. For example, some practitioners devote their careers to clients they perceive as victims, such as abused children and individuals born with severe physical disabilities. Others choose to work with clients perceived by many to be perpetrators, such as prison inmates convicted of serious sex offenses. Further, as I showed in the case that opened this chapter, some social

workers choose to work primarily with low-income people, whereas others prefer to work with a more affluent clientele. These choices are influenced in part by social workers' values.

Social workers' values also influence their decisions about the intervention methods they will use in their work with clients—whether individuals, families, groups, communities, or organizations (McDermott 1975; Varley 1968). For example, some social workers prefer to use confrontational techniques in their work with juvenile delinquents, believing that these are the most effective means for bringing about behavior change. Other practitioners who work with this same population may be critical of confrontational methods that seem dehumanizing and, because of their values, may prefer forms of counseling that emphasize the client's right to self-determination and the building of therapeutic alliances.

Or a social worker who is an advocate for low-income housing in a poor neighborhood may prefer direct confrontation with public officials—in the form of demonstrations, rallies, and harassment—in an effort to promote affordable housing. For this practitioner, the value of providing basic shelter for poor people is paramount, and direct confrontation may be necessary to bring it about. Another practitioner may reject such tactics because of her belief in the value of collaboration and respectful exploration of differences.

This leads to another way in which values are central to social work: they are key to efforts to resolve ethical dilemmas that involve conflicts of professional duties and obligations. Ethical dilemmas ordinarily involve values that clash, as the case presented in chapter 1 revealed. In that case, the social worker was torn between the values of respecting her client's right to self-determination (the client's wish that the social worker not report the incident involving her injured son to the local child welfare authorities) and of complying with the state's mandatory child-abuse reporting law. When faced with such ethical dilemmas, social workers ultimately base their decisions on their beliefs about the nature of social work values—particularly as they are translated into specific professional duties and obligations—and which values take precedence when they conflict.

In this chapter I discuss the ways in which social work values have influenced the nature of social work's basic mission; the development of the profession's value base and core set of values; typologies of social work values that have emerged in social work; the relevance of clients' and social workers' cultural and religious values; and the ways that social work values are translated into action designed to help people in need. Throughout the remainder of the book I also explore the ways in which social work values have influenced the relationships social workers have with clients, colleagues, and members of the broader society; the methods of intervention social workers use in their work; and the resolution of ethical dilemmas in practice.

THE NATURE OF SOCIAL WORK'S MISSION

Debate about the nature of social work's mission and value base has been considerable throughout the profession's history.¹ Every serious account of social work's evolution acknowledges the enduring tension between "case" and "cause," between amelioration of individual suffering and social change that addresses the structural flaws in the culture that foster the problems that individuals experience.

The profession's early concern with the value of charity has its roots in the Bible and religion. Acts of charity were meant to fulfill God's commandments as much as to be genuine acts of kindness (Leiby 1978).

The Elizabethan Poor Law of 1601—commonly regarded as a landmark statute that synthesized earlier welfare legislation—had its origins in a system of relief provided to the poor by parishes of the Church of England. However, by the late nineteenth century, criticism of religious charity, and the values that it entailed, was mounting, as reflected in the invention of the still-current secular phrase "social welfare." Religious charity frequently came to be viewed as value oriented in a negative sense—moralistic, paternalistic, and disorganized. Although traces of biblical influence can be found in the profession even today, the turn of the century marked a perceptible shift toward the secularization of welfare and a shift in its value base. In the midst of this era, filled with laissez-faire ideology and Social Darwinism (the survival of the fittest), social work got its formal start. Thus it is not surprising that the earliest chapters of the profession's history focused on improving the morals of paupers. Trattner conveyed this paternalistic mood in his review of the early charity organization societies:

Friendly visiting, then, assumed the right and the duty of intervention in the lives of the poor by their social and economic betters. The poor were not inherently vicious or mean. Rather, they were wayward children who drifted astray or who were incapable of discerning their own self-interest. They required no resource so desperately, therefore, as the advice of an intelligent friend who would offer sympathy, tact, patience, cheer, and wise counsel. The visitor's job was to discern the moral lapse responsible for the problem and then supply the appropriate guidance—something, of course, they were certain they could do. (1979:85)

The winds began to shift in the early years of the twentieth century. The events and activities associated with the Progressive era, settlement houses, and the nation's most severe depression helped turn social workers' values and attention toward the problems of the broader society. Practitioners could not help

1. Portions of this discussion are adapted from Reamer 1992a.

but recognize the need to examine the structural defects that created widespread vulnerability and dependency (Popple 1985).

The aftermath of the Great Depression signaled an important split in social work's basic values and orientation toward helping. A significant portion of the profession continued to concentrate on therapeutic work, with an emphasis on individual change (Miles 1954, cited in Woodroffe 1962:130). In contrast were the practitioners committed to advancing public welfare and other programs begun under the New Deal. Their work was conducted in public agencies charged primarily with serving the poor, disabled, and those otherwise in need. Most were decidedly uninterested in providing psychotherapy.

But after World War II the clinicians gained control of the profession and held it until the turbulent era surrounding the 1960s. Then the factions faced off again, with critics charging that social work had abandoned its core values and social action mission and was not sufficiently concerned about converting clients' private troubles into public issues that demanded creative and ambitious public policy responses (Bisno 1956; Gilbert and Specht 1974; Rein 1970; Specht and Courtney 1994). Although social workers generally embraced the Great Society and War on Poverty programs and policies, the grasp of many social workers slipped as the public's faith in the efficacy of these initiatives declined.

The 1980s were reminiscent of the postwar years of the 1940s and 1950s, when the relative tranquility associated with peacetime and domestic calm turned the values and attention of both the nation and its professionals inward. Pursuit of individual well-being became more compelling than pursuit of the public good. This value shift was reflected especially in social work training programs. During the 1980s social work education programs either abandoned curricular concentrations in community organizing and social welfare policy or left them to limp along with underenrollment. In contrast, electives in casework and psychotherapy were filled to the brim. As Siporin observed in the early 1990s, "We had social activist eras from the 1930s to the early 1940s, and again from the late 1960s to the late 1970s. Between these periods, and at present, social workers have focused more on individual and family moral reform, now termed 'therapy'" (1992:83).

The data are compelling. According to estimates from the National Association of Social Workers, the number of the organization's members engaged in private practice rose from approximately three thousand in 1967 to approximately nine thousand in 1976 (Specht 1991:102). Between 1972 and 1982 the number of members of NASW (social work's largest professional organization) employed in the public sector—federal, state, and local human service agencies—declined by 18 percent. In contrast, employment in private sectarian agencies and proprietary (for-profit) agencies—the vast majority of which provide casework and psychotherapy services—increased 132 percent and 264 percent, respectively ("Membership Survey" 1983). Further, between 1975 and

1985 the number of clinical social workers in the United States increased from approximately twenty-five thousand to sixty thousand (an increase of 140 percent), placing social workers first on the list of professional groups providing mental health services—followed by psychiatrists, clinical psychologists, and marriage and family counselors (Goleman 1985).

Of course, this shift during the 1970s and 1980s may reflect in part the decline since the 1970s of government funding for social service programs and in the number of jobs available in the public sector. The migration to the private sector of veteran government workers frustrated by bureaucratic life may also be a factor. One also cannot assume that social workers engaged in private practice or affiliated with private agencies are not involved in social action, pro bono activities, and other forms of help focused on those individuals who are most vulnerable (P. M. Alexander 1987; Barker 1991a; Brown 1990; Butler 1990; Reeser and Epstein 1990). However, the data strongly suggest that, beginning especially in the early 1970s, social workers increasingly neglected public issues in favor of the psychotherapeutic and casework services that for many social workers provide more rewarding, respectable, and lucrative careers (Specht 1990). Specht argued strongly and provocatively when he stated, "Most professionals who opt for private practice remove themselves from the problems, settings, and populations that social work was created to deal with. Psychotherapy practiced privately is not a bad or evil thing to do; it's just not social work" (1991:107). Keith-Lucas has used similarly forceful language concerning those social workers

who abandoned the social services and set themselves up in private practice. To them the word "social" ceased to have anything to do with society as a whole—it meant only that they took societal factors into consideration as they diagnosed and treated their clients. Otherwise, it would be hard to see them as social workers. ... There is certainly a need for psychotherapists and clinicians in our society, and there is no reason why these should not work in private practice or agitate for professional recognition and rewards. But I wish they would stop calling themselves "social workers," or that those who act from an entirely different motivation—those really concerned with the quality of life accorded the most vulnerable in our society, those called to do something about it and prepared not only to learn but to acquire the self-discipline needed to serve society—could find themselves another name.

(1992:62, 67)

Thus important aspects of social work's values have shifted during the profession's history, including the early concern about the morality of paupers, subsequent focus on issues of social reform and social justice, and, at various times, preoccupation with a clinical and psychotherapeutic agenda (Reamer

1997a). In summary, six prominent orientations toward social work's basic values and ethics have been evident over the years, with varying degrees of persistence: the paternalistic, social justice, religious, clinical, defensive, and amoralistic orientations. Although these orientations are conceptually distinct, they are not necessarily mutually exclusive. Elements of these different orientations can be found simultaneously within individual practitioners and within various stages throughout social work's history.

PATERNALISTIC ORIENTATION. This perspective was most clearly evident during the late nineteenth and early twentieth centuries, when friendly visiting and charity organization societies proliferated. It is based on an assumption that the profession's public mission is to enhance the rectitude of its clients, enabling them to lead virtuous, wholesome, and gainful lives, independent of support from public or private coffers. The principal aim is to help the hungry, homeless, jobless, and destitute (and, in some instances, the Godless) to muster their internal resources to lead more productive lives. Those who have strayed from life's straight and narrow path are to be helped to return to it.

SOCIAL JUSTICE ORIENTATION. According to this view, dependency is primarily a function of structural flaws in the cultural and economic life that surrounds the least advantaged. Poverty, unemployment, crime, and some forms of mental illness are by-products of a culture that has lost its moral sensibilities. Over time, the defects of capitalism and unchecked racism and other forms of oppression have produced an injured and scarred underclass. This harsh reality must be addressed by fundamental social change that pursues such goals as affirmative action, equality of opportunity, redistribution of wealth, and nonpunitive, humane welfare benefits and services. Regressive taxes, unrestrained free enterprise, and robber barons must be replaced by forms of care driven by the values of fairness, decency, and compassion. Social work's involvement in the settlement house movement, New Deal, War on Poverty, and Great Society eras reflects these views (A. Davis 1967).

RELIGIOUS ORIENTATION. Features of both the paternalistic and social justice orientations are present in the religious orientation to social work values and ethics. From this point of view, a central mission of professionals—rooted in social work's historical link with the church—is to translate their religious convictions into meaningful social service (Constable 1983; Marty 1980). Charity, for example, may represent Judeo-Christian love, between individuals and God and among neighbors. It is not necessarily grounded in paternalism but may derive from a sense of religious obligation (Bullis 1995; Canda

1998; Canda and Furman 1999; Canda and Smith 2001; Hodge 2002, 2003; Joseph 1987; Judah 1985; Siporin 1992).

CLINICAL ORIENTATION. Most recently, the emerging emphasis on ethical dilemmas that arise in work with individuals, families, and groups reflects a clinical orientation toward the place of values and ethics in social work. This phenomenon—especially evident since the late 1970s—has been part of the contemporary wave of interest in professional ethics generally. Central to it are discussions about such issues as client confidentiality (for example, the duty to protect third parties, release of information to other service providers), privileged communication, informed consent, paternalism, termination of services, truth telling, dual relationship and boundary issues, conflicts of interest, whistle-blowing, and compliance with laws and agency rules and regulations. Especially characteristic of this orientation is an emphasis on ethical decision making and the resolution of conflicts of professional obligation. This emphasis on value conflicts and ethical dilemmas is grounded in part in social work's enduring concern about the relationship between clients' and workers' values.

DEFENSIVE ORIENTATION. A significant portion of current interest in social work values and ethics represents what might be dubbed a defensive orientation. In contrast to the clinical orientation, whose emphasis is on enhancing the ethical practice of social work primarily for the benefit of clients (including individual clients, families, small groups, communities, organizations, and the broader society), the defensive orientation focuses on risk management and the protection of the practitioner. It is based on concerns about allegations of various forms of negligence and malpractice, and it is dominated by concern about liability issues and the ever-increasing risk of lawsuits (Reamer 2003).

AMORALISTIC ORIENTATION. This collection of perspectives on the proper place of values and ethics in social work is tempered by an amoralistic orientation, whose principal feature is the absence of value-based or normative concepts. This view is characteristic of practitioners whose approach to social work is essentially technical, that is, preoccupied with technique. For example, many practitioners who participated in the "psychiatric deluge" of the 1920s avoided the language of values and ethics, substituting psychodynamic argot that they hoped would clarify the mysteries of human behavior. Their work was not value free, however; certainly, a preoccupation with psychodynamic constructs, or with any other theory, constitutes a value orientation (Perlman 1976:384). Rather, their work was not dominated by what have come to be widely regarded as traditional social work values. Modern-day social workers

whose strategies are determined largely by such supposedly value-neutral considerations as psychotherapeutic techniques, program evaluation, and cost-benefit analyses qualify as well.

The most visible and explicit statement of social work's current mission and values appears in the *NASW Code of Ethics* (1999). As I discuss in more detail later, the current code, only the third in NASW's history, is the first to contain a formally sanctioned mission statement. This mission statement clearly emphasizes social work's dual commitment to individual well-being and broader social welfare issues. The mission statement also highlights social work's enduring commitment to social justice issues:

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. A historic and defining feature of social work is the profession's focus on individual well-being in a social context and the well-being of society. Fundamental to social work is attention to the environmental forces that create, contribute to, and address problems in living.

Social workers promote social justice and social change with and on behalf of clients. "Client" is used inclusively to refer to individuals, families, groups, organizations, and communities. Social workers are sensitive to cultural and ethnic diversity and strive to end discrimination, oppression, poverty, and other forms of social injustice. These activities may be in the form of direct practice, community organizing, supervision, consultation, administration, advocacy, social and political action, policy development and implementation, education, and research and evaluation. Social workers seek to enhance the capacity of people to address their own needs. Social workers also seek to promote the responsiveness of organizations, communities, and other social institutions to individuals' needs and social problems.

(P. 1)

TYPOLOGIES OF VALUES IN SOCIAL WORK PRACTICE

How have the profession's values, as they have evolved over the years, influenced social work practice? Several scholars have attempted to define and categorize core social work values as they pertain to practice. One of the best-known attempts to outline core social work values that guide practice was made by Gordon in his classic article entitled "Knowledge and Value: Their Distinction and Relationship in Clarifying Social Work Practice" (1965). Gordon asserted that six value-based concepts constitute the foundation of social work practice:

1. The individual is the primary concern of this society.
2. Individuals in this society are interdependent.
3. Those individuals have social responsibility for one another.
4. There are human needs common to each person, yet each person is essentially unique and different from others.
5. An essential attribute of a democratic society is the realization of the full potential of each individual and the assumption of his or her social responsibility through active participation in society.
6. Society has a responsibility to provide ways in which obstacles to this self-realization (i.e., disequilibrium between the individual and his or her environment) can be overcome or prevented. (1965:32)

Vigilante endorsed a similar view, arguing:

The values of social work are those that fit under the broad rubric of humanitarianism. Central among these is the dignity and worth of the individual. Social work, therefore, is work with interrelationships among groups and individuals within the context of a societal goal. It is a good social responsibility. Humanitarianism is the philosophical justification. Its transmission into professional intervention creates the value-laden, "social" character of the social worker's function. (1974:109)

Another prominent formulation of core social work values appears in the *NASW Standards for the Classification of Social Work Practice* (1982, cited in Barker 1991b:246). According to this widely circulated and prominent document, basic values for the profession include:

1. Commitment to the primary importance of the individual in society
2. Respect for the confidentiality of relationships with clients
3. Commitment to social change to meet socially recognized needs
4. Willingness to keep personal feelings and needs separate from professional relationships
5. Willingness to transmit knowledge and skills to others
6. Respect and appreciation for individual and group differences
7. Commitment to develop clients' ability to help themselves
8. Willingness to persist in efforts on behalf of clients despite frustration
9. Commitment to social justice and the economic, physical, and mental well-being of all members of society
10. Commitment to high standards of personal and professional conduct

Although these various formulations demonstrate that there is variation in the specific core values of the profession identified by different authors, there

is considerable consistency as well. As Levy observed, social work values “rest on a fairly constant and fundamental value base with which social workers have been identified since the advent of their professionalization” (1976:80).

Commonly cited values are individual worth and dignity, respect of persons, valuing individuals’ capacity for change, client self-determination, providing individuals with opportunity to realize their potential, seeking to meet individuals’ common human needs, seeking to provide individuals with adequate resources and services to meet their basic needs, client empowerment, equal opportunity, nondiscrimination, respect for diversity, commitment to social change and social justice, confidentiality and privacy, and willingness to transmit professional knowledge and skills to others (Abbott 1988; Aptekar 1964; Baer and Federico 1979; Barker 1991b; Bartlett 1970; Biestek 1957; Biestek and Gehrig 1978; Billups 1992; Compton and Galaway 1994; Congress 1999; Goldstein 1983; Gordon 1962; Hunt 1978; A. Johnson 1955; L. Johnson 1989; Keith-Lucas 1977; Levy 1973, 1976, 1984; Morales and Sheafor 1986; NASW 1982; Plant 1970; Popple 1992; Pumphrey 1959; Reamer 1987a, 1989a, 1990, 1993a, 1994a; Sheafor, Horejsi, and Horejsi 1988; Siporin 1992; Solomon 1976; Teicher 1967; Timms 1983; Varley 1968; Wilson 1978).

Over the years a number of prominent social work scholars have formulated typologies or classifications of these specific values. In 1959 Pumphrey presented one of the earliest typologies of social work values as they pertain to practitioners’ relationships, placing them into three categories of value-based objectives. The first focused on “relating the values of the profession to those operating in the culture at large” (p. 79). This area concerned the compatibility between the profession’s mission—for example, regarding social justice, social change, meeting common human needs—and the broader society’s values. This category included examination of the possibility that social work’s value base and mission might conflict at times with the broader society’s values, for example, with respect to welfare reform or universal health care (A. Johnson 1955). As Frankel observed:

We are going to live a long time with problems that puzzle our minds and inflame our passions. For us, the overhanging problem is to maintain or create conditions for responsible social action in such an era of dangerous tumult. We shall need to be much clearer than we recently have been with respect to the rules of the road and the basic premises of our conduct. It is not enough to speak of “solving problems”: we have to be more exact and exacting about the principles that define for us the successful solution of a problem. In particular, this means that we must decide where we stand on the issue of the relationship of professional values to the broader social values.

(1969:30)

Pumphrey's second category focused on "internal relationships within the professional membership" (1959:79-80), for example, the ways in which the profession interprets and implements its values and encourages ethical behavior. This category includes social workers' efforts to clarify their basic values and ethical principles through *intraprofessional* communication and policy-making procedures.

Pumphrey's final category focused on "relations to the specific groups or individuals served" (p. 80), that is, understanding and responding to clients' needs in accordance with core social work values. This includes analyzing the values that guide practitioners' relationships with clients, such as respecting individual worth and dignity, valuing individuals' capacity for change and right to self-determination, promoting client empowerment, and so on.

Levy (1973, 1976, 1984) has also provided two useful classifications of the values held by the social work profession. In his first framework Levy (1973, 1976) identified three primary groups of values according to social workers' conceptions of people, conceptions of the outcomes of work with people, and ways of dealing with people. The first of the three groups included "preferred conceptions of people" (1973:38, 1976:83), such as the belief in individuals' inherent worth and dignity, capacity and drive toward constructive change, mutual responsibility, need to belong, uniqueness, and common human needs. The second group included "preferred outcomes for people" (1973:40, 1976:83), such as the belief in society's obligation to provide opportunities for individual growth and development; resources and services to help people meet their needs and to avoid such problems as hunger, inadequate education or housing, illness, and discrimination; and equal opportunity to participate in the molding of society. Levy argued that

a value framework is necessary within which individual social workers as well as agencies and professional associations may make their action choices, whether in relation to clients or in relation to the social conditions and institutions which affect them or might affect them given a bit of organized impetus. ... In spite of differences of opinion among social workers—sometimes based on religious or class orientations—many of these preferred outcomes are already shared. What is needed now is sufficient crystallization of a commitment to them to constitute the set of axiological rules which would serve as a series of guides, expectations, and criteria for evaluation against which the individual and collective actions of social workers may be weighed and appraised.

(1973:41)

Levy's third group included "preferred instrumentalities for dealing with people" (1973:41, 1976:83), such as the belief that people should be treated

with respect and dignity, have the right to self-determination, be encouraged to participate in social change, and be recognized as unique individuals: "When a client comes to the social worker, he should be able to expect to be treated in certain ways and not in others simply on the basis of the values he should be free to ascribe to him—for example, non-judgmentally" (1973:42).

Levy's second framework for classifying social work values was based on a different approach. Here Levy (1984:24–27) argued that core values for the profession ought to be derived from four broad and comprehensive categories of values: societal values, organizational and institutional values, professional values, and human service practice values. Here is a sampling of the particular values that fall within each category:

SOCIETAL VALUES

1. The physical, emotional, and mental health of all persons
2. The civil and legal rights of all persons
3. The social welfare of all persons
4. Altruism—the accreditation of nonremunerative efforts in behalf of others and out of sheer concern and compassion for others when they experience need of one kind or another
5. The uniqueness and differences of all persons and distinguishable groups of persons, as well as their common traits and characteristics
6. The dignity of all persons
7. Access to and opportunity for healthful and safe living conditions
8. Maximal opportunities for all persons to use and extend their personal capacities and potentials
9. Equal opportunity for education for all persons to the extent of their personal capacities, their interests, and their aspirations
10. Equal opportunity for all persons for gainful and satisfying employment in accordance with their ability and availability
11. Personal privacy
12. Maximal opportunities for all persons for satisfying, constructive, and salutary relationships with family members and others in accordance with their own needs and preferences
13. Opportunities for all persons for physical, cultural, and artistic enrichment and development
14. Opportunities for all persons for responsible participation in the formulation and implementation of public and social policies and for the development of skills in relation to both

ORGANIZATIONAL AND INSTITUTIONAL VALUES

1. The existence of and timely, adequate, unbiased, nondiscriminatory, and democratic performance by organizations and institutions of their chartered, legislated, or otherwise sanctioned functions
2. Equal access for all persons and distinguishable groups of persons to information regarding available organizational and institutional services, programs, and opportunities
3. Equal access for all persons and distinguishable groups of persons to all available services, programs, and opportunities
4. The adaptation of organizations and institutions to the changing needs and aspirations of all persons for which they have been created and designed, and are by charter or other sanction responsible to serve, as well as others in need of their services, programs, and opportunities
5. Fair, considerate, optimal, and creative use of organizational and institutional authority, resources, and opportunities
6. Considerate and respectful treatment of all persons
7. Maximum feasible participation and self-determination in all organizations and institutions for all persons served and affected by them
8. Opportunities for satisfying and productive participation in neighborhood and community affairs and developments
9. Organizational and institutional accountability for competent and ethical performance of sanctioned functions

PROFESSIONAL VALUES

1. The focus on human service rather than money getting or aggrandizement
2. Fair, considerate, optimal, and creative use of professional power, authority, and opportunities in relation to clientele and others
3. Accountability for competent, considerate, and ethical performance of professional functions
4. Advocacy in relation to public and social policies concerned with or affecting their clienteles and their functions

HUMAN SERVICE PRACTICE VALUES

1. Full, fair, competent, considerate, and ethical performance of professional functions
2. Avoidance of personal abuse and exploitation of clients and others
3. Respect for the personal dignity of clients and others

4. Respect for the personal privacy of clients and others
5. Honesty and credibility
6. Maximum feasible participation and self-determination of clients in relation to their needs, their problems, their interests, and their aspirations
7. Advocacy of public, social, organizational, and institutional policies in relation to the needs and aspirations of clients and others who share those needs and aspirations

The most visible contemporary typology of social work values appears in the current *NASW Code of Ethics* (1999). As I discuss more fully in chapter 3, the NASW Code of Ethics Revision Committee decided to include, for the first time in social work's history, a list of core values for the profession. After systematically reviewing many historical and contemporary discussions of social work values, in an effort to identify key themes and patterns, the committee generated a list of six core values and developed a broadly worded, value-based ethical principle and brief annotation for each of these values:

1. *VALUE: Service*

ETHICAL PRINCIPLE: Social workers' primary goal is to help people in need and to address social problems. Social workers elevate service to others above self-interest. Social workers draw on their knowledge, values, and skills to help people in need and to address social problems. Social workers are encouraged to volunteer some portion of their professional skills with no expectation of significant financial return (*pro bono* service).

2. *VALUE: Social Justice*

ETHICAL PRINCIPLE: Social workers challenge social injustice. Social workers pursue social change, particularly with and on behalf of vulnerable and oppressed individuals and groups of people. Social workers' social change efforts are focused primarily on issues of poverty, unemployment, discrimination, and others forms of social injustice. These activities seek to promote sensitivity to and knowledge about oppression and cultural and ethnic diversity. Social workers strive to ensure access to needed information, services, and resources; equality of opportunity; and meaningful participation in decision making for all people.

3. *VALUE: Dignity and Worth of the Person*

ETHICAL PRINCIPLE: Social workers respect the inherent dignity and worth of the person. Social workers treat each person in a caring and respectful fashion, mindful of individual differences and cultural and ethnic diversity. Social workers promote clients' socially responsible self-determination. Social workers seek to enhance clients' capacity and opportunity to change and to address their own needs. Social workers are cognizant of their dual responsibility to

clients and to the broader society. They seek to resolve conflicts between clients' interests and the broader society's interests in a socially responsible manner consistent with the values, ethical principles, and ethical standards of the profession.

4. *VALUE: Importance of Human Relationships*

ETHICAL PRINCIPLE: Social workers recognize the central importance of human relationships. Social workers understand that relationships between and among people are an important vehicle for change. Social workers engage people as partners in the helping process. Social workers seek to strengthen relationships among people in a purposeful effort to promote, restore, maintain, and enhance the well-being of individuals, families, social groups, organizations, and communities.

5. *VALUE: Integrity*

ETHICAL PRINCIPLE: Social workers behave in a trustworthy manner. Social workers are continually aware of the profession's mission, values, ethical principles, and ethical standards and practice in a manner consistent with them. Social workers act honestly and responsibly and promote ethical practices on the part of the organizations with which they are affiliated.

6. *VALUE: Competence*

ETHICAL PRINCIPLE: Social workers practice within their areas of competence and develop and enhance their professional expertise. Social workers continually strive to increase their professional knowledge and skills and to apply them in practice. Social workers should aspire to contribute to the knowledge base of the profession.

As the various typologies of social work values suggest, one of the most persistent themes in the value base of the profession concerns social workers' simultaneous commitment to individual well-being and to the welfare of the broader society. As I point out later in my discussion of ethical dilemmas, social workers sometimes face difficult choices between protection of clients' individual interests and protection of the broader community's interests. Tension also exists between social workers' commitment to the mental health of individuals and families and their commitment to social change related to such phenomena as inequality, discrimination, poverty, and injustice (Gil 1994, 1998; Reamer 1992a; Rhodes 1986; Specht 1990, 1991; Wakefield 1988a, 1988b). Billups, for example, argued that the "reconstruction or reinvigoration of social work...requires the creative inclusiveness of the simultaneous dual focus on aiding people and improving their social institutions. This is not only an obligation of the profession as a whole (and here is where we become a bit radical), but of its individual practitioners as well, no matter their personal predilections or professional specializations" (1992:105-6).

THE INFLUENCE OF SOCIAL WORK VALUES

A significant portion of the literature on social work values focuses on the need for social workers to clarify their personal values. The assumption here is that practitioners' personal values exert considerable influence on their views of their clients, their intervention frameworks and strategies, and their definitions of successful or unsuccessful outcomes. On occasion these personal values can prove troublesome, particularly if they conflict with laws or agency policy. Gordon, for example, asserted that for a social worker

to "value" something is to "prefer" it. A measure of the extent of a preference is what price, effort, or sacrifice one will make to obtain what is preferred, whether article, behavior, or state of affairs. To identify a value held by an individual or a society, therefore, requires a description of "what" is preferred and some measure of the extent of that preference, that is, the price in effort, money, or sacrifice the individual will pay to achieve his preference, or the provision a society will make or the positive or negative sanctions it will impose to enforce the preference.

(1965:33)

Rokeach's classic definition of personal values in *The Nature of Human Values* (1973) provides a useful way to conceptualize social workers' values: "An enduring belief that a specific mode or end state of existence is personally or socially preferable to an opposite or converse mode or end state of existence" (p. 5). From this perspective, it is important to distinguish among ultimate, proximate, and instrumental values. Ultimate values are broadly conceived and provide general guidance to a group's aims. In social work, values such as respect for persons, equality, and nondiscrimination constitute ultimate values. In one of the earliest and most ambitious studies of social work values, Pumphrey (1959:43-44) described the "ultimate professional values" that were widely embraced in that era and being transmitted to social workers:

1. Each human being should be regarded by all others as an object of infinite worth. He should be preserved in a state commensurate with his innate dignity and protected from suffering.
2. Human beings have large and as yet unknown capacities for developing both inner harmony and satisfaction and ability to make outward contributions to the development of others.
3. In order to realize his potentialities every human being must interact in giving and taking relationships with others, and has an equal right to opportunities to do so.

4. Human betterment is possible. Change, growth, movement, progress, improvement are terms appearing constantly in social work value statements, inferring social work's confidence that individually and collectively, human beings have capacity to change. Thus change per se is not sought, but change toward personal and social ideals affirmed by the profession, is something "better."
5. Change in a positive direction, for individuals, groups, or organized societies, may be speeded by active and purposive assistance or encouragement from others. Change in a negative direction may be slowed or prevented by the intervention of others. In other words, "helping" is a process of demonstrated validity, and is a value to be respected in its own right.
6. The most effective changes cannot be imposed. Man's potentialities include his capacity to discover and direct his own destiny. This capacity, unless lacking or grossly impaired, must be respected.
7. Much concerning man is knowable. Human effort should be directed to constant search for enlarged understanding of man's needs and potentialities. What already has been discovered should be made available and utilized in devising means to enhance individual and social self-fulfillment.
8. The profession of social work is a group committed to the preservation and implementation of these values.

(1959:43-44)

Proximate values, conversely, are more specific. In social work they might take the form of specific policies such as psychiatric patients' right to refuse certain types of treatment, welfare clients' right to a certain level of benefits, or ethnic minorities' right to quality health care. Finally, instrumental values are specifications of desirable means to valued ends. In social work, respecting clients' right to confidentiality, self-determination, and informed consent would be considered instrumental values (L. Johnson 1989; Rokeach 1973).

Although some social work scholars have argued that the profession does not possess a unique value base (Meinert 1980), most acknowledge that an enduring value base has indeed emerged and evolved over time.² Gordon (1965) argued that several criteria must be met for social work to be able to claim a unique set of values for the profession. First, social work must embrace, "without fundamental contradiction," what the majority of the profession believes is right for social work and "thus command practitioners' preference without reservation" (p. 38). Second, such a set of values must also be "sufficiently basic and fundamental to remain useful over a substantial period of time" and provide the profession with "the highest possible sense of mission and suggest more immediate goals and

2. Meinert (1980) offered one of the most extreme statements in the social work literature: "Social work values do not exist, and the myth that they do should not be perpetrated on students and the public any longer" (p. 15).

objectives consistent with this purpose" (p. 38). Finally, this set of values must "accommodate and encourage substantial growth of knowledge in the service of those values and encourage the treatment of preferred but unconfirmed assertions as hypotheses whenever they contain any elements of confirmability" (p. 38). Ideally, as Levy argued, social work values would become,

in their ultimate stage of development, were that ever to be attained, a basis of expectation—a basis for predicting or assuming what social workers would do under given circumstances, as well as for determining whether there have been any deviations or offenses. ... In that stance, the aim must be for all social workers to stand on similar value grounds whether they are practicing individually with clients or acting collectively on society and its institutions. ... Such value grounds must continue to remain the object of scrupulous attention even if at intervals they may represent a challenge to consensus. Consensus about them, however, and their ultimate incorporation into the social work value system when they are sufficiently refined and crystallized, must continue to be the collective objective of the social work profession. (1973:37, 38)

Clearly, social workers' personal values often shape their ethical decisions. Some moral philosophers argue that professionals' own moral virtues and character are at the heart of ethical decisions (MacIntyre 1984); ethical standards contained in codes of ethics and other guidelines are supplementary. According to Beauchamp and Childress (2001),

A *virtue* is a trait of character that is socially desirable, and a *moral virtue* is a morally valuable trait of character... We care morally about people's motives, and we care especially about their *characteristic* motives, that is, the motives deeply embedded in their character. Persons who are motivated in this manner by sympathy and personal affection, for example, meet our approval, whereas others who act the same way, but from motives of personal ambition, might not... In short, people may be disposed to do what is right, intend to do it, and do it, while also yearning to avoid doing it. Persons who characteristically perform morally right actions from such a motivational structure are not morally virtuous even if they always perform the morally right action. (P. 27)

From this perspective, known as *virtue ethics*, an ethical person has virtuous values and character traits—such as integrity, truthfulness, generosity, loyalty, sincerity, kindness, compassion, and trustworthiness—and acts in a manner consistent with them. Ethical judgments spring from these core values and character traits rather than from ethical rules and standards per se. Beauchamp and Childress (2001) state succinctly: "Character consists of a set of stable traits (virtues) that

affect a person's judgment and action. Although we each have a different set of character traits, all persons with normal capacities can cultivate the traits that are centrally important in morality. Most such traits incorporate a complex structure of beliefs, motives, and emotions. In professional life, the traits that deserve to be encouraged and admired often derive from role responsibilities" (p. 30).

CORE PROFESSIONAL VIRTUES

The best-known framework for understanding professionals' virtues was developed in the 1970s (and first published in 1979) by ethicists Tom Beauchamp and James Childress, at a time when the fields of biomedical ethics and professional ethics were just emerging and gaining prominence. Beauchamp and Childress (2001) identify several core or "focal" *virtues* that are critically important in the work carried out by professionals: compassion, discernment, trustworthiness, integrity, and conscientiousness. The authors define these terms as follows:

COMPASSION: A trait that combines an attitude of active regard for another's welfare with an imaginative awareness and emotional response of deep sympathy, tenderness, and discomfort at another's misfortune or suffering. Compassion presupposes sympathy, has affinities with mercy, and is expressed in acts of beneficence that attempt to alleviate the misfortune or suffering of another person.

DISCERNMENT: The virtue of discernment brings sensitive insight, acute judgment, and understanding to action. Discernment involves the ability to make judgments and reach decisions without being unduly influenced by extraneous considerations, fears, personal attachments, and the like.

TRUSTWORTHINESS: Trust is a confident belief in and reliance upon the moral character and competence of another person. Trust entails a confidence that another will act with the right motives and in accordance with appropriate moral norms.

INTEGRITY: Moral integrity means soundness, reliability, wholeness, and integration of moral character. In a more restricted sense, moral integrity means fidelity in adherence to moral norms. Accordingly, the virtue of integrity represents two aspects of a person's character. The first is a coherent integration of aspects of the self—emotions, aspirations, knowledge, and so on—so that each complements and does not frustrate the others. The second is the character trait of being faithful to moral values and standing up in their defense when necessary.

CONSCIENTIOUSNESS: An individual acts conscientiously if he or she is motivated to do what is right because it is right, has tried with due diligence to determine what is right, intends to do what is right, and exerts an appropriate level of effort to do so.

These five focal virtues are linked directly to four core moral principles that, Beauchamp and Childress (2001) claim, constitute the moral foundation of professional practice: autonomy, nonmaleficence, beneficence, and justice. These moral principles clearly have broad application to, and implications for, social work practice:

AUTONOMY: The concept of autonomy—which is closely connected with the enduring social work value of client self-determination—implies self-rule that is free from both controlling interference by others and from limitations, such as inadequate understanding, that prevent meaningful choice. The autonomous individual (for example, a client who is physically disabled and wishes to learn how to live independently in an apartment) acts freely in accordance with a self-chosen plan. A person of diminished autonomy (for example, a victim of domestic violence or child abuse) is in some respect controlled by others or incapable of deliberating or acting on the basis of his or her desires and plans.

NONMALEFICENCE: The principle of nonmaleficence asserts an obligation not to inflict harm on others. Typical examples include: do not kill; do not cause pain or suffering; do not incapacitate; do not cause offense; and do not deprive others of the goods of life. Thus social workers should not harm their clients, just as parents should not harm their children.

BENEFICENCE: The term beneficence connotes acts of mercy, kindness, and charity. Forms of beneficence also typically include altruism, love, and humanity. Beneficence refers to an action done to benefit others. Social workers' actions, typically, are rooted in beneficence.

JUSTICE: The terms fairness, desert (what is deserved), and entitlement have been used by various philosophers in attempts to explicate justice. These accounts interpret justice as fair, equitable, and appropriate treatment in light of what is due or owed to persons. Standards of justice are needed whenever persons are due benefits or burdens because of their particular properties or circumstances, such as being productive or having been harmed by another person's acts. A holder of a valid claim based in justice has a right and therefore is due something. An injustice thus involves a wrongful act or omission

that denies people benefits to which they have a right or distributes burdens unfairly. Social workers are especially concerned about promoting justice among people who are vulnerable (for example, frail elderly or neglected children), oppressed (victims of racial, ethnic, or social discrimination), or living in poverty.

RECONCILING PERSONAL AND PROFESSIONAL VALUES

Several issues related to social work values and moral principles, in light of practitioners' unique roles, deserve special emphasis. First, social workers occasionally face tension between their personal values and those held by clients, employers, or the social work profession itself. Such conflicts are inevitable.

With regard to clients, social workers sometimes encounter clients whose values and behaviors seem immoral and abhorrent (Goldstein 1987; Hardman 1975). Social workers may have strong reactions to the ways in which some clients parent their children, engage in self-destructive behavior, violate the law, or treat spouses or partners. How social workers respond in these situations—whether they share their opinions with clients or withhold any form of judgment—depends on practitioners' views about the role of their personal values and opinions. As Levy noted,

It is also incumbent upon the social worker to crystallize his own value orientation with respect to planned change. Some of his dilemmas in professional practice relate to the congruity or incongruity between his value orientation and those of his clients. Their resolution will depend in great measure on the values by which he is guided in his practice and their correlation with the values that dictate his clients' responses to the personal or social change to which his practice is geared.

(1976:101)

The following case illustrates the difficulty that social workers sometimes encounter with regard to conflict between their own and clients' values.

CASE 2.2

Roger P. is a social worker at the Pikesville Community Mental Health Center. His agency has an employee assistance contract with a local paper manufacturer. Under the contract, the agency provides counseling to company employees.

Alvin L., a worker at the factory, has been one of Roger P.'s clients for seven weeks. Alvin L. initially requested counseling because of his concern about the amount of alcohol

he was consuming. Actually, Alvin L. was referred for counseling by his supervisor, who had become concerned about Alvin L.'s job performance.

Roger P. received special training in alcoholism treatment. He and Alvin L. developed a plan to address Alvin L.'s drinking problem.

During one counseling session, Alvin L., who is married and the father of three children, casually mentioned that he is having an affair with a woman, a coworker at the paper factory. Alvin L. does not seem troubled by the affair and did not ask Roger P. for any help in relation to it.

However, Roger P. is deeply troubled by his client's secretive affair. Alvin L.'s behavior violates Roger P.'s values. Roger P. is uncertain whether he should share his concerns with his client.

In contrast, in some instances the social worker's principal goal is to recognize that clients are struggling with their values and ethical dilemmas and to help clients address them (Goldstein 1987; Siporin 1992:77). Examples include clients who are overwhelmed by the moral aspects of decisions or actions related to having an affair, caring for an elderly parent, aborting a pregnancy, divorcing a spouse, cheating on their income tax returns, and dealing with domestic violence. As Goldstein argued, social workers must learn that clients' difficulties often contain an important moral dimension, that clients are often wrestling with the moral aspects of problems in their lives:

The conflict and anguish that clients experience frequently result from the consequences of serious moral and ethical dilemmas and from the absence of dependable solutions. Such dilemmas are related to critical choices that need to be made about special problems of living, including obligation and responsibility to others... More to the point, it will be argued that an understanding of—and, therefore, practitioners' helpfulness to—clients who are in trouble or pain can be broadened and enriched by an awareness of the extent to which the condition of clients expresses a moral conflict. (1987:181, 182)

Thus to be helpful to clients, social workers must learn to view problems through an ethical lens—as well as a clinical lens—and to speak the language of ethics. It can be particularly helpful for practitioners to engage in a "moral dialogue" with clients and their significant others, such that social workers involve "key actors in exploring multiple moral worldviews and ethical frameworks regarding any given situation that calls for a decision" (Spano and Koenig 2003:98). In this process, social workers actively explore clients' perspectives about what they believe is ethically right and wrong.

CULTURAL AND RELIGIOUS VALUES

Value conflicts can arise especially when a social worker is providing services to a client whose cultural or religious beliefs support behaviors or activities (for example, concerning health care or the treatment of children) that run counter to the profession's or the worker's personal values (Hardman 1975; Hollis 1964; Loewenberg and Dolgoff 1996; Reamer 1990; Rhodes 1986; Timms 1983). Thus it is important for social workers to recognize the influence of their own and clients' religious and cultural values and beliefs. In a number of situations—for example, those involving a client's decision about abortion—religious beliefs exert considerable influence on clients' and practitioners' interpretation of and response to the problems presented (Canda 1998; Loewenberg 1988). Similarly, clients who seek social work counseling to address difficulties in their marriage may be influenced by religious beliefs. The social worker may conclude, after a number of treatment sessions, that it is unlikely the couple will be able to resolve their conflict and differences. The social worker may think it is appropriate for the couple to consider separation and divorce. The couple, however, may reject this possibility because their religion prohibits divorce.

Religious views can also have a more subtle influence on clients' and social workers' actions. Consider, for example, a case in which a social worker who is a community organizer encounters a group of Caucasian residents who express racist views about neighbors who are people of color. The social worker must decide how to confront and challenge the racist comments because they are abhorrent and violate social work values. It is conceivable that the social worker's reaction will be shaped in part by her strongly held religious beliefs and biblical injunctions concerning relationships among neighbors.

Social workers must also be mindful of potential conflicts between their personal values and clients' cultural or ethnic norms. This sort of conflict can be particularly troubling, as illustrated by the following example.

CASE 2.3

Carol S. is a social worker in the emergency room at Sinai Hospital. One afternoon an ambulance brought a nine-year-old Southeast Asian girl, whose family had recently immigrated to the United States, to the hospital. According to the emergency medical technician, the girl collapsed on her school playground during recess. During her examination, the school nurse noticed a large growth behind the girl's right ear.

Physicians who later examined the girl recommended that the growth on her head be biopsied. Carol S. contacted the girl's parents at work and explained the situation. The parents went to the hospital, where one of the physicians explained the medical

complications and planned procedures. The physician asked the parents to consent to the biopsy.

The parents refused to sign the consent form. Through an interpreter they explained to the physician and Carol S. that their culture prohibits any procedure involving penetration of the head. The parents said that, according to their traditional cultural beliefs, penetration of the head with a needle would release a spirit and that would have devastating effects on the child and other family members. Although the parents were worried about their child's health, they felt obligated to comply with their culture's long-standing traditions.

Social workers disagree about the extent to which they should share their opinions and values with clients. Some practitioners argue that when clients struggle with moral issues, the worker's role is to provide a neutral sounding board for them. From this perspective, the worker's values should not bias clients' efforts to resolve problems in their lives. A competing view, however, is that social workers should acknowledge their personal values to clients, so that clients have a full understanding of how the practitioner may be biased. Despite this enduring debate, there is considerable support in the profession for the sentiment enunciated years ago by Hollis:

Despite the fact that the concept of acceptance has been emphasized in casework for many years, it is still often misunderstood. It has to do with the worker's attitude—and hence communications—when the client is feeling guilty or for some reason unworthy of the worker's liking or respect. It is sometimes mistakenly assumed that the worker must be without an opinion about the rightness or wrongness, the advisability or inadvisability, of the client's activities. This would be impossible even if it were desirable. ... Certainly the worker's personal values must not be translated into goals for the client. His professional norms and values, on the other hand, inevitably and quite appropriately become a factor in treatment objectives.

(1964:85, 208)

Value conflicts can also arise between social workers' values and those of the profession. A good example concerns the profession's position on sexual orientation. NASW has adopted a position that is embraced by most but not all its members. According to the *NASW Code of Ethics* (1999), "social workers should not practice, condone, facilitate, or collaborate with any form of discrimination on the basis of ... sexual orientation" (standard 4.02). This is a policy that is troubling to a relatively small number of social workers who, for personal and religious reasons, are opposed to homosexuality and gay rights (for example, to marry or adopt children). This value conflict can present difficult problems for such social workers who are employed in settings that endorse the

NASW policy. In these instances, practitioners must make difficult decisions about the nature of their obligations to their clients, their employers, the social work profession, and themselves, keeping in mind the clear expectation that social workers will uphold the profession's values and not discriminate against people based on their sexual orientation. Consider the following case.

CASE 2.4

Oliver M. is a caseworker at a family social service agency. His caseload includes a number of students from a nearby college with which the agency has a contract to provide mental health services.

One of Oliver M.'s clients is a nineteen-year-old man, Tyrone P. Tyrone P. originally sought counseling because of his concern about anxiety symptoms he was experiencing.

At the beginning of one session, approximately three months after their relationship began, Tyrone P. disclosed to Oliver M. that he was beginning to realize that he is gay. Tyrone P. went on to explain that he is very confused about this discovery. He asked Oliver M. to help him sort out what is going on in his life and the nature of his sexual orientation.

In his personal life, Oliver M. practices a religion that is firmly opposed to and condemns homosexuality. Yet he knows that the family service agency for which he works subscribes to and actively supports the *NASW Code of Ethics's* principles and standards opposing discrimination on the basis of sexual orientation. Oliver M. knows that his agency's policies require him to avoid discriminating based on sexual orientation and to actively help clients who want to explore gay or lesbian lifestyles. Oliver M. is eager to help Tyrone P., but he is confused about how to reconcile his personal and religious beliefs with the agency's policy. Ultimately, Oliver M. decides that he is obligated as a social worker to help Tyrone P. resolve his personal issues without imposing his personal values. Oliver M. also understands that if he finds that his personal beliefs interfere with his efforts to help Tyrone P., he will need to consider transferring this client to a colleague who is better equipped to offer assistance.

THE TENSION BETWEEN FREE WILL AND DETERMINISM

Another issue deserving special emphasis concerns social workers' values or beliefs related to the determinants of clients' problems. Social workers repeatedly make assumptions about the causes and malleability of clients' problems and shape intervention plans accordingly (McDermott 1975; Reamer 1983a; Stalley 1975). For example, poverty may be viewed as the outcome of a grossly unjust society that harbors discrimination, exploitation of labor, and inadequate social support, or as the result of individual sloth and laziness. Similar contrast can be offered with respect to such problems as emotional distress, crime and delinquency, unemployment, and substance abuse. Whereas some

social workers may assume that these problems are the result of structural determinants over which individuals have little if any control, others may assume that these problems are the by-products of individual choice (Reamer 1983a).

Social workers' values in this regard are likely to have important bearing on their response and intervention. They may affect practitioners' beliefs about what kind of change is possible, how that change can be brought about, and what kind of assistance individuals deserve. A social worker who believes that a criminal (for example, a convicted child abuser) chooses his unlawful behavior (the so-called free-will view) may respond differently from a social worker who believes that the criminal behaves as he does because of the compelling societal forces surrounding him (the determinist view). These social workers may also have different sentiments about the extent to which the offender deserves help.

Differences in social work educators' views on the free will—determinism debate are reflected in the profession's literature. Ephross and Reisch, for example, found clear differences in the ideological and value orientations of authors of introductory social work texts:

There are clear differences among the books reviewed as to social, political and economic content, and it seems that these differences are quite important for the education of professional social workers. In a sense, one can distribute these introductory textbooks over an ideological spectrum. The temptation is to visualize such a spectrum as covering a range from "Left" to "Right." These terms are used a bit unconventionally here; they do not imply that the authors adhere to all of the political views commonly associated with Left or Right positions. Rather, the idea is of a scale whose polar points describe conceptions of the relationship between societal forces and individual experiences. The Left pole, then, encompasses the position that individuals' lives are circumscribed and heavily influenced, if not determined, by political, economic and institutional patterns within society. The Right pole attributes to individuals and families a great deal of leeway to determine their individual and interpersonal experiences. (1982:280)

CHALLENGING SOCIAL WORK'S VALUES

Another key issue concerns debate about the legitimacy of some contemporary social work values. Although social work's values traditionally have been embraced throughout the profession's history, it would be a mistake to conclude that they have been entirely static and unchallenged. Siporin (1982, 1983, 1989), for example, has expressed concern about what he believes may be excessive tolerance of nonnormative, libertarian views that may lead to abandon-

ment of personal and social responsibility. For Siporin social work is essentially a "moral enterprise" (1989:44) but an enterprise that has lost some of its moral bearings in recent years, due largely to the influence of the medical model and proprietary or entrepreneurial models of practice: "The net effect of these trends is that they have made for an erosion of social work morality, and of its ethical commitments. They have disrupted the balances that existed about conflicting values, created partisan dissension among social workers about the issues at stake, and have fragmented the consensual unity of the social work profession" (1989:50).

It is especially important for social workers to recognize that there is an essentially "political" aspect to their identification and endorsement of core social work values. Social work emerged in the context of Western capitalism, and the profession's values, particularly those focused on individual worth and dignity, self-determination, and distributive justice, have been influenced by Western political views (Popple 1992; Rhodes 1986). In important respects, social work values reflect a particular political ideology that ultimately influences the nature of practice. For example, social workers in a capitalist society who support and attempt to promote clients' right to self-determination may be embracing a form of individualism that runs counter to values found in other political contexts, such as a socialist society that places greater emphasis on collectivism. Similarly, the rights to privacy and to give informed consent that are now so prominent in Western society may seem quite foreign in cultures that have fundamentally different views of boundaries between people and those in authority positions.

FROM VALUES TO ACTION

Familiarity with social work values is certainly important in and of itself. After all, practitioners' belief in and endorsement of social work values are likely to provide the kind of inspiration needed to sustain a meaningful career. In addition, a firm understanding of social work values has a more instrumental purpose: to provide conceptually based and ethically sound guides to actual practice. If practice principles are to be expressions of the profession's values, social workers must be able to identify and appreciate the connections between the profession's value base and the practice principles that influence practitioners' day-to-day work. As Perlman observed,

A value has small worth except as it is moved, or is moveable, from believing into doing, from verbal affirmation into action. A value—defined here as a cherished belief, an emotionally invested preference or desideratum—has small worth if it

cannot be transmuted from idea of conviction into some form, quality, or direction of behavior. The power of a value lies in its governance and guidance for action. ... Social work's specialness, then, is at the level of proximate instrumental values. Our specialness lies in the particular knowledges, skills, and resources that we have developed or organized by which the over-arching values may be drawn upon, reached for, and actualized. (1976:381, 382)

One of social workers' most challenging tasks is to convert conceptually based values, which are often worded abstractly, into concrete guidelines for day-to-day practice. As R. M. Williams Jr. concluded, "Values serve as criteria for selection in action. When most explicit and fully conceptualized, values become criteria for judgment, preference, and choice" (1968:283).

Social workers must be clear about professional values because, in the final analysis, practitioners' judgments about the relative importance of different values will influence their decisions when professional duties and obligations conflict, the principal ingredient of an ethical dilemma (Frankel 1959:349). Levy made this observation succinctly: "Ethics, in effect, is values in operation. ... On the basis of these values, social workers can decide on or plan their professional moves and evaluate them afterwards. These values can serve as a basis for regulatory and grievance procedures, designed to encourage ethical social work practice and to adjudicate charges of deviation" (1976:14, 79).

Practically speaking, social workers' principal task is to convert the profession's core values as articulated in the *NASW Code of Ethics*—service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence—into meaningful action. For social workers to be of service they must elevate helping people in need above self-interest and, when feasible, volunteer some portion of their professional skills to help others. Altruism should be more than a glib ideal; it should be a lived reality.

To promote social justice, social workers must pay particular attention to the needs of vulnerable and oppressed individuals, especially those who struggle with poverty, unemployment, discrimination, and other forms of social injustice. Social workers who truly care about social justice do what they can to meet the individual needs of victimized people and engage in social action (such as legislative advocacy, community organizing, political campaigning, and lobbying) to bring about meaningful, lasting, and structural change in an unjust society.

Social workers who care about the inherent dignity and worth of people treat others respectfully and avoid arrogance and dogmatic rhetoric. Social workers do what they can to promote individuals' capacity to pursue their own goals in life and avoid paternalistic, patronizing interventions. Social workers

especially strive to engage people as partners in the helping process, and they do so with as much honesty, integrity, and competence as possible.

In this chapter I discussed the nature of social work values and their influence on the profession's mission and intervention approaches. As I show in the next chapter, conflicts among these core values in social work practice periodically produce complex ethical dilemmas requiring difficult decisions. Throughout the discussion that follows I illustrate how the various perspectives on social work values I have just reviewed have a direct bearing on practitioners' ethical decisions.

DISCUSSION QUESTIONS

1. What personal values of yours influenced your decision to become a social worker?
2. Do any of your personal values conflict with the core values of the social work profession? If so, how do you handle this conflict?
3. Have you ever worked with a client whose personal values trouble you? How did you handle this conflict between your values and your client's values?
4. In what ways are social work's core values and mission similar to, and different from, the core values and mission of other helping professions (such as counseling and psychology)?

3

ETHICAL DILEMMAS AND DECISION MAKING

A Framework

CASE 3.1

Hinda B., a social worker, is clinical director at the Mt. Washington Women's Shelter. The shelter provides temporary housing and counseling for women who have been battered by their partners. The shelter has room for eight women and their children.

Mary M. and her two children have been at the shelter for six weeks. This is the family's third stay at the shelter. Mary M. reports that she has been battered by her husband "off and on for about two years. He has a real serious drinking problem. When he's sober, he's not too bad. But when he gets that whiskey in him, all of us have to watch out."

Mary M. is recovering from a broken jaw she suffered as a result of the most recent beating at the hands of her husband. She says she is afraid for herself and for her children.

At a staff meeting one afternoon Hinda B. says that she has a real problem with this case and needs some help:

Mary says she knows she's got to get away from her husband. She knows he has a very serious drinking problem and that he poses a real threat to her and the kids. But she also says that she still loves her husband and hopes he will change. I'm afraid she'll go back to him. This is what we're working on.

The immediate problem, however, is that Mary just confided in me that for the last three years she has been committing welfare fraud. I mean big-time welfare fraud. Mary told me she's been collecting welfare checks under three different names and that she thinks she has saved enough money for her and the kids to move out on their own.

What do I do? Am I obligated to report this to the public welfare department, or is this confidential information? Should I confront Mary? Or should I overlook this because it may be Mary's only way out of the abusive situation with her husband?

This case provides a good illustration of an ethical dilemma in social work. As discussed earlier, an ethical dilemma occurs when a social worker encounters conflict among professional duties and values and must decide which take precedence. In this instance, the social worker is torn between her inclination to respect her client's right to confidentiality and her wish to protect her client from harm. The social worker is also concerned about the illegal nature of her client's activity.

Moral philosophers and ethicists often refer to these situations as hard cases. These are cases that confront one with a difficult choice between conflicting duties, or what the philosopher W.D. Ross (1930) referred to as conflicting *prima facie* duties—duties that, when considered by themselves, we are inclined to perform. For example, social workers ordinarily want to respect clients' right to confidentiality and protect them from harm. In some situations, however, doing both simultaneously may be difficult. Eventually, social workers must choose what Ross (1930) called an *actual* duty from among conflicting *prima facie* duties.

Thus hard cases are those in which *prima facie* duties clash and social workers must choose between two incompatible but ordinarily appealing options or between two incompatible and ordinarily unappealing options. Either way, we seem to have to sacrifice something, and our choice sometimes reduces to what Popper (1966) referred to as the "minimization of suffering."

Many ethical issues in social work are not this complicated. We know, for example, that we should ordinarily tell clients the truth. We also know that we should avoid actions that are likely to injure clients. These are obvious duties, and most of the time they do not conflict. However, occasionally such duties do conflict, for example, when telling clients the truth (perhaps as a candid response to a direct question about the status of a client's mental health) is likely to exacerbate their emotional suffering. These are hard cases (Reamer 1989a).

In this chapter I explore the nature of ethical dilemmas in social work practice and examine how several tools—including codes of ethics, ethical principles, and ethical theory—can help practitioners make ethical decisions. In chapters 4 and 5 I focus on a wide range of ethical dilemmas in more depth and apply these decision-making tools to them.

CODES OF ETHICS

Nearly all professions have developed codes of ethics to assist practitioners who face ethical dilemmas; most were developed during the twentieth century. Actually, codes of ethics serve several functions in addition to providing

general guidance related to ethical dilemmas: they also protect the profession from outside regulation, establish norms related to the profession's mission and methods, and enunciate standards that can help adjudicate allegations of misconduct (Jamal and Bowie 1995; Corey, Corey, and Callanan 2002:5).

Until recently, the most visible guides to social workers' ethical decisions were professional codes of ethics (Reamer 1995a, 1997b). Social work has several codes of ethics, including the *NASW Code of Ethics*, *Code of Ethics of the National Association of Black Social Workers*, *Code of Ethics of the National Federation of Societies for Clinical Social Work*, and *Code of Ethics of the Canadian Association of Social Workers*.

The best-known ethics code to which social workers in the United States subscribe is the *NASW Code of Ethics*. The organization has published several versions of the code, reflecting changes in the broader culture and in social work's standards.

An experimental code of ethics, published in 1920, has been traced to Mary Richmond (Pumphrey 1959), making it the earliest known attempt to formulate such a code. Although several other social work organizations formulated draft codes during the early years of the profession's history—for example, the American Association for Organizing Family Social Work and several chapters of the American Association of Social Workers—not until 1947 did the latter group, the largest organization of social workers of that era, adopt a formal code (A. Johnson 1955). In 1960, five years after NASW was formed, the organization adopted its first code of ethics.

The 1960 *Code of Ethics* consisted of a series of proclamations concerning, for example, every social worker's duty to give precedence to professional responsibility over personal interests; respect the privacy of clients; give appropriate professional service in public emergencies; and contribute knowledge, skills, and support to programs of human welfare. First-person statements (such as "I give precedence to my professional responsibility over my personal interests" and "I respect the privacy of the people I serve") were preceded by a preamble that set forth social workers' responsibility to uphold humanitarian ideals, maintain and improve social work service, and develop the philosophy and skills of the profession. In 1967 a principle pledging nondiscrimination was added to the proclamations.

However, soon after the adoption of the 1960 code, NASW members began to express concern about its level of abstraction, its scope and usefulness for resolving ethical dilemmas, and its provisions for handling ethics complaints about practitioners and agencies (McCann and Cutler 1979). In 1977 the NASW Delegate Assembly established a task force to revise the profession's code of ethics and to enhance its relevance to practice. The revised code, enacted in 1979 and implemented in 1980, included six sections of brief, unannotated principles

preceded by a preamble setting forth the general purpose of the code, the enduring social work values upon which it was based, and a declaration that the code's principles provided standards for the enforcement of ethical practices among social workers.

The 1979 code was revised twice. In 1990 several principles related to solicitation of clients and fee setting were modified after the Federal Trade Commission began an inquiry in 1986 concerning the possibility that NASW policies promoted "restraint of trade." As a result of the inquiry, NASW revised principles in the code in order to remove prohibitions concerning solicitation of clients from colleagues or one's agency and to modify wording related to accepting compensation for making a referral. NASW also entered into a consent agreement with the FTC concerning the issues raised by the inquiry.

In 1992 the president of NASW appointed a national task force, chaired by this author, to suggest several specific revisions of the code. In 1993, based on this task force's recommendations, the NASW Delegate Assembly voted to amend the code to include several new principles related to the problem of social worker impairment and the problem of inappropriate boundaries between social workers and clients, colleagues, students, and so on (these revisions took effect in 1994). The problem of impairment concerns instances in which social workers' problems interfere with their professional functioning; the problem of inappropriate boundaries concerns the need for social workers to avoid exploitative or harmful relationships with clients and others with whom they work. Also in 1993 the NASW Delegate Assembly passed a resolution authorizing substantial revision of the association's code of ethics.

The 1979 NASW code (as amended) set forth principles related to social workers' conduct and comportment, and to ethical responsibility to clients, colleagues, employers and employing organizations, the social work profession, and society. The code's principles were both prescriptive (for example, "The social worker should respect the privacy of clients and hold in confidence all information obtained in the course of professional service," and "The social worker's primary responsibility is to clients") and proscriptive (for example, "The social worker should not participate in, condone, or be associated with dishonesty, fraud, deceit, or misrepresentation"). A number of the code's principles were concrete and specific (for example, "The social worker should under no circumstances engage in sexual activities with clients," and "The social worker should respect confidences shared by colleagues in the course of their professional relationships and transactions"), whereas others were more abstract, asserting ethical ideals (for example, "The social worker should promote the general welfare of society," and "The social worker should uphold and advance the values, ethics, knowledge, and mission of the profession").

The wide range of principles in the code demonstrates that it was designed to serve several purposes. The more abstract, idealistic principles concerning social justice and general welfare provided social workers with important aspirations, as opposed to enforceable standards. Other principles, however, set forth specific rules with which practitioners were expected to comply, violations of which provided grounds for filing a formal ethics complaint. In addition, a major purpose of the code was to provide social workers with principles to help them resolve ethical dilemmas encountered in practice.

Unfortunately, many social workers did not find this version of the NASW *Code of Ethics*, or any other social work code of ethics, routinely helpful when faced with complicated ethical issues. Although the NASW code addressed a number of important topics—such as confidentiality, sexual misconduct, and client exploitation—it did not provide concrete guidance in those instances in which professional duties were in conflict. In the Mary M. case, for instance, the principle concerning clients' right to confidentiality conflicts with the principle prohibiting social workers from being associated with dishonesty, fraud, and deceit. As McCann and Cutler noted in their widely circulated critique of the 1960 code,

The sources of dissatisfaction are widespread and have involved practitioners, clients, chapter committees, and, in particular, those persons directly engaged in the adjudication of complaints in which unethical behavior is charged. At a time of growing specialization and organizational differentiation, a variety of issues have surfaced centering on the nature of the code itself, its level of abstraction and ambiguity, its scope and usefulness, and its provision for the handling of ethical complaints.

(1979:5)

Of course, it would be unreasonable to expect a code of ethics to provide explicit guidance in every instance in which professional duties clash and create an ethical dilemma (Corey, Corey, and Callanan 2002; Jamal and Bowie 1995). Codes of ethics are written for several purposes, including the inspiration of professions' members, to set forth general ethical norms for professions, and to provide professions with a moral compass; too much specificity would overwhelm the code with detail (Kultgen 1982). As the preamble to the 1994 update of the 1979 edition of the NASW code acknowledged,

In itself, this code does not represent a set of rules that will prescribe all the behaviors of social workers in all the complexities of professional life. Rather, it offers general principles to guide conduct, and the judicious appraisal of conduct, in situations that have ethical implications. It provides the basis for making judgments about ethical actions before and after they occur. Frequently, the particular

situation determines the ethical principles that apply and the manner of their application. In such cases, not only the particular ethical principles are taken into immediate consideration, but also the entire code and its spirit. Specific applications of ethical principles must be judged within the context in which they are being considered.

(P. V)

Because of growing dissatisfaction with the 1979 NASW code, and because of dramatic developments in the field of applied and professional ethics since the ratification of the 1979 code, the 1993 NASW Delegate Assembly passed a resolution to establish a task force to draft an entirely new code of ethics for submission to the 1996 Delegate Assembly.¹ The task force was established in an effort to develop a new code of ethics that would be far more comprehensive in scope and relevant to contemporary practice. Since the adoption of the 1979 code, social workers had developed a keener grasp of a wide range of ethical issues facing practitioners, many of which were not addressed in the NASW code. The broader field of applied and professional ethics, which had begun in the early 1970s, had matured considerably, resulting in the identification and greater understanding of novel ethical issues not cited in the 1979 code. Especially during the 1980s and early 1990s, scholarly analyses of ethical issues in the professions generally, and social work in particular, burgeoned.

THE CURRENT NASW CODE OF ETHICS

The Code of Ethics Revision Committee was appointed in 1994 and spent two years drafting a new code. The committee, which I chaired and which included a professional ethicist and social workers from a variety of practice and educational settings, carried out its work in three phases. The committee first reviewed literature on social work ethics and on applied and professional ethics generally to identify key concepts and issues that the new code might address. The committee also reviewed the 1979 code to identify content that should be retained or deleted and areas where content might be added. The committee then discussed ways of organizing the new code to enhance its relevance and use in practice.

During the second phase, which overlapped with the activities of the first phase, the committee issued formal invitations to all NASW members and to members of various social work organizations (for example, the National Association of Black Social Workers, Council on Social Work Education, American Association of State Social Work Boards, and National Federation

1. Portions of this discussion are adapted from Reamer 1992a.

of Societies for Clinical Social Work) to suggest issues that the new code might address. The committee then reviewed its list of relevant content areas drawn from the literature and from public comment and developed a number of rough drafts; the committee shared its final draft with a small group of ethics experts in social work and other professions for their comments.

In the third phase the committee made a number of revisions based on the feedback it received from the experts who reviewed the document, published a copy of the draft code in the *NASW News*, and invited NASW members to submit comments for consideration by the committee as it prepared the final draft for submission to the 1996 NASW Delegate Assembly. In addition, during this last phase members of the committee met with each of the NASW Delegate Assembly regional coalitions to discuss the code's development and receive delegates' comments and feedback. The code was then presented to and ratified by the Delegate Assembly in August 1996 and implemented in January 1997.

The code, which contains the most comprehensive contemporary statement of ethical standards in social work, includes four major sections. The first section, "Preamble," summarizes social work's mission and core values, as presented in chapter 2. This is the first time in NASW's history that its code of ethics has contained a formally sanctioned mission statement and an explicit summary of the profession's core values. The mission statement sets forth several themes key to social work practice.

- Commitment to enhancing human well-being and helping meet basic human needs of all people. Social work historically has paid particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty. The NASW committee included the concept of this enduring dedication to basic human needs to remind social workers of the profession's fundamental preoccupation with people's most essential needs, such as food, clothing, health care, and shelter. (See Towle's original work, *Common Human Needs* [1965], for an influential discussion of this concept.)
- Client empowerment. Especially during the era of charity organization societies in the late nineteenth and early twentieth centuries, many social workers tended to behave paternalistically toward clients. Social workers of that time were inclined to focus on issues of moral rectitude and character in an effort to address people's problems. Over the years, however, as social workers have developed a richer understanding of the ways in which structural problems—such as a weak economy, racial discrimination, poverty, and deindustrialization—can create problems in people's lives, they have promoted client empowerment as a goal (Gutierrez 1990). *Empowerment* is "the process of helping individuals, families, groups, and communities increase their person-

al, interpersonal, socioeconomic, and political strength and influence toward improving their circumstances" (Barker 1995:74). As Black has suggested:

Social work has found the concept of empowerment useful for deepening the concerns of the generalist by specifying practice objectives that combine personal control, ability to affect the behavior of others, enhancement of personal and community strengths, increased equity in distribution of resources, ecological assessment, and the generation of power through the empowerment process. The helping relationship is based on collaboration and mutual respect and emphasizes building on existing strengths. (1994:397)

■ Service to people who are vulnerable and oppressed (Gil 1994, 1998). Historically, social workers have been concerned about the well-being of people living in poverty and who are otherwise oppressed. Throughout the profession's history, however, debate has been vigorous about the extent to which social work must, by definition, focus on the needs of people who are poor and oppressed. In recent years, especially, the profession has seen an increase in the number of people interested in obtaining a social work degree to provide clinical mental health services primarily to those who are affluent or covered by third-party insurers (McMahon 1992; Popple 1992; Reamer 1992a; Siporin 1992).

The NASW Code of Ethics Revision Committee confronted this issue head-on, and the new code reflects the committee's conclusion. The mission statement stresses social work's "particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty." This does not mean that social workers are concerned exclusively with poor and oppressed people. However, it does mean that at social work's core is a fundamental interest in and commitment to people who are poor and oppressed. The committee recognized that many legitimate and important forms of social work address the needs of middle- and upper-income people and those who are eligible for third-party coverage, including social work services provided in schools, hospitals and other health care facilities, mental health agencies, private practice settings, work sites, and the military. However, the committee also asserted that a primary commitment to people who are poor and oppressed is an essential ingredient of social work's mission and identity—an ingredient that serves to distinguish social work from other helping professions.

■ Focus on individual well-being in a social context. Another defining feature of social work is the profession's earnest attempt to understand and address individuals' problems in a social context. Consistent with the widely embraced ecological perspective (Compton and Gallaway 1994; Germain and Gitterman

1980; Hartman 1994), social workers pride themselves on their determination to examine people's problems in the context of their environment, including their families, communities, social networks, employment settings, ethnic and religious affiliations, and so forth.

- Promotion of social justice and social change. One of social work's hallmarks is its enduring and deep-seated commitment to social justice with and on behalf of clients. Throughout the profession's history, social workers have been actively involved in efforts to address basic human needs and enhance people's access to important social services. Such social action has taken various forms, such as lobbying public officials, undertaking community organizing, changing organizations to be more responsive, and campaigning for political candidates (Weil and Gamble 1995). Although their social change efforts have ebbed and flowed over time (Gil 1994, 1998) at both the national and local levels, at least in principle social workers have understood the importance of social justice and social action. This too is one of the features that distinguishes social work from other helping professions.

- Sensitivity to cultural and ethnic diversity. Unlike the earlier NASW codes of ethics, the 1996 code emphasizes the need for social workers to understand the role of cultural and ethnic diversity in practice; it also exhorts social workers to strive to end all forms of discrimination, whether related to race, ethnicity, gender, or sexual orientation. Particularly since the 1970s, social workers have enhanced their understanding of the ways in which cultural and ethnic norms and history can affect clients' experiences, perceptions, and life circumstances. In addition, social workers have developed a sound understanding of the ways in which social work interventions and social policies must take into consideration cultural and ethnic diversity (Anderson and Carter 2002; Cox and Ephross 1997; Devore and Schlesinger 1998; Hooyman 1994; Pinderhughes 1994).

The second section, "Purpose of the NASW Code of Ethics," provides an overview of the code's main functions and a brief guide for dealing with ethical issues or dilemmas in social work practice. This section alerts social workers to the code's various purposes, to

- Set forth broad ethical principles that reflect the profession's core values and establish ethical standards to guide social work practice
- Help social workers identify relevant considerations when professional obligations, conflicts, or ethical uncertainties arise
- Socialize practitioners new to the field to social work's mission, values, and ethical standards
- Provide ethical standards to which the general public can hold the social work profession accountable

- Articulate standards that the profession itself (and other bodies that choose to adopt the code, such as licensing and regulatory boards, professional liability insurance providers, courts of law, agency boards of directors, and government agencies) can use to assess whether social workers have engaged in unethical conduct

The brief guide in this section of the code to dealing with ethical issues highlights various resources social workers should consider when faced with difficult ethical decisions. Such resources (discussed in more detail later) include ethical theory and decision making, social work practice theory and research, laws, regulations, agency policies, and other relevant codes of ethics. The guide encourages social workers to obtain an ethics consultation when appropriate, perhaps from an agency-based or social work organization's ethics committee, regulatory bodies (for example, a state licensing board), knowledgeable colleagues, supervisors, or legal counsel.

A key feature of this section of the code is its explicit acknowledgment that instances sometimes arise in social work in which the code's values, principles, and standards conflict. Moreover, at times the code's provisions can conflict with agency policies, relevant laws or regulations, and ethical standards in allied professions (such as psychology and counseling). The code does not provide a formula for resolving such conflicts and "does not specify which values, principles, and standards are most important and ought to outweigh others in instances when they conflict" (NASW 1999:3). The code states that

reasonable differences of opinion can and do exist among social workers with respect to the ways in which values, ethical principles, and ethical standards should be rank ordered when they conflict. Ethical decision making in a given situation must apply the informed judgment of the individual social worker and should also consider how the issues would be judged in a peer review process where the ethical standards of the profession would be applied. ... Social workers' decisions and actions should be consistent with the spirit as well as the letter of this code.

(NASW 1999:3)

The code's third section, "Ethical Principles," presents six broad ethical principles that inform social work practice, one for each of the six core values cited in the preamble. The principles are presented at a fairly high level of abstraction to provide a conceptual base for the profession's more specific ethical standards. The code also includes a brief annotation for each of the principles (see chapter 2).

The code's final section, "Ethical Standards," includes 155 specific ethical standards to guide social workers' conduct and provide a basis for adjudication of ethics complaints filed against NASW members. The standards fall into six

categories concerning social workers' ethical responsibilities to clients, to colleagues, in practice settings, as professionals, to the profession, and to society at large. The introduction to this section of the code states explicitly that some standards are enforceable guidelines for professional conduct and some are standards to which social workers should aspire. Furthermore, the code states, "The extent to which each standard is enforceable is a matter of professional judgment to be exercised by those responsible for reviewing alleged violations of ethical standards" (NASW 1999:7).

In general, the code's standards concern three kinds of issues (Reamer 1994b). The first includes what can be described as mistakes social workers might make that have ethical implications. Examples include leaving confidential material displayed on one's desk in such a way that it can be read by unauthorized persons or forgetting to include important details in a client's informed consent document. The second category includes issues associated with difficult ethical decisions or dilemmas—for example, whether to disclose confidential information to protect a third party from serious harm or whether to continue providing services to an indigent client whose insurance coverage has been exhausted. The final category includes issues pertaining to social worker misconduct, such as exploitation of clients, boundary violations, or fraudulent billing for service rendered.

ETHICAL RESPONSIBILITIES TO CLIENTS

The first section of the code's ethical standards is the most detailed. It addresses a wide range of issues involved in the delivery of services to individuals, families, couples, and small groups of clients. In particular, this section focuses on social workers' commitment to clients, clients' right to self-determination, informed consent, professional competence, cultural competence and social diversity, conflicts of interest, privacy and confidentiality, client access to records, sexual relationships and physical contact with clients, sexual harassment, the use of derogatory language, payment for services, clients who lack decision-making capacity, interruption of services, and termination of services.

Unlike the 1960 and 1979 codes, the 1996 *NASW Code of Ethics* acknowledges that although social workers' primary responsibility is to clients, instances can arise when "social workers' responsibility to the larger society or specific legal obligations may on limited occasions supersede the loyalty owed to clients" (standard 1.01). Examples include a social worker required by law to report that clients have abused a child or have threatened to harm themselves or others. In a similar vein, the code also acknowledges that clients' right to self-determination, which social workers ordinarily respect, may be limited when clients' actions or potential actions pose a serious, foreseeable, and imminent risk to themselves or others.

Standards on informed consent were added to the 1996 code to specify the elements that social workers should include when obtaining consent from clients or potential clients for the delivery of services; using electronic media, such as computers, telephones, radio, and television, to provide services; audio- or videotaping clients; permitting observation by third parties of clients who are receiving services; and releasing information. Consent forms should use clear and understandable language to explain the purpose of services to be provided, risks related to the services, relevant costs, reasonable alternatives, clients' right to refuse or withdraw consent, and the time frame covered by the consent. Social workers are also instructed to inform clients of any limits to services because of the requirements of a third-party payer, such as an insurance or managed care company. This is a critically important provision in light of the growing influence of third-party payers in recent years (Reamer 1997c).

A new section in the current code pertains to the subject of cultural competence and social diversity. As discussed earlier, in recent years social workers have enhanced their understanding of the relevance of cultural and social diversity in their work with clients. Cultural and ethnic norms, for example, may shape clients' understanding of issues in their lives and affect their response to available social services. Consequently, the code requires that social workers take reasonable steps to understand and be sensitive to clients' cultures and social diversity with respect to race, ethnicity, national origin, color, sex, sexual orientation, age, marital status, political belief, religion, and mental or physical disability.

The code's standards concerning conflicts of interest alert social workers to their obligation to avoid circumstances that might interfere with the exercise of professional discretion and impartial judgment. This includes avoiding any "dual" or "multiple" relationships with clients or former clients that carry a risk of exploitation or potential harm to the client (the nature of dual and multiple relationships is discussed in detail in chapter 4). Social workers are also urged to take special precautions when they provide services to two or more persons who have a relationship with each other. Social workers who anticipate having to perform in potentially conflicting roles are advised to clarify their obligations with the parties involved and take appropriate action to minimize any conflict of interest (for example, when a social worker is asked to testify in a child custody dispute or divorce proceedings involving clients).

The 1996 code substantially expanded the profession's standards on privacy and confidentiality. Noteworthy are details concerning social workers' obligation to disclose confidential information to protect third parties from serious harm; confidentiality guidelines when working with families, couples, or small groups; disclosure of confidential information to third-party payers; discussion of confidential information in public and semipublic areas, such as hallways, waiting rooms, elevators, and restaurants; disclosure of confidential information during legal proceedings; protection of the confidentiality of clients' written

and electronic records and of information transmitted to other parties through the use of such devices as computers, e-mail, facsimile (fax) machines, and telephones; the use of case material in teaching or training; and protection of the confidentiality of deceased clients. Social workers are advised to discuss confidentiality policies and guidelines as soon as possible in the social worker—client relationship and as needed throughout the course of the relationship.²

The 1996 code also added considerable detail on social workers' sexual relationships with clients. In addition to prohibiting sexual relationships with current clients, which was addressed in the 1979 code, the current code generally prohibits sexual activities or sexual contact with former clients. This is a particularly important development, considering intense concern among social workers about practitioners' potential exploitation of former clients. The code also prohibits sexual activities or sexual contact with clients' relatives or other individuals with whom clients maintain a close, personal relationship whenever a risk of exploitation or potential harm to the clients exists. Furthermore, social workers are advised not to provide clinical services to individuals with whom they have had a previous sexual relationship because of the likelihood that such a relationship would make it difficult for the social worker and client to maintain appropriate professional boundaries.

In addition to its greatly expanded detail on sexual relationships, the NASW *Code of Ethics* comments on other physical contact between social workers and clients. The code acknowledges the possibility of appropriate physical contact (for example, briefly comforting a distraught child who has been removed from his or her home because of parental neglect or holding the hand of a nursing home resident whose spouse has died) but cautions social workers not to engage in physical contact with clients, such as cradling or caressing, when psychological harm to the client could result. Social workers are also admonished not to sexually harass clients.

The 1996 code also added a specific provision concerning the use of bartering, that is, accepting goods or services from clients as payment for professional service. The code stops short of banning bartering outright, recognizing that in some communities bartering may be a widely accepted form of payment. However, the code advises social workers to avoid bartering because of the potential for conflicts of interest, exploitation, and inappropriate boundaries in social workers' relationships with clients. For example, if a client pays a

2. The 1999 NASW Delegate Assembly voted to make one change in the 1996 code. The wording in standard 1.07(c) was revised with respect to disclosure of confidential information without client consent. Language authorizing release of information "when laws or regulations require disclosure without a client's consent" was deleted. The change was made in response to concern that social workers might undermine or jeopardize clients' interests in their effort to comply with this provision (for example, if social workers felt obligated to disclose to law enforcement officials the identity of clients who are not legal immigrants).

social worker for counseling by performing some service—such as painting the social worker's house or repairing the social worker's car—and the service is somehow unsatisfactory, attempts to resolve the problem could interfere with the therapeutic relationship and seriously undermine the social worker's effective delivery of counseling services.

In addition to advising social workers to terminate with clients properly when services are no longer required or no longer serve the clients' needs or interests, the code permits social workers in fee-for-service settings to terminate services to clients who are not paying an overdue balance. However, services may be terminated in these circumstances only when the financial arrangements have been made clear to the client, the client does not pose an imminent danger to self or others, and the clinical and other consequences of the client's nonpayment have been discussed with the client.

The code advises social workers who are leaving an employment setting to inform clients of all available options for the continuation of services and their benefits and risks. This is an important standard, because it permits a social worker to discuss the advantages and disadvantages associated with a client's decision to continue receiving services from the social worker in her or his new setting, obtain services from another practitioner in the setting the social worker is leaving, or seek services from another practitioner or agency. In addition, the code prohibits social workers from terminating services to pursue a social, financial, or sexual relationship with a client.

ETHICAL RESPONSIBILITIES TO COLLEAGUES

This section of the code addresses issues concerning social workers' relationships with professional colleagues. These include respect for colleagues; proper treatment of confidential information shared by colleagues; interdisciplinary collaboration and disputes among colleagues; consultation with colleagues; referral for services; sexual relationships with and sexual harassment of colleagues; and dealings with impaired, incompetent, and unethical colleagues.

The code encourages social workers who are members of an interdisciplinary team, such as in a health care or school setting, to draw explicitly on the perspectives, values, and experiences of the social work profession. If disagreements among team members cannot be resolved, social workers are advised to pursue other avenues to address their concerns (for example, approaching an agency's administrators or board of directors). Social workers are also advised not to exploit disputes between a colleague and an employer to advance their own interests or to exploit clients in a dispute with a colleague.

The 1996 code includes a number of new standards concerning consultation and referral for services. Social workers are obligated to seek colleagues' advice

and counsel whenever such consultation is in clients' best interest, disclosing the least amount of information necessary to achieve the purposes of the consultation. Social workers are also expected to keep informed of colleagues' areas of expertise and competence. In addition, social workers are expected to refer clients to other professionals when a colleague's specialized knowledge or expertise is needed to serve clients fully or when social workers believe they are not being effective or making reasonable progress with clients.

This section of the code also addresses dual and multiple relationships, specifically with respect to prohibiting sexual activities or contact between social work supervisors or educators and supervisees, students, trainees, or other colleagues over whom supervisors or educators exercise professional authority. In addition, the code prohibits sexual harassment of supervisees, students, trainees, or colleagues.

The 1996 code strengthens ethical standards pertaining to impaired, incompetent, and unethical colleagues. Social workers who have direct knowledge of a social work colleague's impairment (which may be caused by personal problems, psychosocial distress, substance abuse, or mental health difficulties, and which interferes with practice effectiveness), incompetence, or unethical conduct are required to consult with that colleague when feasible or assist the colleague in taking remedial action. If these measures do not address the problem satisfactorily, social workers are required to take action through appropriate channels established by employers, agencies, NASW, licensing and regulatory bodies, and other professional organizations. Social workers are also expected to defend and assist colleagues who are unjustly charged with unethical conduct.

ETHICAL RESPONSIBILITIES IN PRACTICE SETTINGS

This section of the code addresses ethical issues that arise in social service agencies, human service organizations, private practice, and social work education programs. Standards pertain to social work supervision, consultation, education, or training; performance evaluation; client records; billing for services; client transfer; agency administration; continuing education and staff development; commitments to employers; and labor-management disputes.

One major theme in this section is that social workers who provide supervision, consultation, education, or training should do so only within their areas of knowledge and competence. Also, social workers who provide these services are to avoid engaging in any dual or multiple relationships when a risk of exploitation or potential harm exists. Another standard requires that social workers who function as educators or field instructors for students take reasonable steps to ensure that clients are routinely informed when services are being provided by students.

Several standards pertain to client records. These require that records include sufficient, accurate, and timely documentation to facilitate the delivery of services and ensure continuity of services provided to clients in the future. Documentation in records should protect clients' privacy to the greatest extent possible and appropriate, including only that information that is directly relevant to the delivery of services. In addition, the code requires social workers to store records properly to ensure reasonable future access; records should be maintained for the number of years required by state statutes or relevant contracts.

Social workers who bill for services are obligated to establish and maintain practices that accurately reflect the nature and extent of services provided. Thus social workers must not falsify billing records or submit fraudulent invoices.

Social workers are urged to be particularly careful when an individual who is receiving services from another agency or colleague contacts a social worker for services. Social workers should carefully consider the client's needs before agreeing to provide services. To minimize confusion and conflict, the code states that social workers should discuss with potential clients the nature of their current relationship with other service providers and the implications, including any benefits or risks, of entering into a relationship with a new service provider. If a new client has been served by another agency or colleague, social workers should discuss with the client whether consultation with the previous service provider is in the client's best interest.

The 1996 code greatly expands coverage of ethical standards related to agency administration. The code obligates social work administrators to advocate within and outside their agencies for adequate resources to meet clients' needs and provide appropriate staff supervision. They also must promote resource allocation procedures that are open and fair. In addition, administrators must take reasonable steps to ensure that the working environment for which they are responsible is consistent with and encourages compliance with the *NASW Code of Ethics*. They must take reasonable steps to provide or arrange for continuing education and staff development for all staff for whom they are responsible.

The code also includes a number of ethical standards for social work employees. Although social work employees are generally expected to adhere to commitments made to their employers and employing organizations, they should not allow an employing organization's policies, procedures, regulations, or administrative orders to interfere with their ethical practice of social work. Thus social workers are obligated to take reasonable steps to ensure that their employing organizations' practices are consistent with the *NASW Code of Ethics*. Also, social workers should accept employment or arrange student

field placements only in organizations that exercise fair personnel practices. Social workers should conserve agency funds where appropriate and must never misappropriate money or use it for unintended purposes.

A novel feature of the code is its acknowledgment of ethical issues social workers sometimes face as a result of labor-management disputes. Although the code does not prescribe how social workers should handle such dilemmas, it recognizes the complexity of many labor-management disputes and does permit social workers to engage in organized action, including formation of and participation in labor unions, to improve services to clients and working conditions. The code states that "reasonable differences of opinion exist among social workers concerning their primary obligation as professionals during an actual or threatened labor strike or job action" (standard 3.10[b]).

ETHICAL RESPONSIBILITIES AS PROFESSIONALS

This section of the code focuses on issues primarily related to social workers' professional integrity. Standards pertain to social workers' competence, obligation to avoid any behavior that discriminates against others, private conduct, honesty, personal impairment, misrepresentation, solicitation of clients, and acknowledging credit.

In addition to emphasizing social workers' obligation to be proficient, the code exhorts social workers to routinely review and critique the professional literature, participate in continuing education, and base their work on recognized knowledge, including empirically based knowledge, relevant to social work practice and ethics.

Several standards address social workers' values and personal behavior. The code states that social workers should not practice, condone, facilitate, or collaborate with any form of discrimination and should not permit their private conduct to interfere with their ability to fulfill their professional responsibilities. Thus, for example, it would be unethical for a social worker to campaign for political office while simultaneously publicizing his or her social work credentials and publicly espousing racist social policies; this would violate the code's standard on discrimination. In addition, this private conduct would likely interfere with the social worker's ability to fulfill his or her professional responsibilities, assuming that the social worker's racist views became well known among clients and professional colleagues and reflected on his or her professional work. The code further obligates social workers to make clear distinctions between statements and actions engaged in as a private individual and those engaged in as a social worker.

A prominent theme in the code concerns social workers' obligation to be honest in their relationships with all parties, including accurately representing

their professional qualifications, credentials, education, competence, and affiliations. Thus social workers should not exaggerate or falsify their qualifications and credentials and should claim only those *relevant* professional credentials that they actually possess. For example, a social worker who has a doctorate in physics should not claim to have, or create the impression that he or she has, a doctorate that is relevant to clinical social work (for example, by using the title of Doctor in social work settings). Also, social workers are obligated to take responsibility and credit, including authorship credit, only for work they have actually performed and to which they have contributed. For example, social workers should not claim to have had a prominent role in a research project to which they contributed minimally. Also, social workers should honestly acknowledge the work of and contributions made by others. Therefore, it would be unethical for a social worker to draw on or benefit from a colleague's work without acknowledging the source or contributions.

The code also requires that social workers not engage in uninvited solicitation of clients who, because of their circumstances, are vulnerable to undue influence, manipulation, or coercion. Thus social workers are not permitted to approach vulnerable people in distress (for example, victims of a natural disaster or serious accident) and actively solicit them to become clients. Furthermore, social workers must not solicit testimonial endorsements (for example, for advertising or marketing purposes) from current clients or from other persons who, because of their particular circumstances, are vulnerable to undue influence.

One of the most important standards in the code concerns social workers' personal impairment. Like all professionals, social workers sometimes encounter personal problems. This is a normal part of life. The code mandates, however, that social workers must not allow their personal problems, psychosocial distress, legal problems, substance abuse, or mental health difficulties to interfere with their professional judgment and performance or jeopardize others for whom they have a professional responsibility. When social workers find that their personal difficulties interfere with their professional judgment and performance, they are obligated to seek professional help, make adjustments to their workload, terminate their practice, or take other steps necessary to protect clients and others.

ETHICAL RESPONSIBILITIES TO THE PROFESSION

Social workers' ethical responsibilities are not limited to clients, colleagues, and the public at large; they include the social work profession itself. Standards in

this section of the code focus on the profession's integrity and social work evaluation and research. The principal theme concerning the profession's integrity pertains to social workers' obligation to maintain and promote high standards of practice by engaging in appropriate study and research, teaching, publication, presentations at professional conferences, consultation, service to the community and professional organizations, and legislative testimony.

In recent years social workers have strengthened their appreciation of the role of evaluation and research. Relevant activities include needs assessments, program evaluations, clinical research and evaluations, and the use of empirically based literature to guide practice. The code of ethics includes a substantially new series of standards concerning evaluation and research. The standards emphasize social workers' obligation to monitor and evaluate policies, implementation of programs, and practice interventions. In addition, the code requires social workers to critically examine and keep current with emerging knowledge relevant to social work and to use evaluation and research evidence in their professional practice.

The code also requires social workers involved in evaluation and research to follow widely accepted guidelines concerning the protection of evaluation and research participants. Standards focus specifically on the role of informed consent procedures in evaluation and research, the need to ensure that evaluation and research participants have access to appropriate supportive services, the confidentiality and anonymity of information obtained during the course of evaluation and research, the obligation to report results accurately, and the handling of potential or real conflicts of interest and dual relationships involving evaluation and research participants.

ETHICAL RESPONSIBILITIES TO SOCIETY AT LARGE

The social work profession has always been committed to social justice. This commitment is clearly and forcefully reflected in the preamble to the code of ethics and in the final section of the code's ethical standards. The standards explicitly highlight social workers' obligation to engage in activities that promote social justice and the general welfare of society "from local to global levels" (standard 6.01). These activities may include facilitating public discussion of social policy issues; providing professional services in public emergencies; engaging in social and political action (for example, lobbying and legislative activity) to address basic human needs; promoting conditions that encourage respect for the diversity of cultures and social diversity; and acting to prevent and eliminate domination, exploitation, and discrimination against any person, group, or class of people.

THE RESOLUTION OF ETHICAL DILEMMAS

As I discussed in chapter 1, only recently has social work, as well as most other professions, devoted substantial attention to the subject of ethical dilemmas. Especially since the early 1980s, the increase in education, training, and scholarship on the subject has been significant.

One of the more recent trends in professional education and training is to introduce students and practitioners to ethical theories and principles that may help them analyze and resolve ethical dilemmas (Callahan and Bok 1980; Reamer 1998b). These include theories and principles of what moral philosophers call *metaethics*, *normative ethics*, and *practical* (often called *applied*) *ethics*. Briefly, metaethics concerns the meaning of ethical terms or language and the derivation of ethical principles and guidelines. Typical metaethical questions include the meaning of the terms *right* and *wrong* and *good* and *bad*. What criteria should we use to judge whether someone has engaged in unethical conduct? How should we go about formulating ethical principles to guide individuals who struggle with moral choices? Normative ethics is a form of inquiry that attempts to answer the question, "Which general moral norms for the guidance and evaluation of conduct should we accept and why?" (Beauchamp and Childress 2001). Practical (or applied) ethics is the attempt to apply ethical norms and theories to specific problems and contexts, such as professions, organizations, and public policy.

With respect to metaethics, some philosophers, known as *cognitivists*, believe that it is possible to identify objective criteria for determining what is ethically right and wrong, or good and bad. Others, however, question whether this is possible. These so-called *noncognitivists* argue that such criteria are necessarily subjective, and any ethical principles we create ultimately reflect our biases and personal preferences.

Like philosophers, social workers disagree about the objectivity of ethical principles. Some, for example, believe that it is possible to establish universal principles upon which to base ethical decisions and practice, perhaps in the form of a sanctioned code of ethics or "God-given" tenets. Proponents of this point of view are known as *absolutists*. Others—known as *relativists*—reject this point of view, arguing instead that ethical standards depend on cultural practices, political climate, contemporary norms and moral standards, and other contextual considerations.

The debate between absolutists and relativists has important bearing on our examination of ethical issues in social work (Reamer 1990). If one believes that conclusions concerning ethical values and guidelines reflect only opinions about the rightness or wrongness of specific actions and that objective standards do not exist, one has no reason to even attempt to determine whether

certain actions are in fact right or wrong in the ethical sense. One opinion would be as valid as another. In the Mary M. case, for example, the opinion of a social worker who believes that Mary M.'s welfare fraud is morally unacceptable and must be reported to authorities would be as legitimate as the opinion of another practitioner who believes that the welfare fraud should not be reported because of the special circumstances in the case (the need for Mary M. to support herself and her two children). Fraud, or deliberate violation of the law, would not be considered wrong absolutely.

However, if one believes that absolute ethical standards do or can in principle exist, it is sensible to attempt to identify the content of these standards and to subsequently use them to judge the rightness and wrongness of particular actions.

The popularity of relativism and absolutism has waxed and waned throughout the ages. Belief in absolutism has generally coincided with belief in the dogmas of orthodox religion; absolutism has tended to fade, with accompanying increases in the popularity of relativism, during times of widespread religious skepticism. However, recent years have seen a declining tolerance for relativism and a wish for ethical standards that would serve as clear moral guides for individuals who face complex ethical dilemmas. This is especially true in social work, a profession that embraces a number of "bottom line" values, such as nondiscrimination, social justice, respect for the dignity of persons, and professional integrity.

The quest to provide a rational justification of principles that would enable people to distinguish between right and wrong has been, without question, the most challenging problem confronting moral philosophers. Plato, Aristotle, Immanuel Kant, and John Stuart Mill, to name but a few, have devoted considerable effort to the task. Others, such as David Hume, Karl Marx, and Friedrich Nietzsche, have questioned whether efforts to derive ethical principles are appropriate or worthwhile. Nonetheless, many modern philosophers have made ambitious attempts to outline ethical standards and principles to guide individuals' decisions. As Gewirth observed,

In a century when the evils that man can do to man have reached unparalleled extremes of barbarism and tragedy, the philosophic concern with rational justification in ethics is more than a quest for certainty. It is also an attempt to make coherent sense of persons' deepest convictions about the principles that should govern the ways they treat one another. For not only do the divergences among philosophers reflect different views about the logical difficulties of justification in ethics; the conflicting principles they uphold, whether presented as rationally grounded or not, have drastically different implications about the right modes of individual conduct and social institutions.

(1978A:IX)

Concern about the need for clear ethical standards in social work has also increased significantly in recent years. During the early years of the profession many social workers embraced and were guided by strong beliefs in Judeo-Christian values. One might even argue that in later years the widespread belief in Judeo-Christian values was replaced by widespread belief in secular values, in particular those associated with the period commonly known as the "psychiatric deluge" (Woodroffe 1962).

Beginning in the 1960s, however, relativism experienced a surge of popularity in social work. Influenced in part by the unsettling effects of the civil disturbances and social unrest of that decade and by the rise of skepticism about conventional social institutions and standards, significant numbers of social workers began to question the validity of professional codes of ethics that suggested specific standards for judging right and wrong. The result was a tendency on the part of many social workers to resist espousing specific ethical standards and values and especially the temptation to impose any particular value or values upon clients, whether they be individuals, families, or communities (Hardman 1975; Siporin 1982). What had been described in earlier years as "deviance," such as single-parent families, the use of drugs, and certain sexual mores, began to be more respected or at least tolerated by many social workers as reflections of lifestyles and preferences of certain age and ethnic groups that were merely "different" from those of conventional society. Social workers experienced a dramatic shift in their threshold of tolerance for unfamiliar ways of life.

During the 1960s social work, along with many other professions, found itself in the midst of its closest brush with relativism. Since this era, however, interest in the development of ethical standards and core values has gradually returned. The interest in values and ethical principles has not concerned the morality of the preferences and lifestyles of clients, as it did in earlier chapters of the profession's history. Rather, the concern has been focused on the ethics of practitioners—on the justifications provided for intervening or failing to intervene in clients' lives, the acceptability of specific forms and methods of intervention, and the criteria used for distributing services and resources. The willingness of practitioners to tolerate relativism and the absence of standards as they relate to social workers' actions and decisions has diminished significantly. Although social workers tend to acknowledge that achieving consensus about a comprehensive set of unequivocal, absolute, and objective ethical standards for the profession may be difficult, the belief is widespread that the profession embraces a number of core values and that actions social workers perform and the decisions they make frequently have ethical content that warrants thoughtful attention. The belief that relativism provides an acceptable strategy for making difficult ethical decisions has grown somewhat

anachronistic. As Emmet has stated in her article on ethical issues in social work, "Part of our trouble is the prevalence of the idea that moral standards are personal, subjective and emotional, and so are not matters into which intelligence enters, and for which reasons, maybe good reasons, can be given and communicated to other people" (1962:169).

AN OVERVIEW OF ETHICAL THEORY

In contrast to metaethics, which is often abstract, normative ethics tends to be of special concern to social work because of its immediate relevance to practice. Normative ethics consists of attempts to apply ethical theories and principles to actual ethical dilemmas. Such guidance is especially useful when social workers face conflicts among duties they are ordinarily inclined to perform. Thus, in the Mary M. example that opens this chapter, the social worker must choose between respecting her client's right to confidentiality concerning the welfare fraud—which may ultimately prevent further physical abuse and domestic violence—and taking steps to prevent continued dishonesty and fraud.

Theories of normative ethics are generally grouped under two main headings. *Deontological* theories (from the Greek *deontos*, 'of the obligatory') are those that claim that certain actions are inherently right or wrong, or good or bad, without regard for their consequences. Thus a deontologist—the best known is Kant, the eighteenth-century German philosopher—might argue that telling the truth is inherently right, and thus social workers should never lie to clients, even if it appears that lying might be more beneficial to the parties involved. The same might be said about keeping promises made to colleagues, upholding contracts with vendors, obeying a mandatory reporting law, and so on. For deontologists, rules, rights, and principles are sacred and inviolable. The ends do not necessarily justify the means, particularly if they require violating some important rule, right, principle, or law (Frankena 1973; Rachels 2002). In the Mary M. case, a deontologist might argue that the social worker is obligated to keep the promise she made to her client to keep information shared by the client (regarding the welfare fraud) confidential.

One well-known problem with this deontological perspective is that it is often easy to imagine conflicting arguments that use similar language about inherently right (or wrong) actions. Thus one can imagine a deontologist who argues that all human beings have an inherent right to life and that it would be immoral for a social worker to be involved in an act of assisted suicide, for example, with a client who is gravely ill and wants to end his life. However, another deontologist might argue that social workers have an inherent obligation to respect clients'

right to self-determination so long as the actions involved are voluntary and informed and that it therefore is permissible for social workers to be involved in an act of assisted suicide. In the Mary M. case, it is not hard to imagine social workers who would disagree with the conclusion that Hinda B. has an obligation to keep her promise of confidentiality, arguing instead that a deontological obligation exists to prevent or disclose deliberate violations of the law.

The second major group of theories, *teleological* theories (from the Greek *teleios*, 'brought to its end or purpose'), takes a different approach to ethical choices. From this point of view, the rightness of any action is determined by the goodness of its consequences. Teleologists think it is naive to make ethical choices without weighing potential consequences. To do otherwise is to engage in what the philosopher Smart (1971) referred to as "rule worship." Therefore, from this perspective (sometimes known as *consequentialism*), the responsible strategy entails an attempt to anticipate the outcomes of various courses of action and to weigh their relative merits (Frankena 1973; Rachels 2002). Thus the social worker in the Mary M. case should conduct a thorough analysis of the likely costs and benefits that would result from the various courses of action. That is, what are the costs and benefits involved in respecting her client's right to confidentiality concerning the welfare fraud? How do these costs and benefits compare to those involved in preventing continued dishonesty and fraud?

There are two major teleological schools of thought: egoism and utilitarianism. *Egoism* is a form of teleology that is not typically found in social work; according to this point of view, when faced with conflicting duties people should maximize their own good and enhance their self-interest. Thus Hinda B., the social worker, should base her decision on what would ultimately benefit her the most or be in her best interest, for example, what would minimize her aggravation in the case, her legal liability, and her potential conflict with her client.

In contrast, utilitarianism, which holds that an action is right if it promotes the maximum good, has historically been the most popular teleological theory and has, at least implicitly, served as justification for many decisions made by social workers. According to the classic form of utilitarianism—as originally formulated by the English philosophers Jeremy Bentham in the eighteenth century and John Stuart Mill in the nineteenth century—when faced with conflicting duties one should do that which will produce the greatest good. In principle, then, a social worker should engage in a calculus to determine which set of consequences will produce the greatest good. Thus in the Mary M. case, a utilitarian might argue that respecting the client's right to confidentiality in order to protect the client and her children from harm is justifiable in order to bring about a greater good (assuming, of course, that protecting cli-

ents from bodily harm is considered more compelling than preventing welfare fraud). Similarly, a strict utilitarian might argue that tearing down a section of a town's dilapidated housing and displacing its residents is justifiable if it leads to economic revival of the entire neighborhood.

One form of utilitarian theory is known as *good-aggregative utilitarianism*, according to which the most appropriate action is that which promotes the greatest total or aggregate good. Another theory is *locus-aggregative utilitarianism*, according to which the most appropriate action is that which promotes the greatest good for the greatest number, considering not only the total quantity of goods produced but also the number of people to whom the goods are distributed (Gewirth 1978b). The distinction between these two forms of utilitarianism is important in social work when one considers, for example, whether to distribute a fixed amount of public assistance in a way that tends to produce the greatest aggregate satisfaction (which might entail dispensing relatively large sums to relatively few people) or produces the greatest satisfaction for the greatest number (which might entail dispensing smaller sums of money to a larger number of people).

One problem with utilitarianism is that this framework, like deontology, sometimes can be used to justify competing options. For example, one utilitarian might argue that protecting Hinda B.'s client from harm (future battering) by overlooking the welfare fraud would result in the greater good—when the benefits of protection from harm are weighed against the benefits of preventing welfare fraud. Another utilitarian, who assigns different weights to the potential benefits and costs involved in the options in the Mary M. case, or who might enter different variables into this complex equation, might argue that the harm involved in welfare fraud outweighs the risk to the client.

Some philosophers argue that it is important and helpful to distinguish between *act* and *rule* utilitarianism (Gorovitz 1971). According to act utilitarianism, the rightness of an action is determined by the goodness of the consequences produced *in that individual case*, or by that particular act. One does not need to look beyond the implications of this one instance. By 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 justify interfering with Hinda B.'s client's right to confidentiality if it can be demonstrated that this would result in greater good (for example, the large amounts of money saved by preventing future welfare fraud would be used to assist many other vulnerable individuals). A rule utilitarian, however, might argue that the precedent established by this breach of a client's right to confidentiality would generate more harm than good, regardless of the benefits produced in this one case. That is, a rule utilitarian might argue that the precedent might undermine clients' trust in social workers, particularly re-

garding social workers' promises to respect confidentiality, thus limiting social work's effectiveness as a profession.

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, now found in every state in the United States, social workers and other mandated reporters are required to notify child welfare or protective service authorities whenever they suspect child abuse or neglect. As I pointed out in the Robinson case that introduced chapter 1, 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 it is permissible to violate a law when it appears that greater good would result.

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 this would result in greater good (for example, if the social worker is able to show that she would not be able to continue working with the family if she reported the suspected abuse or neglect and that her 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 rather than report suspected abuse or neglect to local protective service officials and that this would, in the long run, be more harmful than helpful.

A key problem with utilitarianism, then, is that different people are likely to consider different factors and weigh them differently, as a result of their different life experiences, values, political ideologies, and so on. In the Mary M. case, one social worker might place considerable emphasis on the importance of client privacy, whereas another practitioner might place more value on the importance of respect for the law.

In addition, when taken to the extreme, 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 civil rights of mentally ill people (for example, extensive competency evaluations before involuntary commitment) are too costly, especially when compared to the costs and benefits of simply removing "public nuisances" from the streets. In light of countless instances throughout history in which the rights of minorities and other oppressed groups have been insen-

sitively violated to benefit the majority, social workers have good reason to be concerned about such strict applications of utilitarian principles.

Perhaps the best-known alternative to utilitarianism is proposed by philosophers who embrace what is known as the “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 2001). A *Theory of Justice* (1971), by the contemporary philosopher John Rawls, is perhaps the most famous book on this subject. Rawls’s theory, which has profound implications for social workers, 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 his or her own attributes and status that might produce some advantage or disadvantage. Under this “veil of ignorance,” in which people have no awareness of social or status differences among them, it is assumed that individuals will formulate a moral framework that ultimately protects the least advantaged based upon a ranked ordering of priorities. Rawls made another distinction that is important for social workers to consider: the distinction between natural duties—fundamental obligations such as helping others in dire need or not injuring other people—and *supererogatory* actions—actions that are commendable and praiseworthy but not obligatory.

Rawls’s work highlighted a concept that has become critically important in ethics and in social work: the ranked ordering of values and ethical duties. 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? To use Ross’s terminology (1930), which of various conflicting *prima facie* duties should take precedence, that is, which should be one’s actual duty?

Other philosophers have also offered rights-based theories about the most appropriate way to rank conflicting duties. 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 (Smart and Williams 1973) called this *negative utilitarianism*. According to Donagan,

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. (1977:152)

From this perspective, then, the social worker's obligation in the Mary M. case is to follow that course of action that results in the least harm. This might produce results quite different from those from a strategy that seeks to produce the greatest good.

In another prominent example of a rights-based theory, the philosopher Gewirth (1978a) has offered a number of arguments that are particularly relevant to social workers' thinking about the ranking of conflicting duties (Reamer 1979, 1990). Gewirth's approach in his *Reason and Morality* (1978a) also provides a useful illustration of the ways in which moral philosophers think about ethical dilemmas. Following a series of complex—and somewhat controversial—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 or her 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 his or 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 they sometimes need to choose among them. 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 (1978a:342-45).

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 the action to prevent or remove the violation 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.

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 that may be inflicted 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.

Third, rules governing interactions among people can, in particular cases, override the duty not to coerce others. Such rules must, however, meet several conditions: any coercion permitted by the rules must be necessary to prevent undeserved coercion and serious harm; such 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).

In my view, Gewirth's framework is particularly helpful in addressing many ethical dilemmas in social work. His concept of basic goods, for example, is

consistent with social work's long-standing preoccupation with basic human needs. 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 (for detailed discussion of social justice issues, see Gewirth 1996).

Two other ethical theories have important implications for social workers: *communitarianism* (also known as community-based theory) and the *ethics of care*. According to communitarianism, ethical decisions should be based primarily on what is best for the community and communal values (the common good, social goals, and cooperative virtues) as opposed to individual self-interest (Beauchamp and Childress 2001). The ethics of care, in contrast, reflects a collection of moral perspectives more than a single moral principle (Gilligan 1983). This view emphasizes the importance in ethics and moral decision making of the need to "care for, emotional commitment to, and willingness to act on behalf of persons with whom one has a significant relationship" (Beauchamp and Childress 2001:369). For social workers this perspective emphasizes the critical importance of social workers' commitment to their clients.

One of the enduring challenges in social work is that practitioners will not always agree on the applicability of different theoretical perspectives and about the rank ordering of conflicting values and duties. Social workers can have reasonable differences of opinion about which values and obligations—for example, related to client confidentiality, protection of third parties, informed consent, and conflicts of interest—ought to weigh more heavily. Having said this, I should also acknowledge that in many instances social workers will agree about the ranking of competing values or duties. Although exceptions will always exist in the hard cases, which duties should take precedence when they conflict is often clear. As the moral philosopher Gert concluded in his discussion of difficulties involved in resolving conflicts among competing ethical duties,

So it may not always be possible to decide which one of a set of tools is best. Each of them might be better in one characteristic, with no way of deciding which combination is best. All informed rational men may agree that A, B, and C are good tools, and that D, E, and F are bad ones. Further A and B may be preferred to C. Nonetheless there may be no agreement on whether A or B is better. . . . But the lack of complete agreement does not mean that there will not be substantial agreement. There is no agreement about whether Ted Williams, Stan Musial, or Willie Mays was the best baseball player. This does not mean that there is no agreement that all three of them are better than 99 percent of all baseball players, past or present.

(1970:53)

THE PROCESS OF ETHICAL DECISION MAKING

No precise formula for resolving ethical dilemmas exists. Reasonable, thoughtful social workers can disagree about the ethical principles and criteria that ought to guide ethical decisions in any given case. But ethicists generally agree that it is important to approach ethical decisions systematically, to follow a series of steps to ensure that all aspects of the ethical dilemma are addressed. By following a series of clearly formulated steps, social workers can enhance the quality of the ethical decisions they make. In my experience, it is helpful for social workers to follow these steps when attempting to resolve ethical dilemmas:

THE ETHICS DECISION-MAKING FRAMEWORK

- I. Identify the ethical issues, including the social work values and duties that conflict.
- II. Identify the individuals, groups, and organizations likely to be affected by the ethical decision.
- III. Tentatively identify all viable courses of action and the participants involved in each, along with the potential benefits and risks for each.
- IV. Thoroughly examine the reasons in favor of and opposed to each course of action, considering relevant
 - a. codes of ethics and legal principles;
 - b. ethical theories, principles, and guidelines (for example, deontological and teleological-utilitarian perspectives and ethical guidelines based on them);
 - c. social work practice theory and principles;
 - d. personal values (including religious, cultural, and ethnic values and political ideology), particularly those that conflict with one's own.
- V. Consult with colleagues and appropriate experts (such as agency staff, supervisors, agency administrators, attorneys, and ethics scholars).
- VI. Make the decision and document the decision-making process.
- VII. Monitor, evaluate, and document the decision.

We can clarify the various elements of this decision-making framework by applying it to the Mary M. case with which I opened this chapter. In this case, the social worker, Hinda B., was unsure about her ethical duty with respect to Mary M., who was residing in a women's shelter, along with her two children, after having been battered by her husband. Hinda B. was concerned that Mary M. would be battered again if she decided to return to her husband. At the same time, however, Hinda B. was concerned about Mary M.'s welfare fraud. Let us now consider the various steps in the decision-making framework as they pertain to this case.

I. *Identify the ethical issues, including the social work values and duties that conflict.* The primary ethical issue in this case is the conflict among several core social work values and duties: to respect clients' right to confidentiality and self-determination; protect clients from harm; avoid being associated with dishonesty and fraud; and promote respect for the law. It is conceivable, of course, that skillful counseling would prevent the ethical dilemma. That is, acquainting Mary M. with the risks involved in welfare fraud might lead her to decide to stop the practice. But mere information about these risks may well not influence Mary M., and Hinda B. would need to decide whether to respect Mary M.'s right to confidentiality and self-determination or to take additional steps to prevent or disclose welfare fraud.

II. *Identify the individuals, groups, and organizations likely to be affected by the ethical decision.* A number of individuals may be affected by the decision in this case, including the clients, Mary M. and her children; Mary M.'s husband; the social worker, Hinda B.; other needy individuals who may be deprived of benefits because of the welfare fraud; and taxpayers, who are affected by welfare fraud. In addition, the agency involved in the case, the women's shelter, may be affected by the outcome.

III. *Tentatively identify all viable courses of action and the participants involved in each, along with the potential benefits and risks for each.* It is important to brainstorm courses of action to help organize subsequent analysis based on ethical and social work theories, principles, and guidelines. These analyses may generate other options and courses of action that the social worker did not think of. One option in this case is for the social worker to respect her client's wish for confidentiality with regard to the welfare fraud. The potential benefits are that Mary M. would have the means to live apart from her abusive husband and would not be charged with a crime that might result in the children's removal from her care. The risks are that Mary M.'s criminal activity would continue, at considerable cost to other needy individuals and to taxpayers. The social worker's and agency's failure to seek disclosure of the welfare fraud might also reinforce Mary M.'s criminal activity. In addition, the social worker and her agency may be legally vulnerable because of their knowledge of the welfare fraud.

A second option is for the social worker to insist that Mary M. terminate and perhaps even report the welfare fraud. Hinda B. might explain that she cannot, in good conscience, sanction or condone the welfare fraud and that, if Mary M. does not cease and desist on her own, Hinda B. would be obligated to report the fraud to law enforcement officials. The potential benefits of this option are that the expensive fraud being perpetrated on taxpayers would stop and Mary M. would be sent a clear message that such fraudulent activity is unacceptable. In addition, more money would be available for other needy individuals. The risks

are that Mary M. might be forced, for financial reasons, to return to her abusive husband. She may also be charged with a criminal offense, and conviction may mean that her children would be removed from her care. This course of action might also spell the end of Hinda B.'s relationship with Mary M.

IV. *Thoroughly examine the reasons in favor of and opposed to each course of action, considering relevant codes of ethics and legal principles; ethical theories, principles, and guidelines (for example, deontological and teleological-utilitarian perspectives and ethical guidelines based on them); social work practice theory and principles; and personal values (including religious, cultural, and ethnic values and political ideology), particularly those that conflict with one's own.* A number of principles in the NASW Code of Ethics are relevant to this case, including

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

This standard suggests that, in general, the social worker must act in a way that promotes her clients' interests. However, the standard clearly implies that the social worker may have an obligation to the broader society or a legal obligation that overrides the client's interests. This conclusion is further supported by the statement in the ethical principles section of the code that "social workers are cognizant of their dual responsibility to clients and to the broader society. They seek to resolve conflicts between clients' interests and the broader society's interests in a socially responsible manner consistent with the values, ethical principles, and ethical standards of the profession" (p. 6).

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

This standard suggests that Hinda B. should respect her clients' wishes in this case, which might entail respecting Mary M.'s confidentiality with respect to the welfare fraud. The standard suggests that overriding Mary M.'s right to self-determination could be justified if Hinda B. has evidence that Mary M.'s actions posed a serious threat of harm to others.

Standard 1.03(a). *Informed Consent.* Social workers should provide services to clients only in the context of a professional relationship based, when appropriate, on valid informed consent. Social workers should use clear and understandable language to inform clients of the purpose of the services, risks related to the services, limits to services because of the requirements of a third-party payer, relevant costs, reasonable alternatives, clients' right to refuse or withdraw consent, and the time frame covered by the consent. Social workers should provide clients with an opportunity to ask questions.

This standard suggests that Hinda B. should disclose confidential information about Mary M. only with her client's informed consent.

Standard 1.07(c). *Privacy and Confidentiality.* Social workers should protect the confidentiality of all information obtained in the course of professional service, except for compelling professional reasons. The general expectation that social workers will keep information confidential does not apply when disclosure is necessary to prevent serious, foreseeable, and imminent harm to a client or other identifiable person. In all instances, social workers should disclose the least amount of confidential information necessary to achieve the desired purpose; only information that is directly relevant to the purpose for which the disclosure is made should be revealed.

Consistent with the preceding standard, this standard implies that, in the absence of compelling professional reasons, Hinda B. should not divulge the confidential information that Mary M. shared with her concerning the welfare fraud. Yet this standard clearly implies that clients' right to confidentiality has limits. It is thus possible that the *NASW Code of Ethics* would permit Hinda B. to disclose confidential information shared by Mary M. if Hinda B. can identify "compelling professional reasons."

Standard 1.07(d). *Privacy and Confidentiality.* Social workers should inform clients, to the extent possible, about the disclosure of confidential information and the potential consequences, when feasible before the disclosure is made. This applies whether social workers disclose confidential information on the basis of a legal requirement or client consent.

Thus, if Hinda B. decides that she is obligated to disclose confidential information about Mary M., Hinda B. should inform Mary M. about the disclosure, and potential consequences, before it is made.

Standard 1.07(e). *Privacy and Confidentiality.* Social workers should discuss with clients and other interested parties the nature of confidentiality and limitations of

clients' right to confidentiality. Social workers should review with clients circumstances where confidential information may be requested and where disclosure of confidential information may be legally required. This discussion should occur as soon as possible in the social worker–client relationship and as needed throughout the course of the relationship.

Therefore, at the beginning of their working relationship, Hinda B. should have explained to Mary M. any limitations to Mary M.'s right to confidentiality, especially any obligation Hinda B. might have to disclose confidential information. This explanation might have helped Mary M. decide what information to share with Hinda B. Although such an explanation might have had a chilling effect on Mary M.'s willingness to share information with Hinda B., Mary M., like all clients, has a right to know of any exceptions to her right to confidentiality.

Standard 1.16(b). *Termination of Services.* Social workers should take reasonable steps to avoid abandoning clients who are still in need of services. Social workers should withdraw services precipitously only under unusual circumstances, giving careful consideration to all factors in the situation and taking care to minimize possible adverse effects. Social workers should assist in making appropriate arrangements for continuation of services when necessary.

If Hinda B. should decide to withdraw her services from Mary M. (for example, if Mary M. refuses to terminate the welfare fraud and Hinda B. concludes, as a result, that she cannot continue to work with Mary M.), she should do so only after thoroughly thinking through the various options and their likely effects.

Standard 4.04. *Dishonesty, Fraud, and Deception.* Social workers should not participate in, condone, or be associated with dishonesty, fraud, or deception.

Hinda B. must be concerned about her association with welfare fraud perpetrated by her client.

Standard 5.01(a). *Integrity of the Profession.* Social workers should work toward the maintenance and promotion of high standards of practice.

Some social workers might interpret this standard to mean that Hinda B. should be guided in this case by her understanding of the profession's values and ethics related to concepts such as confidentiality, self-determination, obeying the law, and so on. To do otherwise would jeopardize the social work profession's integrity.

Standard 6.01. *Social Welfare.* Social workers should promote the general welfare of society, from local to global levels, and the development of people, their communities, and their environments. Social workers should advocate for living conditions conducive to the fulfillment of basic human needs and should promote social, economic, political, and cultural values and institutions that are compatible with the realization of social justice.

This standard suggests that social workers should consider not only clients' interests but also the potential effect of their decisions on the broader society. Thus Hinda B. should factor into her decision the consequences of disclosure for the general public, including other needy individuals and taxpayers who are affected by welfare fraud. Perhaps Hinda B. should also consider the effect that disclosure of confidential information without a client's permission could have on the public's perceptions and trust of social workers.

This standard also suggests that Hinda B. should take steps to ensure that sufficient resources and social services are available to meet the needs of people such as Mary M. This may include lobbying for new programs or legislation, for example.

Standard 6.04(b). *Social and Political Action.* Social workers should act to expand choice and opportunity for all people, with special regard for vulnerable, disadvantaged, oppressed, and exploited people and groups.

Hinda B. might argue that this standard obligates her to take into consideration Mary M.'s status as a vulnerable, disadvantaged, oppressed, and exploited person. However, whether Mary M.'s status justifies welfare fraud is questionable.

In addition to considering the various standards contained in the *NASW Code of Ethics*, a social worker facing a difficult ethical decision should carefully consider other relevant codes of ethics. On occasion social workers consult codes of ethics that conflict with the NASW code. For example, a social worker may also be a member of the American Association for Marriage and Family Therapy. The NASW code generally prohibits sexual contact with a former client, whereas the AAMFT code prohibits sexual contact with a former client only during the two-year period following termination of the professional-client relationship. Social workers who identify with more than one profession, and hold themselves out to the public as members of both professions, should recognize that they will be held accountable to each profession's standards. Of course, NASW would hold social workers to standards written explicitly for its members.

Furthermore, social workers should consult relevant legal principles, including statutes and case law. Although ethical decisions should not necessar-

ily be dictated by prevailing statutes and case law, social workers should always take legal precedents and principles into account. In some instances, the law may reinforce social workers' ethical instincts, such as when the law permits or obligates a social worker to disclose confidential information in order to prevent serious harm to a third party. In other situations, however, the law may seem to undermine social workers' ethical beliefs, for example, if adherence to a little-known and rarely enforced statute would mean the termination of a client's much-needed welfare benefits.

Social workers should also draw on relevant ethical theories, principles, and guidelines. Ethical theories, principles, and guidelines can help social workers conceptualize more clearly the ways in which their professional duties may conflict and identify potential resolutions of these ethical dilemmas. For example, in this case a deontologist would consider the extent to which the social worker has inherent duties, or duties that ought to be performed for their own sake. One might argue, for example, that Hinda B. has an inherent duty to respect her client's right to self-determination and confidentiality. At the same time, however, a deontologist might argue that the social worker in this case has an inherent obligation to uphold respect for the law. Again, deontological perspectives may conflict.

What about the teleological or consequentialist perspective? As noted earlier, utilitarianism tends to be the most popular teleological perspective in social work. This is the point of view that says that when faced with an ethical conflict a social worker should do that which results in the greatest good or least harm in the aggregate or, alternatively, the greatest good or least harm for the greatest number.

An act utilitarian—who is primarily interested in the consequences produced by the immediate case—might argue that the social worker should respect her client's right to self-determination and wish for confidentiality because this would result in the greater good and least harm. The good would result from Mary M.'s ability to live independently and avoid further abuse that might occur if she were forced to return to her husband's residence, and from Mary M.'s avoidance of criminal charges related to the welfare fraud that might lead to the removal of her children from her care. An act utilitarian might argue that the costs involved in the welfare fraud would be outweighed by these various benefits.

At the same time, however, one can imagine another act utilitarian who would reach a different, and opposite, conclusion. For this act utilitarian, the social worker should take steps to ensure that Mary M.'s welfare fraud is terminated. From this point of view, the costs associated with welfare fraud are substantial, including the financial cost to other needy individuals and taxpayers and the harm inflicted on the general public as a result of deliberate violation of the law.

Rule utilitarians might also have differing views in this case. In contrast to act utilitarianism, which is concerned with the more immediate consequences associated with a particular case, rule utilitarianism is concerned with the long-term consequences if the actions in the immediate case were generalized to all other similar cases. Thus a rule utilitarian might concede that, consistent with one version of act utilitarianism, the greater good and lesser harm in the *immediate case* would result from respecting the client's right to self-determination and confidentiality; however, the rule utilitarian might argue that, *in the long run*, it would be unethical to respect the client's right to self-determination and confidentiality because of the harmful consequences that would result if this practice were generalized to all similar cases. That is, a rule utilitarian might argue that while one instance of concealing welfare fraud may be permissible, because of the special circumstances in the particular case, the general practice cannot be sanctioned because of the dire consequences for the public welfare system and society as a whole. A rule utilitarian would argue that we are obligated to consider these long-term consequences and that only the action that produces the greater good or lesser harm in the long run, if one generalizes the practice, is justifiable.

The social worker in this case should also consult relevant social work practice theory. Literature on the phenomena of domestic violence and battering may offer useful insights. Often, skillful practice intervention in a case will help to resolve the ethical dilemma.

What social work practice theory and literature might be helpful in this case? In recent years, social workers and colleagues in allied professions have begun to develop a substantial knowledge base related to domestic violence and battering (Johnson and Grant 2004; Pryke and Thomas 1998; Roberts 2002). This literature suggests that practitioners who work with battered women should not be overly optimistic about their ability to get the batterer to accept responsibility for his behavior (most batterers are male) and to seek help voluntarily (Bolton and Bolton 1987; Saunders 1982). Based on her extensive review of the theoretical and empirical literature, Carlson concluded that "the ideal situation is for the wife to live separately from her partner and agree to reconcile only after an extended period of time without violence—for example, six to eight months—and with conjoint counseling" (1991:490).

Although this information from social work theory and the practice literature does not resolve Hinda B.'s ethical dilemma, it does help clarify the overall treatment goal: to help her client live independently of her husband, at least for an extended period of time. It appears, however, that relying on Mary M.'s welfare fraud to reach this goal would be unethical.

Hinda B. should also incorporate her personal values and political ideology in the ethical decision making (Levy 1976; Rhodes 1986). And she should care-

fully consider values and ideological viewpoints that are different from hers. Let's say, for sake of argument, that Hinda B. embraces a feminist perspective on the phenomenon of domestic violence. That is, Hinda B. views the battering of women as a manifestation of power differentials between partners; she avoids blaming the victim and seeks to empower women who are victimized by abusive men who fail to accept responsibility for their inappropriate behavior (Bograd 1982; Carlson 1991; L. Davis 1995). This is a legitimate and compelling perspective, and it challenges a number of long-standing practices in the social services fields that have located the problem in and placed substantial blame on victims.

What, however, does this ideological perspective mean with respect to Hinda B.'s ethical decision, and how does it compare with other points of view? An extreme or radical position would be that the social worker and client should pursue any steps necessary to enable the victimized client to escape her abusive situation and to become empowered. This may include deliberate violation of the law, which may seem quite secondary when a woman is being battered. A more moderate feminist position would be that Hinda B. and Mary M. should engage in counseling designed to empower Mary M. and, using legal means, should arrange housing and other social services that will enable Mary M. to live independently of her husband.

V. *Consult with colleagues and appropriate experts (such as agency staff, supervisors, agency administrators, attorneys, and ethics scholars).* Ordinarily, social workers should not make ethical decisions alone. This is not to suggest that ethical decisions are always group decisions. Sometimes they are, but in many instances individual social workers ultimately make the decisions once they have had an opportunity to consult with colleagues and appropriate experts.

Typically, social workers should consider consulting with colleagues who are involved in similar work and who are likely to understand the issues—supervisors, agency administrators, attorneys, and ethics experts. Sometimes this consultation may be obtained informally, in the form of casual and spontaneous conversation with colleagues, and sometimes, particularly in agency settings, through more formal means, such as with institutional ethics committees (Reamer 1987b, 1995c).

The concept of institutional ethics committees (IECs) emerged most prominently in 1976, when the New Jersey Supreme Court ruled that Karen Ann Quinlan's family and physicians should consult an ethics committee in deciding whether to remove her from life-support systems (although a number of hospitals have had something resembling ethics committees since at least the 1920s). The court based its ruling in part on an important article that appeared in the *Baylor Law Review* in 1975, in which a pediatrician advocated the use of

ethics committees when health care professionals face difficult ethical choices (Teel 1975).

Ethics committees, which can include representatives from various disciplines, often provide case consultation in addition to education and training (C. Cohen 1988; Cranford and Doudera 1984). A large percentage of agency-based ethics committees provide nonbinding ethics consultation and can offer an opportunity for practitioners to think through case-specific issues with colleagues who have knowledge of ethical issues as a result of their experiences, familiarity with relevant ethical concepts and literature, or specialized ethics training. Although IECs are not always able to provide definitive opinions about the complex issues that are frequently brought to their attention (nor should they be expected to), they can provide a valuable forum for thorough and critical analyses of difficult ethical dilemmas.

There are two important reasons for obtaining consultation. The first is that experienced and thoughtful consultants may offer useful insights concerning the case and may raise issues the social worker had not considered. The expression "two heads are better than one" may seem trite, but it is often true.

The second reason is that such consultation may help social workers protect themselves if they are sued or have complaints filed against them because of the decisions they make. Social workers who seek consultation demonstrate that they approached the decision carefully and prudently, and this can help if someone alleges that the worker made an inappropriate decision hastily and carelessly.

VI. *Make the decision and document the decision-making process.* Once the social worker has carefully considered the various ethical issues, including the social work values and duties that conflict; identified the individuals, groups, and organizations that are likely to be affected by the ethical decision; tentatively identified all viable courses of action and the participants involved in each, along with the potential benefits and risks for each; thoroughly examined the reasons in favor of and opposed to each course of action (considering relevant ethical theories, principles, and guidelines; codes of ethics; social work practice theory and principles; and personal values); and consulted with colleagues and appropriate experts, it is time to make a decision. In some instances, the decision will seem clear. Going through the decision-making process will have clarified and illuminated the issues so that the social worker's ethical obligation seems unambiguous.

In other instances, however, social workers may still feel somewhat uncertain about their ethical obligation. These are the hard cases and are not uncommon in ethical decision making. After all, situations that warrant full-scale ethical decision making, with all the steps that this entails, are, by definition, complicated. If they were not complex, these situations could have been

resolved easily and simply at an earlier stage. Thus it should not be surprising that many ethical dilemmas remain controversial even after practitioners have taken the time to examine them thoroughly and systematically. Such is the nature of ethical dilemmas.

This is a critically important point. In the Mary M. case, for example, I would argue that Hinda B. must, at some point, share her concerns about the welfare fraud with Mary M. This would occur after Hinda B. makes it clear that she wants to help Mary M. arrange to live independently, apart from her abusive husband, as long as that is what Mary M. wants. Hinda B.'s principal goal should be clear: to help her client make an informed decision about her future relationship with her husband, her housing arrangements, and so on. Once this goal has been mutually agreed upon, however, I believe it would be morally wrong for Hinda B. to ignore the issue of welfare fraud. For reasons I set forth earlier, it would be a mistake for Hinda B. tacitly to condone or sanction Mary M.'s dishonesty and fraud, especially if other resources are available to enable Mary M. and her children to live independently. In addition, Hinda B. has an obligation to other needy individuals who may not receive benefits because of Mary M.'s welfare fraud, and to taxpayers, who are being harmed by the fraud. This case could set an unfortunate and damaging precedent with respect to welfare fraud. This is not to suggest or assume that the welfare system does not need serious reform, particularly with respect to the need for decent benefits that will help to discourage welfare fraud in the first place. It may well need such reform, and Hinda B. should be encouraged to do what she can to promote it. That too is part and parcel of her ethical responsibility as a social worker.

Hinda B. also has the right to consider the consequences for herself. That is, Hinda B. has the right to avoid a situation in which she feels as if she is actively supporting a client who is engaged in welfare fraud. Hinda B. may also feel that she is jeopardizing her career by knowingly working with such a client. In the final analysis, Hinda B. may feel that her job is to present Mary M. with full information about the risks involved in the welfare fraud and to help Mary M. make a decision about this activity. Should Mary M. refuse to stop the fraud, it would be permissible for Hinda B. to terminate the relationship, so long as she does so in a manner consistent with the *NASW Code of Ethics* and with sound social work practice principles. The termination should not be precipitous, and Hinda B. should help Mary M. arrange for alternative services. Ideally, Mary M. would stop engaging in welfare fraud; if she does not, however, Hinda B. does not have an obligation to continue working with her.

Whether Hinda B. has an obligation to report Mary M.'s welfare fraud to departmental or law enforcement officials is a complicated issue. On one hand,

many, perhaps most, social workers are reluctant to turn clients in. Social workers generally recognize that their low-income clients live in dire straits and want to do whatever they can to help them. Some practitioners choose to ignore income that clients receive under the table, moderate forms of welfare fraud, and so on, when clients are genuinely needy.

On the other hand, most social workers also understand the need to comply with laws, regulations, and organizational policies. This is important in order to avoid widespread chaos in the delivery of human services. In chapter 5, I address more directly the ethical issues involved in these decisions.

An important point here is that this assessment and conclusion merely reflect the product of my ethical analysis and decision making. Other practitioners may use the same framework and reach different conclusions. This does not reveal a fundamental flaw in this decision-making framework. Rather, it highlights an unavoidable attribute of ethical decision making: complicated cases are likely to produce different assessments and conclusions, even after thorough and systematic analysis of the ethical issues.

This is not necessarily a problem. In the end, what we should be most interested in is thoughtful decision making, recognizing that reasonable people may disagree. This is a characteristic of social work practice that is generally well accepted. No one expects all clinical social workers to agree on a treatment plan when faced with a complicated case, particularly if the practitioners draw on different theoretical perspectives, personal and professional experiences, political ideologies, and so on. The same holds for a group of community organizers or social work administrators who are presented with a complex set of circumstances and asked for a recommendation. One should expect no different when the focus is on an ethical dilemma. What clients and other affected parties have a right to expect is that social workers involved in the decision will be thorough, thoughtful, sensitive, and fair.

Once the decision is made, social workers should always be careful to document the steps involved in the decision-making process. Ethical decisions are just as much a part of social work practice as clinical interventions, and they should become part of the record (Kagle 1991; Luepker and Norton 2002; Reamer 2005). This is simply sound professional practice. Both the worker involved in the case and other workers who may become involved in the case may need access to these notes at some time in the future. As the NASW *Code of Ethics* states, "Social workers should include sufficient and timely documentation in records to facilitate the delivery of services and to ensure continuity of services provided to clients in the future" (standard 3.04[b]).

In addition, it is extremely important to prepare notes on the ethical decision making in the event that the case results in an ethics complaint or legal proceedings (for example, a complaint filed against the social worker).

As mentioned earlier, carefully written notes documenting the social worker's diligence can protect the worker from allegations of misconduct, malpractice, or negligence (Reamer 2003).

Social workers need to decide how much detail to include in their documentation. Too much detail can be problematic, particularly if the practitioner's records are subpoenaed. Sensitive details about the client's life and circumstances may be exposed against the client's wishes. At the same time, social workers can encounter problems if their documentation is too brief and skimpy, especially if the lack of detail affects the quality of care provided in the future or by other workers. In short, social workers need to include the level of detail that facilitates the delivery of service without exposing clients unnecessarily, consistent with generally accepted standards in the profession (Kagle 1991; Luepker and Norton 2002; Reamer 2005). According to the *NASW Code of Ethics*, "Social workers' documentation should protect clients' privacy to the extent that is possible and appropriate and should include only information that is directly relevant to the delivery of services" (standard 3.04[c]).

VII. *Monitor, evaluate, and document the decision.* Whatever ethical decision a worker makes is not the end of the process. In some respects, it constitutes a beginning of a new stage in the problem-solving process. Social workers should always pay close attention to and evaluate the consequences of their ethical decisions. This is important in order to be accountable to clients, employers, and funding sources and, if necessary, to provide documentation in the event of an ethics complaint, malpractice claim, or lawsuit. This may take the form of routine case monitoring, recording, or more extensive evaluation using the variety of research tools now available to practitioners (Blythe and Tripodi 1989; Bloom and Orme 2002; Reamer 1998c; Siegel 1984, 1988). Hinda B. might use both informal methods and standardized instruments to monitor and assess Mary M.'s functioning, self-esteem, and her feelings about the services she is receiving (especially related to Hinda B.'s handling of the ethical dilemma involving the welfare fraud).

As I noted in the preceding discussion, it would be a mistake to assume that systematic ethical decision making will always produce clear and unambiguous results. To expect this would be to misunderstand the nature of ethics. Social workers' different theoretical perspectives, personal and professional experiences, and biases will inevitably combine to produce differing points of view. This is just fine, particularly if we are confident that sustained dialogue among practitioners about the merits of their respective views is likely to enhance their understanding and insight. As in all other aspects of social work practice, the process is often what matters most. As Jonsen noted, ethics guidelines by themselves "are not the modern substitute for the Decalogue. They are, rather, shorthand moral education. They set out the concise definitions

and the relevant distinctions that prepare the already well-disposed person to make the shrewd judgment that this or that instance is a typical case of this or that sort, and, then, decide how to act" (1984:4).

In this chapter I examined the nature of ethical dilemmas in social work and reviewed various ways to address them. I now turn to a more detailed discussion and analysis of ethical dilemmas in social work practice.

DISCUSSION QUESTIONS

1. Compare and contrast the *NASW Code of Ethics* with the codes of ethics adopted by the American Psychological Association, the American Counseling Association, and the American Association for Marriage and Family Therapy. In what ways are these codes similar and different? What are the strengths and limitations of the *NASW Code of Ethics*?
2. Beginning in the 1970s, many professions began to use moral theories—such as deontology, teleology, utilitarianism, virtue ethics, communitarianism, and the ethics of care—to help them understand and resolve ethical dilemmas. In what ways are moral theories helpful? What are their limitations?
3. Identify an ethical dilemma that you have encountered in your job or field placement in the human services. Why was this an ethical dilemma? How did you and/or your colleagues address the ethical dilemma? How satisfied are you with the way the dilemma was handled?
4. Review the ethical decision-making framework presented in this chapter. Apply steps I–IV of the framework to the ethical dilemma you identified in question 3. Did you reach a different conclusion using this framework from the one you reached when you originally encountered the ethical dilemma? In what ways does the decision-making framework help you understand the ethical dilemma?