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"A Vital Christian Presence in Social Work"

BEYOND ABORTION AND HOMOSEXUALITY: ETHICS AT WORK

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Abstract

Ethical decision making by social workers is often of a routine rather than controversial nature and may occur in settings that lack guidance from other social workers. To assist professionals in ethical decision making, this presentation explores the purposes of the helping relationship, ethical theory, routine vs. controversial dilemmas based on a survey of practitioners, and various ethical decision making models.

Introduction

As a social work educator, I regularly encounter issues associated with ethical dilemmas, both in and outside the classroom. Some are associated with my role as an educator such as when to treat “like things alike” and when to treat “unlike things unlike” in subjective situations such as students’ dispositions, efforts, and developmental needs. Sometimes the dilemmas are related to my role as a social worker, such as how confidentiality is carried out in an academic context related to student development and campus life. Sometimes dilemmas are related to my role as a woman in a conservative, Christian context, such as the leadership positions of women on our campus.

Regardless of the context, the tension I face when presented with equally undesirable options while needing to determine the best course of action remains high. In these situations, I desire to do “the right thing right the first time,” yet am very aware that others’ view of the “right thing” may differ sharply from my own.

As an adult, I face these issues more than I expected to as a college student. Perhaps naïve, perhaps under-prepared, perhaps simply unaware, it never occurred to me as an undergraduate student that decision making in social work practice could be of an ethical nature and not directly involve my client- or any identified client for that matter. It is this reality that I try to convey to students in my teaching.

Fortunately, our undergraduate social work program’s curriculum design enables me to both integrate content about ethics throughout each of my courses and teach a discrete Ethical Decision Making for Helping Professionals course. It is through these experiences that I have encountered many student concerns and reactions to the issue of professional ethics. It is not uncommon for students to simply assume, for example, that all professionals who work in social services will get along, share their same motivation for helping and service, exhibit their same level of genuineness and professionalism, always desire to put clients’ needs above their own, and have all the resources they need to provide for everyone’s needs.

Unfortunately, we know this is not always the case. Students, field interns, and even practicing professionals find themselves in situations requiring difficult decision making, often of an ethical nature. Because of their inexperience, however, students often cannot conceive of these types of decisions and instead focus on decision making of considerable moral importance to them. Though these are clearly issues worthy of discussion, I suggest that concerns about these discussions are disproportionate to the more routine difficult decisions that social work professionals face on a much more regular basis.

Thus, in an effort to highlight the broad nature of ethical decision making, it is the purpose of this paper to define the nature and purpose of the professional helping relationship and review basic ethic and social justice theories as foundational to ethical decision making. Additionally, this paper reports the results of my informal, exploratory ethical decision making survey and briefly reviews of ethical decision making models.

Purposes of the Professional Helping Relationship

According to the National Association of Social Workers (NASW) Code of Ethics (1996), professional ethics are at the core of social work. Consequently, the profession has an obligation to articulate its basic values, ethical principles, and ethical standards. The NASW Code of Ethics sets forth these values, principles, and standards to guide social workers' conduct. While the Code is relevant to all social workers and social work students, regardless of their professional functions, the settings in which they work, or the populations they serve, it only applies to members of NASW.

The NASW Code of Ethics serves six purposes:

1. The Code identifies core values on which social work's mission is based.
2. The Code summarizes broad ethical principles that reflect the profession's core values and establishes a set of specific ethical standards that should be used to guide social work practice.
3. The Code is designed to help social workers identify relevant considerations when professional obligations conflict or ethical uncertainties arise.
4. The Code provides ethical standards to which the general public can hold the social work profession accountable.
5. The Code socializes practitioners new to the field to social work's mission, values, ethical principles, and ethical standards.
6. The Code articulates standards that the social work profession itself can use to assess whether social workers have engaged in unethical conduct. NASW has formal procedures to adjudicate ethics complaints filed against its members. In subscribing to this Code, social workers are required to cooperate in its implementation, participate in NASW adjudication proceedings, and abide by any NASW disciplinary rulings or sanctions based on it.

It is through these purposes of professional accountability to the public, guidance in decision making, professional self-regulation, standards of interaction, protection, and guidance and socialization to the profession that social workers can ethically engage in a professional helping relationship (Congress, 1999). The specific nature of the helping relationship, however, should be clarified in order to understand ethical practice.

In defining the professional helping relationship, Parsons notes that "unlike most social exchanges, primacy [in the relationship] is given to one member, the client," (2001, p. 6). Whether an individual, family or an entire community, it is the client's concerns, needs, goals, and welfare that motivate, influence, and shape the social worker's decision making (Parsons, 2001). While they are friendly, social workers do not develop friendships with their clients; the relationship is "deliberate and professional" (Miley, O'Melia & DuBois, 1998, p. 122).

Further, unlike other social encounters that are open-ended and remain so as long as both parties' needs are being met (like friendships and casual relationships), the helping relationship is designed to achieve some specific purpose and terminate with the achievement of that goal (Miley, O'Melia & DuBois, 1998; Parson, 2001). Once the goal (or "defined ending") in the

helping relationship is attained, the need for the helping relationship no longer exists (Miley, O'Melia & DuBois, 1998, p. 122).

Additionally, the nature of the helping relationship, while reciprocal, is not personally so. Both parties do not disclose equally; in fact, for the social worker to do so might be unethical itself. The professional helping relationship has a designated purpose, so when the needs, wants, and concerns of the social work take focus at the expense of the client, the potential for unethical behavior increases (Miley, O'Melia & DuBois, 1998; Parsons, 2001). While both the social worker and the client have roles and responsibilities in the professional helping relationship, it is the social worker's responsibility to define and maintain the helping relationship, facilitate the development of a working relationship with the client, and bring special knowledge and skill to the relationship so, when applied, they assist the client's movement toward a specific outcome (Parsons, 2001).

While ethical dilemmas may surface at any time during the helping relationship, including those when the social worker is assisting the client in clarifying life-enhancing goals, they may also occur at times when social workers are fulfilling their own professional responsibilities. Though social workers seek to enhance the well-being of all people, according to the profession's mission they give particular attention to those who are vulnerable, oppressed, and living in poverty. This sensitivity toward oppression means that social workers encounter the most vulnerable in our society, thus heightening their ethical responsibility to guard against further marginalization in the service delivery system.

Basic Concepts of Ethical and Social Justice Theories

When faced with ethical this ethical responsibility, social workers may consider various approaches when considering ethical dilemmas, value tensions, and difficult decision making. Dolgoff, Loewenberg and Harrington (2005) note several approaches that social workers have found helpful in making ethical decisions including clinical pragmatism, humanistic ethics, situational ethics, religious ethics, and feminist ethics. Religious ethics, in particular, are of primary importance to believers who practice the profession of social work in that "they cannot conceive of the long-term effectiveness of ethical principles that come from a source other than the divine will" (p. 50).

While it is beyond the scope of this paper to address these various approaches to decision making, they are worth mentioning to those interested in further reading. Perhaps foundational to these contemporary approaches, however, is normative ethics: the category of philosophy concerned with how people ought to act and with classifying those actions as either right or wrong. Normative ethics is comprised of three broad categories: virtue ethics, consequentialism (and its sub-category of teleological thought), and deontology described briefly below.

Virtue Ethics

Meara, Schmidt and Day (1996) suggested that while formal conversations about the standards of professional behavior have had a long history, the "conceptualization of principle ethics for decision making" in professions such as counseling and medicine was "void in conversations" about virtue ethics (p. 4-5). Principle ethics, as they define them, are a "set of prima facie obligations one considers when confronted with an ethical dilemma" (p. 4). Meara and associates

identified six principle ethics: respect for autonomy, nonmaleficence, beneficence, justice, fidelity, and veracity (Meara, Schmidt & Day, 1996, p. 15).

In contrast to principle ethics, virtue ethics focus “on character traits and nonobligatory ideals that facilitate the development of ethical individuals” (p. 4). Meara and associates asserted that a “conversation that includes a thorough understanding and integration of virtue ethics can result in better ethical decisions and policies and enhance the character of the profession” (1996, p. 5). Virtue ethics emphasize what makes a person good rather than what makes a decision, action, or outcome good. It may be thought of as the “ethics of being rather than doing” (Perrett & Patterson, 1991). Meara and associates (1996) suggested four virtue ethics that evolved from principle ethics: prudence (motivation to do what is good and discernment), integrity, respectfulness (other-centeredness) and benevolence.

Virtue ethics have their roots in Greek philosophers Plato and Aristotle and may also be associated with Christian worldviews.

Teleological Thought

General systems theory may be described as the inter-relationship between the parts of a whole; it is a perspective that is foundational in the preparation of generalist social workers. The use of a systems perspective in the process of helping “highlights the broad understanding of multiple influences and calls for a consideration of the possible consequences that might result from any given intervention. Attention to weighing the potential consequences of proposed actions is central to the teleological school of thought” (Mattison, 2000, p. 204).

From a teleological perspective, decisions about action that result in greater degrees of good are valued or desired. Subsequently, actions can be justified on the basis of the consequences they create and the belief that the means justify the desired ends (Loewenberg & Dolgoff, 1996; Reamer, 1999). In teleological thought, the “rightness of an action” is determined by its consequences, the morality of which “lies outside the action in some nonmoral value that results from the action” (Meara, Schmidt & Day, 1996, p. 9; Reamer, 1999).

Ethical *relativists* reject fixed moral rules and justify decisions based on the context in which they are made. Ethical *egoists* believe in maximizing good for oneself; a perspective not embraced in social work practice. Ethical *utilitarians* argue that it is most important to seek the greatest good for the greatest number (Dolgoff, Loewenberg & Harrington, 2005). Utilitarianism, a form of consequentialism, asserts that the rightness of an action is determined by its overall utility or the greatest good for the greatest number (Meara, Schmidt & Day, 1996). *Act* utilitarianism begins by considering the individual action that will provide for the greatest good or happiness while *rule* utilitarianism considers what might happen should following a course of action become a precedent and generalized to other situations (the “rule”) (Reamer, 1999).

Philosophers Jeremy Bentham and John Stuart Mill are proponents of utilitarianism and influenced the development of the broader concept of consequentialism.

Deontological Thought

In contrast to teleological thought is deontology, which proposes that actions themselves can be determined good or bad, right or wrong, based on fixed moral rules rather than their consequences (Reamer, 1999). These fixed rules, rights and principals are intrinsically right and guide decision making in that they are followed in all situations regardless of circumstances (Dolgoff, Loewenberg & Harrington, 2005; Meara, Schmidt & Day, 1996). One's duties and the rights of others guide decision making. Consequently, an individual's behavior can be wrong even if it produces a good outcome. Alternatively, an act can maximize good but still be wrong if it violated human freedom and rationality: claiming, for example, "at least implicitly, it is acceptable to violate the law when it appears that a greater good would result" (Reamer, 1999, p. 68).

Similar to a feminist perspective that values networks of care and networks of relationships (Dolgoff, Loewenberg & Harrington, 2005), a deontological course of action is more concerned with how someone makes a decision rather than what the outcome is.

German philosopher Immanuel Kant is typically associated with deontological thought as are John Rawls and John Locke.

Other Aspects of Social Justice Theory

Other concepts related to social justice, and ultimately ethical decision making, are discussed at length by Robison and Reeser (2000, Chapter 6) and summarized below.

1. *Formal principles of justice*: This involves treating like cases alike and unlike cases differently. While on the surface, this seems logical, it may be difficult to apply depending on the situation. For example, to someone with a racist point of view treating all people with one skin color differently than those of another skin color satisfies the formal principle of justice. This formal principle requires consideration of the fact that individual practice creates precedents.
2. *Substantive principles of justice*: This concept adds to the formal principle of justice the question of which cases are alike and which are different. Adding this principle helps with, but will not always resolve, the formal principle of justice. It requires asking what the right decision is in relevantly similar cases. Granting an exception to one client who does not have to list all his/her resources means considering what happened with similar cases in the past and what might happen in future cases. The substantive principle of justice asks questions such as "What is being distributed?" "Who is getting what?" and "What are the reasons for treating groups of people differently?"
3. *Procedural justice*: These are the steps to effectively get what you want. Ultimately, procedures are imperfect and some who need services do not get them, while others who do not need services receive them. To make an ethically proper argument about a system, however, there needs to be an examination of the relevant percentages. For example, of all those who need help, how many do not obtain it, and of those who do not, how many do obtain it? Determining this means that we can proceed to object to the procedure, though people will always disagree about how much is "too large."

These social justice principles are relevant in the decision making process, especially as related to situations in which a social worker might make an exception. Additionally, considering situations in which equity and equality are considered may complicate the decision making process, because what is fair may not always be equal and what is equal may not always be what is fair.

Common vs. Controversial Ethical Dilemmas

The assumptions behind my topic and subsequent survey were based on my experiences in the classroom with undergraduate social work students as well as meetings with prospective students and their families. Their concerns about the “liberal” nature of the social work profession seemed, to them, at odds with a faith-based social work program and many of these individuals had difficulty reconciling social work practice, values, and ethics with their own Christian worldview. Fear that they would be forced to condone people’s behavior and choices they could not support from a Christian perspective caused many to question their fit with the social work profession. Most could not conceive of the routine, but often as difficult to resolve, decisions they would likely encounter as often- or more often- than these moral dilemmas they feared.

Based on my professional experience and that of my colleagues, however, I assumed that unless a social worker was employed at an agency whose mission was to address one of these “major or controversial social issues,” the likelihood that most social workers would regularly encounter these requests would be minimal. Consequently, as with any employment opportunity, a social worker will have the opportunity to seek employment in an agency whose mission and policies are aligned with the worker’s, thus decreasing the potential conflict between the worker’s Christian worldview and his/her ethical obligation to the employer (e.g., see NASW, 1996, 3.0 Social Worker’s Ethical Responsibilities in Practice Settings and 5.0 to the Social Work Profession).

The purpose of the survey, therefore, was to explore the nature of dilemmas and difficult decision making encountered on a routine basis by social workers. Further, it was to explore the availability of other social work colleagues and ethics committees to the social worker responding

Methodology

I sent an exploratory survey to graduates and advisory council members associated with our Social Work Program, which is housed in a private, faith-based, liberal arts college. The program is small, graduating anywhere from 2-10 students per year.

The survey was emailed as text and as a Word document attachment to 12 Advisory Council members (including the Social Work Program’s Coordinator of Field) and 33 program graduates. One graduate referred her administrator in training to me and she completed the survey as well. Of 46 surveys disseminated, I received 16 surveys back- a 35% response rate.

Participants were instructed to complete and return the survey in one of three ways: (1) as text in the email and then to email it back to me, (2) as an attachment and then to email it back to me, or (3) to print the attachment and return the hard copy to me via mail. Participants had the option of

completing the survey anonymously. Many included their names and all but one returned the survey via email, thus identifying themselves.

Findings

The primary field of practice reported by most participants was mental health, though it was followed closely by child and family welfare.

Table 1 Current, Primary Field of Practice

Field of Practice	N*
Mental Health	6
Child and Family Welfare	5
Aging	2
Disabilities	1
School/education	1
Other: Death and dying	1
Long-term care	1
Low-income households	1
Intern in addictions	1
Total	19

Note. Total respondents = 17. One participant noted both employment and MSW internship fields of practice and a second participant reported two fields of practice

Clarification in future research might include whether participants were employed in a faith-based setting, thus suggesting the presence of dilemmas that may be divergent than some found in non-faith-based settings.

Participants' reported tenure in their field of practice ranged from 3 months to more than 28 years, with an average of 5 years and 9 months. The length of time in practice is likely a reflection of the greater number of program graduates who responded than seasoned professionals.

Table 2 Length of time in this field of practice

Average	Maximum	Minimum	Median
5.9 years*	28 years, 4 months*	3 months	3 years, 6 months

Note. One respondent reported "20+ years." The average and median were determined using 20 years.

Further research might include years of post-degree experience, which may enable cross-tabulation of data related to length of time in practice and methods of resolving ethical dilemmas.

Most participants reported having an undergraduate social work degree, followed by a Master of Social Work degree. These responses are generally representational of the population receiving the survey. Participants could report more than one degree, such as a BSW and an MSW.

Table 3 Degrees Held

Degree	N*
MSW	6
MA or MS	0
BSW or BA/BS with major in social work	12
No college degree	0
Other: Last semester of MSW	1
Total	19

Note. Total participants was 17; however, two reported both BSW and MSW degrees.

About half the participants reported daily contact with either a BSW or an MSW colleague; however, many also reported only weekly, monthly or no contact at all.

Table 4 Frequency of Contact with Social Worker by Degree in Current Workplace

Frequency of Contact	BSW Degree	MSW Degree*
Never	2	4
Daily	8	8
Weekly	1	2
Monthly	2	2
Only when I request it	0	1
No answer	4	0
Total	17	17

Note. *One respondent reported “nearly daily in my first job (3 months); rarely in the second (2 months).”

Further research might focus on the availability of social work-degreed colleagues for consultation and resolution of ethical dilemmas and conflicts by field of practice.

Most participants, 69%, reported referring to the NASW Code of Ethics (1996) infrequently. The reasons for such infrequent reference to the Code of Ethics cannot be determined based on the nature of the survey.

Table 5 Frequency of Reference to Code of Ethics in Own Practice

Frequency	N
0-2 times per month	12
3-5 times per month	4
6-8 times per month	1
9 or more times per month	0
Total	17

Further research may investigate the reasons participants cite for their infrequent reference to the Code of Ethics

As expected, the majority of participants (81%) reported that there was no ethics committee in their agency setting.

Table 6 Presence of Ethics Committee in Agency Setting

Ethics Committee	N
Yes	3*
No	14
Total	17

Note. *One respondent new on the job was not sure. The researcher is familiar with the agency. It does have a Human Rights Committee.

While an ethics committee could serve as a useful vehicle for addressing ethical dilemmas in an agency setting, many survey participants worked in smaller agency settings in which an ethics committee would be unlikely given the agency's resources and structure.

Of the three participants reporting the presence of either an ethics or human rights committee in their agency setting, only one reported the appointment of a degreed social worker to that committee.

Table 7 BSW or MSW Appointed to Agency Ethics Committee

BSW or MSW Appointed	N
Yes	1
No	1
Unsure	1*
Total	3

Note. *The respondent who was "unsure" but reported "yes" in Table 6 reported "unsure" in Table 7. The researcher is familiar with the agency. There is no social worker appointed to its Human Rights Committee.

Most participants reported that when faced with an ethical dilemma their first course of action was either to talk their agency supervisor or talk with a BSW or MSW colleague in the agency. Consistent with responses reported in Table 5, none reported their first action as referencing the NASW Code of Ethics (1996).

Table 8 Typical First Action to Resolve an Ethical Dilemma

First Action	N
Talk to my agency supervisor	8
Talk to a BSW or MSW colleague within the agency	6
Talk to a professional (non-BSW/MSW) colleague in the agency	2
Talk to a professional (non-BSW/MSW) colleague outside the agency	1
Read the agency's policies and procedures	1
Contact the NASW ethics call line or consultant	1
Contact legal counsel	0
Read the NASW Code of Ethics	0
Talk to a BSW or MSW colleague outside the agency	0
Other: Contact MSW classmates & graduate school professors	1
Total	20*

Note. *One participant reported three (3) first actions and another respondent reported two (2) first actions.

Future research might include clarification as to whether the agency supervisor possessed a BSW or MSW degree to distinguish that first action from other options.

More than half the survey participants (69%) reported working with professionals from other disciplines who appeared to resolve ethical dilemmas differently than the participant did.

Table 9 Present Work with Professionals from Other Disciplines who Resolve Dilemmas Differently

Other Professionals Resolving Dilemmas Differently	N
Yes	12
No	5
Total	17

While the disciplines that might be considered "other" by the participants cannot be determined (see Table 10), interestingly, those that participants did cite could all be considered professional degrees, thus seemingly providing those professionals with both educational and professional standards of ethical practice.

Table 10 Professional Differences in Ethical Decision Making

Profession	N
Nurse	3
Doctor	2
Teacher	2
Attorney	1
Clergy	1
Other non-degreed workers providing social services	1
Other professionals/disciplines	5
Total	15

These types of professionals appear to reflect those expected in the fields of practice that participants reported in Table 1.

Participants noted a variety of differences in professional decision making in their fields of practice. I categorized these examples very generally as differences related to clinical or direct practice, legal issues, use of codes of ethics, personal characteristics of the professional, and use of consultation. I did not provide prompts in the survey regarding the types or details of decision making used by other professionals.

Table 11 Categories and Examples of Differences in Decision Making Practices

Categories of Differences	Examples of Differences
Clinical or direct practice	Boundaries, termination, abandonment of clients Self-determination Lack of multi-dimensional approach as in social work Less sensitivity to client's perspective Resolution through medication and treatment vs. changing behaviors Do not understand dual relationships They seem to be "free with information" "A lot of times children get a label, and there is no need for a label, without taking into consideration the family's dynamics" "They affect the way I do my job" "Most medical staff still tend to think in a medical model versus social model. This can lead to disagreements in completing ethical decisions."
Legal	When there is involvement with an attorney and/or plea agreements, the delay or prohibition of treatment Some other professionals do not understand "duty to report law" Difficulty understanding the importance and necessity of HIPPA
Code of Ethics	Ambiguity regarding best approach Doing what they "feel" to be the correct thing Ethical standards seem to be "union rules"

Categories of Differences	Examples of Differences
Personal characteristics	Lack of understanding about what ethical dilemmas are (e.g., limits or concept of confidentiality) Lack of understanding about solving ethical dilemmas Utilize a “less formal” method of decision making; no evidence of a formal process “Many . . . I interact with are a generation older than me” “At times they can come across as knowing everything and should not be questioned when they ask for something” “Especially those who have worked in the field for several years”
Consultation	Consulting colleagues vs. a code of ethics “They do not have people to talk with” “I’m not aware of any group they can contact when they have questions” “Solve things according to test scores and what a psychologist has to say” Staff a case, talk through the factors, decide as a group what the best decision would be. At times it is a group consensus, but at others the decision is made informally by rank of the “opinion-giver”

Some participants noted no discernable differences between their own decision making and that of their colleagues in other disciplines. Future research might investigate the similarities and differences between these social workers and their colleagues.

One of the primary purposes of this exploratory survey was to clarify whether controversial social issues occurred as frequently in social work practice as students sometimes fear. In question ten on the survey, I provided the following context to participants regarding controversial social issues:

Many social workers with a faith-perspective, particularly those with more conservative and/or evangelical Christian perspectives, fear having to condone or support their clients’ request for help with choices in life that might be considered at odds with a conservative, evangelical Christian worldview (e.g., abortion, assisted suicide, homosexuality, pre-marital sex). Often discussions about ethical decisions focus on these “major or controversial social issues.” (See Appendix 1, survey)

Following the contextual information provided above, I then asked participants the following:

Question: In your recollection, regardless of whether you identify yourself as an evangelical or conservative Christian, how often would you estimate that you have encountered requests by a client related to a “major or controversial social issue” in your practice? Please feel welcome to provide examples and discussion to help clarify. (see Appendix 1, survey)

Participants in this survey were asked to estimate the frequency with which they encountered client requests related to “major or controversial social issues.” Three participants indicated that

they often had requests such as these, which was likely a function of their work in residential settings, two with adolescents and one with adults with developmental disabilities.

Table 12 Frequency of Encounters with a “Controversial Social Issue”

Response	N	Estimation and Examples
Yes	3	“often”- homosexuality or “identity testing” “30% of our cases”- homosexuality, pre-marital sex, pregnancy “about once a month”- sex during dating between those with developmental disabilities
Seldom	5	previous employment- abortion, also racism, pedophilia “maybe 2 times per year”- sexual orientation, premarital sex “few occasions”- passive suicide through refusal of food or medication “not many requests” “not often”
No	6	“I’m not in a position where I am asked to assist with something such as an abortion. My clients normally tell me about the choices they are making, and I tell them my thoughts on the issue. . . in conjunction with common sense and research”
Co-worker	1	homosexuality
Total	15*	

Note. *Some participants included more than one response and some did not answer. Some did not specifically answer the question.

Further, one participant noted that while there was consensus amongst the social workers in her agency “regarding addressing behaviors (just as we do heterosexual), sometimes we are viewed as ‘liberal’ [by others in the agency] if we uphold ‘self-determination’ and do not overtly (consequence) homosexual statements, etc.”

Another participant commented in response to Question 10 that “not all social workers are Christians nor are all participants of this survey. Therefore I have difficulty in answering your question.” While the intention of the question was to inquire about the presence of “major or controversial social issues” rather than the participant’s Christian worldview, future research might include clarification of the question.

Because prompts were provided for Question 10 (see the contextual statement noted previously), it is likely that participants may not have considered situations beyond those provided, which focused on sexuality and preservation of life issues. One participant made reference to racism and pedophilia, but did not elaborate as to meaning or provide specific examples. Future research might evaluate the advantages and disadvantage of prompts such that open-ended questions might yield “controversial” issues others than these. Clarification of the term “controversial” might also be useful.

Additional research might consider further demographical information to include the participants' self-described worldview (Christian or otherwise). This might yield differences in the distinction between controversial issues and those of a routine nature.

Finally, participants were asked in Question 11 to provide examples of the more routine yet difficult decisions they might have to make in their field of practice. The following context and prompts were provided:

Often in our practice, rather than encountering “major or controversial social issues” that require our response, we instead encounter more routine ethical decisions when faced with equally undesirable choices or contradictory ethical directives.

Question: What types of more routine ethical decision making or ethical conflicts have you encountered in carrying out your responsibilities at work? The more specific or detailed you can be the better. You might want to consider issues related to:

- *boundaries and dual relationships* (e.g., dating a supervisor or colleague, socializing with students you supervise, attending the birthday part or wedding of a client, attending church or Sunday School with someone receiving services from your agency)
 - *accountability* (e.g., related to funding, documentation), or reimbursement)
 - *resource allocation* (e.g., time, money, space, appointments; assistance based on diagnosis, etc.)
 - *research* (e.g., data collection methods such as for client satisfaction; informed consent; the accuracy or type of “evidence” or statistics to include in a grant proposal)
 - *confidentiality and privacy* (e.g., privacy associated with group work, family work, or task groups; unsafe health practice by those with communicable diseases; issues dealing with minors; when do you have enough “suspicion” to make a CPS or APS report?)
 - *competence* (e.g., new workers' autonomy vs. inexperience and minimal supervision, referral vs. client self-determination, impairment or unethical practice of a colleague).
- (see Appendix 1, survey)

While the participants were not limited to these categories of decision making, most responded directly to these prompts. Additionally, there were some responses that I categorized as being related to client safety and well-being and legal vs. practice decisions.

Table 13 Examples of Routine Ethical Decision Making or Conflicts

Categories of Decision Making	Examples of Ethical Conflict in the Workplace
Accountability	Account for hours worked, mileage driven, scheduling appointments “Specifically with time” “It seemed like some of what we counted as billable was a stretch” “At times, employees may do something for patients ‘on their own time’.” How easily notes can be back dated when behind in documentation Billing decisions for optimal reimbursement rates

Categories of Decision Making	Examples of Ethical Conflict in the Workplace
Boundaries, Dual Relationships, Conflicts of Interest	<p>Billing for emergencies within the limits of the payor</p> <p>“I have a quota that I must obtain each month which is very difficult to achieve. . . . There is an incentive of \$100 at the end of the month if we achieve this goal. This calculates out to about 5 hours a day. When I first got my job, other case managers told me to fudge my hours because there is no way I will be able to get those hours.”</p> <p>“I’ve been working at the same agency for five years and just this year we are finally documenting and keeping accurate account of finances. . . . Money was not being spent or accounted for the way it should have been. Most of the problems can be traced back to a corrupt Executive Director that was here for six years and it took this long to untangle everything . . .”</p>
	<p>“My personal values came in conflict with the issue of dual relationships and giving a Bible to the student [client] could be considered a violation of agency policy.”</p>
	<p>“Especially troubled teenagers who latch on to anyone”</p>
	<p>“Employees of this agency who are in supervisory positions deciding to be foster parents and then having another employee from the agency as their social worker.”</p>
	<p>Being friends with a supervisor then colleagues discussing employee “favorites”</p>
	<p>Being overly friendly with a resident/family member (e.g., “give me a ride on your lap” to someone in a wheelchair)</p>
	<p>Lack of management action regarding a colleague’s engaging in an affair with a [long-term care] resident’s husband and subsequently becoming pregnant</p>
	<p>Referrals from the minister at the social worker’s church</p>
	<p>Encountering clients in the community</p>
	<p>Being asked at church if the social worker knows someone seen receiving services</p>
<p>The ethics of psychotherapy with more than one family member</p>	
<p>Family members wanting to provide information to the worker without the worker’s disclosing it to the client</p>	
<p>Taking on the “parent” role with child clients rather than clarifying “the therapeutic relationship”</p>	
<p>Setting limits to the amount of interaction between clients/families and employees.</p>	
<p>Residential staff developing very close relationships with the residents that continue after a resident has graduated or left the program.</p>	
<p>“For two years my roommate was also one of the people I supervised . . . Our housing was paid for by the agency we worked for so we were placed together. . . . At times I felt like I was always working no matter if I was in my office or in my apartment. . . . Suddenly I turned into her boss and was giving her training on how to do her job better. Also, I could not come home and vent . . . because it would be unprofessional and cross the dual relationship line.”</p>	
<p>Socialization between management and reporting staff as well as students, often not in compliance with company policy and ending poorly.</p>	
Resource Allocation	<p>“We always seem to have money for more marketing, buildings, etc. but have to fight for programming dollars”</p>
	<p>“At what point do I put a request to the side because there are likely not enough resources to serve them?”</p>
	<p>Nursing staff requesting that someone be “terminal” thus shifting the care from nursing to aides</p>

Categories of Decision Making	Examples of Ethical Conflict in the Workplace
Research	<p>“Again, before this year, our agency was not paying anyone overtime or ‘sleep’ time . . . It was a serious ethical conflict for me because not only was I both working overtime and doing night shifts without getting paid for them, but I was supervising those who were.”</p> <p>“There is a conflict of interest when I am ‘interpreting’ for the resident with speech impediments who is talking [to the agency conducting life quality assessments] about how he/she feels about the supports I am giving him/her.”</p>
Confidentiality	<p>Weighing against “the community’s and funder’s requests for information to gain approval for funding or for reports. Also, reacting to the community’s and funder’s priorities rather than what we, on the front lines, see as more vital issues.”</p> <p>“What is said to clients . . . is not exactly reality. Co-workers are more aware of other worker’s client’s situations than clients are led to believe I think”</p> <p>“How much to tell the school—[adolescent sexual offenders’] issues have the right to be confidential, but the school also is responsible for providing supervision and making sure other students are safe.”</p> <p>Indirectly communicating to visitors and others the diagnosis of a patient through location of supplies or signage</p> <p>Family members’ requests for information regarding a minor or legal adult</p> <p>Acceptable breaches for protection: legal protection of a minor for substance abuse treatment even if it is different than the referral problem</p> <p>Whether adults can cancel and re-schedule another legal adult’s appointment without a consent</p> <p>When writing progress reports, protecting the “confidentiality of the other parties involved in specific conflicts, etc. but it is sometimes difficult to do so because we all live in the same community and know each other.”</p> <p>The issue of confidentiality in health care, which “can apply to both patients and staff”</p>
Colleague Relationships and Competence	<p>When to speak up to co-workers who are not social workers</p> <p>Hiring or delegating to those without training or experience for cost-effectiveness</p> <p>“Sometimes because we are a Christian agency we hire people who are good people but don’t have any social work related degrees.”</p> <p>Lack of competence (i.e., work ethic) in seasoned colleagues</p> <p>“Workers are trained based on a quarterly training schedule, but seem to sometimes lack the basic skills to truly provide a therapeutic environment. Workers, such as myself, who are inexperienced are given minimal supervision and at times placed in situations they are not yet competent to handle.”</p>
Client self-determination well-being, and safety	<p>Supervision and directives to workers “without regard to client self-determination.”</p> <p>“Direct care staff frequently make decisions that I feel violate the client’s right be free from harm. The staff perform some restraints incorrectly or inappropriately.”</p> <p>“Making sure that every patient we care for is safe in his or her home, with a competent caregiver can be a challenge at times” (NOTE: participant categorized as confidentiality and privacy)</p>
Legal vs. practice decision	<p>“I also deal with the tension between making a CPS report based on accusations from child clients and recognizing frequent lying by client.”</p> <p>“The other issue that arises is that at times you get into legal opinions and getting attorneys to agree on things can be difficult.”</p>

The participants' responses demonstrate a range of difficult decisions encountered in their workplaces. Some might be better categorized as practice decisions rather than ethical dilemmas, and some would clearly violate an agency, state, or federal policy should the worker act on it. The purpose of the survey, however, was to highlight the nature of the difficult, routine decisions that workers are faced with and the domains in which those decisions fall. These responses highlight those, particularly those decisions or dilemmas that may be faced by new, inexperienced, or under-socialized social workers.

Summary

There are multiple limits to this exploratory survey, which in turn limit the validity of any conclusions I might draw. The purpose of the survey, however, was to explore the nature of dilemmas and difficult decision making encountered on a routine basis by social workers. Further, it was to explore the availability of other social work colleagues and ethics committees to the social worker responding.

Ultimately, the participants were able to identify a variety of dilemmas and difficult decisions in a variety of categories. It is possible that the prompts I provided limited their responses and that, had I not done so, the participants on their own may have identified other categories or examples of dilemmas.

Participants also noted that, at least in their practice settings, ethics committees are not common (n=3 or 18%) and in only one setting was a social worker appointed to the ethics committee. While "routine" ethical decision making may not be automatically referred to an ethics committee, it does not appear that a committee convened for purposes of resolving ethical dilemmas is an available option to many social workers who may need assistance beyond that which a colleague, supervisor, or code of ethics can provide.

The participants' responses also reflect the various conflicts that workers may experience each day when faced with differences between personal integrity and workplace expectations, co-worker practices, limited resources, autonomy, and professional obligations.

Ethical Decision Making Models

There are multiple models from which to choose when a worker is seeking assistance to resolve an ethical dilemma. In Table 14, I have outlined and compared several of those ethical decision making models. Vertically, the table depicts the sequential steps of each author's model. For example, the first column notes the steps in Congress' (1999) ETHIC model. I also attempted to compare the models to each other horizontally by aligning the steps in each model that seemed similar to each other. For example, the first row lists the first steps in various models that require defining the problem, its parameters, or background.

While not perfect comparisons, the table nonetheless provides several models from which to choose when seeking a systematic method of problem solving and provides a framework for initial comparison between them. As would be expected, there is considerable overlap between the models, particularly when directing the user to examine his/her own personal values, the values of the profession, and the needs and welfare of those involved in the decision making.

Table 14 Decision Making Models

Congress	Mattison	Loewenberg and Dolgoff	Feminist Principles	Corey, Corey and Callanan	Parsons	Robison and Reeser
	Background information, case details		Recognizing a problem	Identify the problem or dilemma	Describe the parameters of the situation	Try to understand why the participants are doing what they are doing by constructing arguments that would justify their acts or omissions.
			Defining the problem in collaboration with the client	Identify the potential issues involved		Determine what goals the participants had and what means they thought would achieve those goals; then determine what goals ought to be achieved and determine what means are best for achieving those goals
E: Examine relevant personal, societal, agency, client, and professional values		Identify your own relevant personal values in relation to the ethical dilemma.				
		Identify any societal values relevant to the ethical decision to be made				
T: Think about what ethical standards and laws apply to the situation	Separating practice considerations and ethical components	Identify the relevant professional values and ethics.		Review the relevant ethics codes	Define the potential ethical-legal issues involved	
	Identifying value tensions			Know the applicable laws and regulations	Consult ethical-legal guidelines available that might apply to the resolution of these issues.	
	Identifying principles in the Code of Ethics which bear on the case					
					Evaluate the rights, responsibilities, and welfare of all affected parties.	
<i>(See consultation step below)</i>				Obtain and document consultation		
H: Hypothesize about possible consequences or different decisions	Identifying possible courses of action (benefit/cost, projected outcomes)	Identify alternative ethical options that you may take.	Developing solutions with the client	Consider possible and probable courses of action and discuss with client	Generate a list of alternative decisions possible for each issue.	

Table 14 Decision Making Models

Congress	Mattison	Loewenberg and Dolgoff	Feminist Principles	Corey, Corey and Callanan	Parsons	Robison and Reeser
<p>I: Identify who will benefit and who will be harmed in view of social work's commitment to those who are vulnerable</p>	<p>Assessing which priority/ obligation to meet foremost and justifying the choice of action</p>	<p>Which of the alternative ethical actions will protect to the greatest extent possible your client's rights and welfare as well as the rights and welfare of others?</p>		<p>Enumerate the consequences of various decisions</p>	<p>Enumerate the consequences of making each decision.</p>	<p>Determine what the harms are of various courses of action. To whom would they occur, what kinds are they, and what are their magnitudes?</p>
		<p>Which alternative action will protect to the greatest extent possible society's rights and interests?</p>			<p>Evaluate the short-term, ongoing, and long-term consequences of each possible decision.</p>	
		<p>What can you do to minimize any conflicts among 1,2, and 3? What can you do to minimize any conflicts between steps 5-6?</p>			<p>Present any evidence that the various consequences or benefits resulting from each decision will actually occur.</p>	
		<p>Which alternative action will result in your doing the "least harm" possible?</p>			<p>Back off from the case and judge what is best to do. What will minimize harms?</p>	
		<p>To what extent will alternative actions be efficient, effective, and ethical?</p>				
		<p>Have you considered and weighed both the short-term and long-term ethical consequences of alternative actions?</p>				
<p>C: Consult with supervisor and colleagues about the most ethical choice</p>						
	<p>Resolution</p>		<p>Choosing a solution</p>	<p>Decide on what appears to be the best course of action. Follow up to determine outcomes</p>	<p>Make the decision. Consistent with the codes of ethics, helpers accept responsibility for the decision made and monitor the consequences of the course of action chosen.</p>	
			<p>Reviewing the process with the client and re-choosing</p>			
			<p>Implementing and evaluating with the client</p>			
			<p>Continuing reflection</p>			

Important points to consider in the decision making process, however, may not be clearly reflected in each model. For example, not all models include steps in the process related to the role and significance of documentation, supervision, consultation, and monitoring and evaluation of the alternatives that were implemented. Further, while several models specifically note the need to determine any applicable or relevant laws, most do not mention the need to investigate agency policy that may be relevant. These are important considerations in that, while the issue may “feel” as though it is an ethical dilemma, it may ultimately be a matter of agency policy.

Further, while the authors of various models may imply these aspects of the decision making process or ignore them altogether, they are still important for both the new and seasoned social worker to consider. The new social worker may need clearer guidance in the absence of supervision, which may be limited by the supervisor’s time, skill, or own value of the supervisory relationship. The seasoned social worker may rely more heavily on practice wisdom, which may or may not accurately inform the ethical decision making process. Both new and seasoned may inadvertently or purposely overlook the importance of addressing issues of accountability in the decision making process such as consulting with others who are more knowledgeable or experienced and documenting rationale and outcomes.

While these various models provide a systematic approach to decision making, there are times in which the Code of Ethics may not address the dilemma sufficiently or offers several obligations that provide conflicting guidance. In these instances, Dolgoff and associates (2005) suggest using the Ethical Principles Screen, which is a hierarchy of ethical principles (p. 65). They recognize that there may not be agreement on the rank order of these principles and that more than one principle may be relevant in the decision making process.

Table 145 Ethical Principles Screen

Ethical Principles Screen (EPS)
1. Protection of life
2. Equality and inequality
3. Autonomy and freedom
4. Least harm
5. Quality of life
6. Privacy and confidentiality
7. Truthfulness and full disclosure

Note. From Dolgoff, Loewenberg & Harrington, 2005.

When more than one ethical principle is relevant when making a decision and each principle leads to a different outcome, Dolgoff and associates (2005) recommend that the rank order suggested in the EPS be used to make the decision.

Conclusion

Social workers encounter issues of ethics in all fields of practice and in all practice settings regardless of their experience and degree. While they may fear those dilemmas related to issues that conflict with their personal or moral convictions, it is likely that dilemmas they face on a more regular basis are those involving the routine aspects of their employment. To better understand the nature of ethical decision making for social workers, this paper outlined the nature of the professional helping relationship, basic concepts related to ethical decision making theory and social justice, the results of an exploratory survey regarding ethical decision making, and the availability of various decision making models.

Ultimately, careful selection of an ethical decision model is necessary to assure that the social worker as decision maker is considering all the steps necessary to protect the client, safeguard the help relationship, and promote professional decision making.

Appendix 1 Ethical Decision Making Survey

ETHICAL DECISION MAKING SURVEY 2006

Carrie Yocum, MSW, ACSW, LSW
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1. Please note your current, primary field of practice:
 - criminal justice
 - mental health
 - aging
 - school/education
 - child and family welfare
 - occupational
 - public policy
 - disabilities
 - other, please specify: _____

2. How long have you worked in this field of practice? _____ (specify yrs and/or /months)

3. Which of the following degrees do you hold? (check all that apply)
 - MSW
 - MA or MS
 - BSW or BA/BS with a major in social work
 - BA or BS, non-social work major
 - no college degree
 - other, please specify: _____

4. How often do you have professional contact with a social worker in your current workplace?

An MSW: never daily weekly monthly just when I request it

A BSW: never daily weekly monthly just when I request it

5. How often would you estimate referring to the Code of Ethics for assistance in *your own* decision making at work?
 - 0-2 times per month
 - 3-5 times per month
 - 6-8 times per month
 - 9 or more times per month

6. Does your current agency setting have an ethics committee?
 - Yes
 - No

7. If you answered YES to question #5, does a BSW or MSW have a regular appointment on the ethics committee?
- Yes
 - No
8. What do you *typically do first* when trying to resolve an ethical dilemma in your workplace? (check one)
- Read the NASW Code of Ethics
 - Contact the NASW ethics call line or consultant
 - Talk to my agency supervisor
 - Talk to a BSW or MSW colleague within the agency
 - Talk to a BSW or MSW colleague outside the agency
 - Talk to a professional (non-BSW/MSW) colleague in the agency
 - Talk to a professional (non-BSW/MSW) colleague outside the agency
 - Contact legal counsel
 - Read the agency's policies and procedures
 - Other (please specify): _____
9. Do you currently work with professionals in other disciplines, such as teachers, nurses, or pastors, who appear to identify and resolve ethical dilemmas differently than you do?
- Yes
 - No
10. If you answered YES to question #8, would you provide some examples of what you perceive the difference to be in their ethical decision making practices?
11. Many social workers with a faith-perspective, particularly those with more conservative and/or evangelical Christian perspectives, fear having to condone or support their clients' request for help with choices in life that might be considered at odds with a conservative, evangelical Christian worldview (e.g., abortion, assisted suicide, homosexuality, pre-marital sex). Often discussions about ethical decisions focus on these "major or controversial social issues."
- Question:* In your recollection, regardless of whether you identify yourself as an evangelical or conservative Christian, how often would you estimate that you have encountered requests by a client related to a "major or controversial social issue" in your practice? Please feel welcome to provide examples and discussion to help clarify.
12. Often in our practice, rather than encountering "major or controversial social issues" that require our response, we instead encounter more routine ethical decisions when faced with equally undesirable choices or contradictory ethical directives.

Question: What types of more routine ethical decision making or ethical conflicts have you encountered in carrying out your responsibilities at work? The more specific or detailed you can be the better. You might want to consider issues related to:

- *boundaries and dual relationships* (e.g., dating a supervisor or colleague, socializing with students you supervise, attending the birthday part or wedding of a client, attending church or Sunday School with someone receiving services from your agency)
- *accountability* (e.g., related to funding, documentation), or reimbursement)
- *resource allocation* (e.g., time, money, space, appointments; assistance based on diagnosis, etc.)
- *research* (e.g., data collection methods such as for client satisfaction; informed consent; the accuracy or type of “evidence” or statistics to include in a grant proposal)
- *confidentiality and privacy* (e.g., privacy associated with group work, family work, or task groups; unsafe health practice by those with communicable diseases; issues dealing with minors; when do you have enough “suspicion” to make a CPS or APS report?)
- *competence* (e.g., new workers’ autonomy vs. inexperience and minimal supervision, referral vs. client self-determination, impairment or unethical practice of a colleague).

13. Additional comments or input.

OPTIONAL: Name: _____

Thank you for your participation!

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