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Alexandra Prager Scalfano
The Question of Self-
Determination: An Analysis
of 21st Century Social Work
Literature

ABSTRACT

Self-determination is an integral part of the ethical foundation of the social work profession. However, the NASW Code of Ethics remains unclear in its definition of this and other important terms, such as social responsibility and professional judgment, that are often raised in discussions of self-determination and its implications to clinical social work practice. This analysis of twelve articles published in social work journals between the years 2000 and 2012 explores the field's current understanding of these terms and their implications as they are reflected in the current literature.

**THE QUESTION OF SELF-DETERMINATION: AN ANALYSIS OF 21ST
CENTURY SOCIAL WORK LITERATURE**

A project based upon an independent investigation,
submitted in partial fulfillment of the requirements
for the degree of Master of Social Work.

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2013

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TABLE OF CONTENTS

ACKNOWLEDGEMENTS.....	ii
TABLE OF CONTENTS.....	iii
CHAPTER	
I INTRODUCTION.....	1
II LITERATURE REVIEW.....	2
III METHODOLOGY.....	4
IV ANALYSIS.....	5
V DISCUSSION.....	17
REFERENCES.....	19

CHAPTER I

Introduction

The National Association of Social Workers (NASW) Code of Ethics (2008) states that one of social workers' primary ethical responsibilities is to "respect and promote the right of clients to self-determination" (p. 7). Clinicians are, however, also instructed to exercise "professional judgment" (NASW, 2008, p. 7) in deciding when a client's right to self-determination is "socially responsible" (NASW, 2008, p. 7) and when it is in fact appropriate for a practitioner to limit this same right. The tension between these contradictory dictates must be clarified. Crucially important terms like "socially responsible self-determination" and "professional judgment" have been left without universally agreed upon definitions. The implications of such gaps in the ethical framework of the profession have gone unrecognized and unresolved.

What would a practitioner find if they turned to the current literature on the subject of self-determination to guide their ethical choices? This question is the subject of the following study, which provides a content analysis of twelve articles focused on self-determination published in the past twelve years. If the right to self-determination is essential to the foundation of social work practice as the NASW Code indicates, it is important to analyze the current literature on the subject with a critical eye in order to understand how the concept of self-determination is perceived and what the implications of such perceptions are to the profession.

CHAPTER II

Literature Review

The concept of self-determination is a central issue in the field of social work (Abramson, 1985; Antle & Regehr, 2003; Cagle & Kovacs, 2009; Perlman, 1965; Reamer, 1983; Rothman, 1989; Weick & Pope, 1988). “Promoting client self-determination is an essential part of contemporary social work practice” (Cagle & Kovacs, 2009, p. 21) and has consistently been regarded as a “highly valued ethical principle” (Antle & Regehr, 2003, p. 140). The National Association of Social Workers’ Code of Ethics describes self-determination as one of social workers’ primary “ethical responsibilities to clients” and as crucial component of clinicians’ duty to “respect the inherent dignity and worth of the person” they are working with (2008, p. 5).

However, the importance of self-determination to ethical practice is not reflected in the clarity on the topic in social work literature. The NASW Code of Ethics defines it as a client’s right, but goes on to express the need for “professional judgment” on the part of social workers in order to evaluate whether the way a client is exercising that right is “socially responsible” (2008, p. 7). This description of the role of client self-determination in the field lacks clarity in its definition of terms that are a foundational component of ethical practice.

Multiple authors have elaborated on the vague presentation of self-determination found in the Code of Ethics. Freedberg (1989) has argued that in order “to deliver necessary services to the community, the agency (an instrument of that community) and its agents (social workers) must maintain control of the services and to that extent also maintain control of the clients” (p. 33). This concept of necessary control is further

developed as Rothman (1989) proposes that “not all clients are prepared to assume full responsibility for self-direction” (p. 602). The author specifically targets “children, the aged, mentally retarded clients, the very ill, and those who are badly informed or ignorant” (Rothman, 1989, p. 602) as clients who are not “prepared” to exercise their right to self-determination.

Freedberg (1989) and Rothman (1996) contextualized terms like “professional judgment” and “socially responsible self-determination” (NASW, 2008, p. 7) by suggesting that social workers are to use their professional judgment to determine which clients are capable of making socially responsible choices. Abramson (1985) defines this use of professional judgment as “a form of beneficence in which the helping person’s concepts of benefits and harms differ from those of the client, and the helper’s concepts prevail” (p. 389).

The idea that social workers must maintain control over clients is seen as paternalistic by some authors (Abramson, 1985; Reamer, 1983; Rothman, Smith, Nakashima, Paterson, & Mustin, 1996). Paternalism is widely considered to be in opposition to the values the social work profession claims to uphold (Reamer, 1983). If it is indeed left to each social worker to distribute the right to self-determination as they see fit, is Perlman (1965) right when she declares self-determination to be “nine tenths illusion, one tenth reality” (p. 410)? Is client self-determination an impractical ideal or crucial pillar of social work ethics? Has time developed any more substantial answers to the ethical balancing act that seems to define the profession’s relationship with self-determination?

CHAPTER III

Methodology

Articles that comprise the data for this study were selected from the academic research database Social Work Abstracts which “offers extensive coverage of more than 850 social work and human services journals” (EBSCO, 2012) and is produced by the National Association of Social Workers. A search for all journal articles with the term “self-determination” in the title published between 2000-2012 in peer-reviewed journals, excluding dissertations and book excerpts, identified twelve articles.

These texts are primarily empirical studies, with the exception of two editorials (Keigher, 2000; Murdach, 2011) and one literature review (McCormick, 2011). The authors explore ethical dilemmas in the application of self-determination (Adler, Greeman, Parker, & Kuskowski, 2002; Bergeron, 2006; Duran, 2002; Keigher, 2000; McCormick, 2011), self-determination theory (Niemic, Lynch, Vansteenkiste, & Bernstein, 2006; Patrick, Knee, Canevello, & Lonsbary, 2007), and the history of self-determination in the social work profession (Gilson & Depoy, 2004; Murdach, 2011). Several articles examine the role of self-determination in working with specific populations: adolescents (Niemic et al., 2006), individuals with disabilities (Gilson & Depoy, 2004; Keigher, 2000), the elderly (Adler et al., 2002; Bergeron, 2006), and families that have recently immigrated to the United States (Duran, 2002).

The method of analysis applied to these texts assesses how the authors address themes that have consistently been raised in the social work literature. This process structures the analysis of the current literature through the lens of issues that were often raised in the previous literature on this topic in order to provide appropriate perspective

on the role of self-determination in the field of social work. The following four themes were selected based on their prevalence in the selected articles: the importance of self-determination to ethical social work practice (Abramson, 1985; Antle & Regehr, 2003; Cagle & Kovacs, 2009; Perlman, 1965; Reamer, 1983; Rothman, 1989; Weick & Pope, 1988), definitions of self-determination (Antle & Regehr, 2003; Perlman, 1965), distinctions made according to demographics or population (Abramson, 1985; Belcher, 1988; Callahan, 1994; Galambos, 1998; Manning & Gaul, 1997; Rothman, 1989; Salazar, 1991; Staller & Kirk, 1997), and finally, social responsibility and professional judgment (Freedberg, 1989; Reamer, 1983; Rothman et al., 1996; Rothman, 1989).

CHAPTER IV

Analysis

The Importance of Self-Determination to the Field of Social Work

The majority of the authors of the selected articles explicitly describe self-determination as an important component of the social work profession (Adler et al., 2002; Bergeron, 2006; Furlong, 2003; Gilson & Depoy, 2004; Keigher, 2000; Lee, Uken, & Sebold, 2007; McCormick, 2011; Murdach, 2011; Patrick, et al., 2007). Keigher (2000) asserts in her article exploring the role of self-determination in working with clients with developmental disabilities that “people with severe disabilities are capable of making decisions in their own lives” and that the services identified according to these decisions “should be provided as a matter of right, not charity” (p. 164). She details the Independent Living Movement that has pushed for “policy transformation, reconceptualizing broad goals for long-term care toward maximization of independence

and self-sufficiency for populations of all ages who need care and assistance with activities of daily living” (Keigher, 2000, p. 164) and cites the Code of Ethics in her call to social workers to recognize that “people with disabilities, like all clients, have a right to control their own destinies” (Keigher, 2000, p. 164). Bergeron (2006) echoes Keigher (2000) in his support of the importance of self-determination to the field, concluding in an article exploring the role of self-determination when working with elderly clients in abusive environments, that “the right to decide direction of one’s life is very important and cannot be minimized” (p. 100).

These strong statements defending the critical importance of self-determination to the social work profession are supported by empirical data from other studies in the identified group of articles. Patrick, Knee, Canvello and Lonsbary (2007) explore self-determination theory, which supports the value of autonomous decision-making and the fostering of “a sense of volition, agency and initiative” (p. 435). These authors conducted a series of studies on “need fulfillment and autonomy support in close relationships” (Patrick et al., 2007, p.436) that found that autonomy was “positively associated with self-esteem, positive affect, and vitality” (Patrick et al., 2007, p. 439) in interpersonal relationships. Lee, Uken and Sebold (2007) conducted research that found reduced recidivism rates in domestic violence offenders who completed a program utilizing participants’ self-determined goals. These studies provide the field with empirical evidence supporting the importance and value of self-determination as a method of supporting both individual and community well-being.

However, while many acknowledge that the field has a long history of valuing self-determination as a primary ethical principle (Adler et al., 2002; Bergeron, 2006;

Gilson & Depoy, 2004; McCormick, 2011), “there today appears to be little interest in the profession in exploring the value of self-determination. Given the alleged central importance of this social work value, this situation requires some explanation and evaluation” (Murdach, 2011, p. 371). Any direct explanation or evaluation is conspicuously absent from the literature base, and some authors seem to support the recent lack of focus on self-determination in the field (Furlong, 2003; Keigher, 2000). Bergeron concurred with the need for further study, declaring that further examination of the ethical complexities inherent to working with the elderly population “begs our immediate attention” and that failing to understand such cases “threatens our humanity as professionals and as people living in the same community” (p. 100) as our clients.

Keigher (2000) suggests that this concept is an ideal to be strived for rather than a necessity of ethical practice and that perhaps self-determination is valued so highly by the profession that it has not undergone an appropriate level of critique or analysis. While she defends the importance of self-determination for clients with developmental disabilities, the author simultaneously questions whether this “ideal” (Keigher, 2000, p. 164) establishes a realistic expectation for social workers. She declares that “the problem lies in organizations and their limitations,” (Keigher, 2000, p. 165) as social workers are unable to properly advocate for their clients given the predominantly hierarchical structure of most agencies employing social workers today (Keigher, 2000). Keigher (2000) calls for increased autonomy on the part of social workers to make clinical decisions around a client’s right to self-determine, however, if neither individual social workers nor larger systems maintain a clear understanding of the meaning and importance of self-determination in clinical practice, encouraging social workers to

“advocate for their clients” (Keigher, 2000, p. 165) does little to further the discussion of self-determination in the field at large.

While Keigher (2000) suggests that self-determination should be more closely examined on a structural and policy level, Furlong (2003) criticizes the concept on a more fundamental level, proposing that “a conviction that self-determination is an untouchable value may eventually prove itself to be not just faded but aggressively, if inadvertently, dangerous” (p. 179). He declares that social work’s support of self-determination reflects an “overriding reverence for the premise of individualism” (Furlong, 2003, p. 182) that excludes the possibility of “mutualistic citizenship” that is “inclusive of the values of accountability and interdependence as it also observes the values associated with self-determination” (Furlong, 2003, p. 193). The author describes “a quiet hegemony that discounts, even disqualifies, a range of alternative values associated with diversity” when classifying a focus on individualism as a value exclusive to “(so-called) first world societies” (Furlong, 2003, p. 192). He opposes the field’s focus on individualism and independence as a desirable outcome of treatment and proposes a shift towards support of clients’ interdependence that incorporates the client’s place in their community (Furlong, 2003).

Definitions of Self-Determination

As authors argue over the relative importance of self-determination, it is unclear as to whether each author is even discussing the same principle. “Despite a common perception that general understanding and agreement on the meaning and actualization of this concept exists, there is significant variation among individuals and groups in how the concept is defined and used” (Gilson & Depoy, 2004, p. 3). This “variation” includes the

concept of “capacity,” a term that often limits self-determination, as well as a broader view of the role of self-determination in the context of social and civil rights (Gilson & Depoy, 2004). It is not surprising that Bergeron (2006) argues that the definition of self-determination is often “overly simplified” (p. 81) in the literature as these many variations are not often addressed by proposed definitions. Bergeron (2006) suggests that without “a holistic definition of self determination” (p. 85) that accounts for such variables agencies and individual clinicians may lack the information necessary to understand and meet their clients’ needs.

Given the varied views on the process of defining self-determination (Bergeron, 2006; Gilson & Depoy, 2004), it is important to explore the definitions supplied by authors in the selected sample of articles. Eight out of the twelve texts failed to address the definition self-determination, however, McCormick (2011), George (2011), Gilson and Depoy (2004) each provide a definition in the context of their respective articles while Furlong (2003) provides definitions from a variety of additional sources. McCormick (2011) states that self-determination is “understood to mean that clients have a right to make their own decisions and determine the amount and type of treatment they want” (p. 124). George (2011) provides a concise definition, “the capacity to make free choices,” (p. 96) while Gilson and Depoy (2004) define self-determination as “not only the right but also the capacity to set ones own goals, decide what one needs and want, and control how goals, needs and wants are to be actualized” (p. 6). These definitions may provide some insight into views of the meaning of self-determination in the field of social work today.

In a literature review exploring the role of self-determination in the right-to-die movement, McCormick (2011) states that self-determination is “understood to mean that clients have a right to make their own decisions and determine the amount and type of treatment they want” (p. 124). He infers his definition from Reamer (as cited by McCormick, 2011) who says:

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. (p. 124)

This definition and McCormick’s (2011) both establish self-determination as a right in the context of clinical treatment. They differ, however, in that Reamer (as cited by McCormick, 2011) states that social workers, armed with “professional judgment,” have the power to determine whether a client is exercising their right in a way that poses too great a risk to themselves or others.

This is not the only limitation to self-determination highlighted by the definitions in the selected texts. The concept of capacity is incorporated into the definitions supplied by both George (2011) and Gilson and Depoy (2004). George (2011) defines self-determination as “the capacity to make free choices” (p. 96), without providing any explanation of how to evaluate capacity itself. Gilson and Depoy (2004) define self-determination as “not only the right but also the capacity to set ones own goals, decide what one needs and want, and control how goals, needs and wants are to be actualized” (p. 6). The authors go on to clarify that they mention capacity in their definition “to acknowledge that the practice of self-determination must be anchored on knowledge and skills” (p. 6), however it is unclear what “knowledge and skills” are necessary for a

person to be capable of self-determining. This clarification is essential to provide context for the definitions presented by both George (2011) and Gilson and Depoy (2004).

McCormick (2011), George (2011), and Gilson and Depoy (2004) all provide their own definition of self-determination. McCormick (2011) references another author's description of self-determination before paraphrasing that definition, while the other two texts do not provide any basis for the wording of their definitions. Furlong does not provide his own definition but instead quotes four definitions found in various social work texts to fuel his discussion of self-determination. He notes in his analysis that:

There is only one qualification that is regularly placed upon self-determination in the social work literature surveyed: unless 'harm to self or others' is risked or, to put differing but with a similar meaning, 'the rights of other are not violated', it is assumed that the individual should be free to make her or his own decision without interference. (Furlong, 2003, p. 182)

Furlong (2003) criticizes the "overriding reverence for the premise of individualism" rather than a broader view of interdependence (p. 182) as a culturally limited ideal in the multiple definitions he evaluated but does not reference capacity as other authors did when discussing the limitations placed on self-determination in social work practice.

The multitude of definitions of self-determination only serves to further confuse its actual meaning. Limitations and caveats allude to harm to self or others, capacity and a social worker's professional judgment, but none of these terms are explicitly defined. Yet despite the lack of clarity around the definition of self-determination in the field, the concept of social workers limiting clients' rights seems well accepted. As a profession, social workers are dedicated to advocating for clients' rights, and yet there has been little discussion focused on clarifying and providing a context for clinicians' limitation of client self-determination.

Distinctions According to Demographic or Population

The issue of capacity is often raised in discussions of self-determination, especially in the context of working with oppressed or underserved populations such as individuals with developmental disabilities, (Gilson & Depoy, 2004; Keigher, 2000) the elderly (Adler et al., 2002; Bergeron, 2006), and those who have recently immigrated to the United States (Duran, 2002). It is essential for social workers to advocate for such clients' rights according to the NASW Code of Ethics (NASW, 2008) and authors whose articles focused specifically on the role of self-determination when working with these targeted populations were clear in their belief of supporting of these clients right to self-determination in the context of practice (Bergeron, 2006; Keigher, 2000). However, despite the theoretical support for self-determination's importance when working with targeted social groups, the articles do not provide specific information on how to support self-determination with these populations.

Authors who focused on self-determination in these contexts instead describe the conflicts that arise when seeking to support oppressed clients' right to self-determine. Keigher (2000) details the primary conflict explored in her article focusing on supporting self-determination when working with clients with developmental disabilities:

Having responsibility places social workers on the firing line of accountability for meeting the needs of service users, for being responsive to them, and for ensuring their satisfaction as well as safety. Such responsibility can bring social workers into direct conflict with the organizational means available to satisfy needs. Because professionalism, good quality, and high reimbursement rates are perceived to correlate, there can be dilemmas inherent in putting client's interests before our own and those of the organizations for whom we work. (p. 165)

Keigher describes a fundamental mismanagement on the institutional level for providing services to those with developmental disabilities, arguing that increased autonomy is

necessary for clinicians as well as their clients and that the current system restricts social workers ability to provide the services necessary to met their clients' needs and support their right to self-determine (Keigher, 2000). However, without a universal definition of self-determination, increased autonomy on the part of social workers might result in increased variability in the quality of services being provided. Given the profession's limited understanding of the role of self-determination in clinical practice, social workers' own autonomy and independence in their work seems a parallel but ultimately separate issue.

In their study of self-determination in the context of smoking policies in nursing homes, Adler and her colleagues (2002) conclude that interventions that "are intended to protect vulnerable residents" may at the same time "also limit autonomy" (p. 26). Upon surveying social workers working in these facilities the authors also found that "social workers' personal smoking behaviors had significant influence on their perception of this dilemma" (Adler et al., 2002, p. 20). This specific conflict highlights contradictions in personal beliefs and agency policies as well as the limitations often placed on self-determination based on perceived harm to self or others (Adler et al., 2002). The authors concluded in regards to self-determination that "if the profession seeks to protect that core value, then social workers, individually and as a group, need to negotiate with the long term care industry to develop mechanisms that protect all residents rights to self-determination and, ultimately, for some resident's their right to smoke" (Adler et al., 2002, p. 29).

In his study of elderly survivors of abuse, Bergeron (2006) states that "both the APS [Adult Protective Service] protection field and the profession of social work

continue to grapple with the notion of client self-determination when serving competent older adults in compromising situation who refuse intervention to reduce or alleviate abuse or neglect” (p. 82). He goes on to say that “elder protection laws do not provide clear directives regarding terms of competency and self-determination” and that “victims’ right-to-refuse intervention if they are deemed competent appears to override APS worker’s duty-to-protect. Yet, APS agencies are held accountable for the outcome of such cases regardless of the victim’s competency status” (Bergeron, 2006, p. 82), echoing the limitations and concerns raised by Adler and her colleagues (2002).

Duran (2002) asks in her article on multicultural parenting practices and self-determination, “when the question of a client’s welfare or safety conflicts with the client’s autonomy, do I tend to act paternalistically to the client’s benefit but in violation of the client’s autonomy” (p. 10)? She responds to her own query by saying that “the right of ethnic parents to fully exercise self-determination in how to raise and discipline their children does not prohibit intervention on the part of social workers or other professionals. Most research discusses allowing the client’s right to exercise autonomy as long as it falls within legal guidelines” (Duran, 2002, p. 12). The implication of this statement seems to be that unless the client’s behavior violates the law, social workers must fully support their right to self-determination. However, the language used in the article seems to encourage a more paternalistic stance, as the author refers to “allowing” the client to exercise their right within limits and it is assumed that a social worker’s choice made on a client’s behalf would be in the client’s best interest (Duran, 2002) when in fact it is expressed in additional studies in the selected sample (Adler et al., 2002; Bergeron, 2006) that this decision-making process is much more complicated.

Adler's article (2002) supports that social workers' personal beliefs influence their ethical decision-making. What is conspicuously absent from these articles focusing on vulnerable, targeted and oppressed populations is any acknowledgement of the possibility, or rather inevitability, of social workers' own prejudices playing a role in their evaluation of client competency or decisions made on a client's behalf. Duran's 2002 article, which advocates for social workers to develop their own cultural competency, is illustrated with a cartoon picture of a bear with teeth bared hitting a crying cub with a stick. That this illustration, which could be easily interpreted as alarmingly racist given the context of the article, was peer reviewed and has not been criticized by any of its readers indicates that we must not ignore the prejudices and biases inherent in the conversation around self-determination with these vulnerable populations.

Social Responsibility and Professional Judgment

Social workers are asked to negotiate between many conflicting duties when practicing in consideration of a client's self-determination. The NASW Code of Ethics (2008) charges us to "promote the well-being of clients" (p. 7) while simultaneously maintaining a "responsibility to the larger society" (p. 7) in promoting social and civil rights. Social workers are also expected to "act on behalf of clients who lack the capacity to make informed decisions" and "safeguard the interests and rights of those clients" (NASW, 2008, p. 8). However, "the code does not tell social workers how to incorporate these guidelines when faced with difficult client situations, except that each case must be decided by the social worker through critical and ethical decision-making" (Bergeron, 2006, p. 84).

Some the difficult situations alluded to in this statement are described in the selected sample of articles and many others exist that are not directly explored. Adler suggests that in struggling to use their professional judgment to evaluate a client's decision-making, social workers will likely encounter conflicts between their personal beliefs and agency policies (Adler et al., 2002). Having responsibility for making these choices “places social workers on the firing line of accountability” (Keigher, 2000, p. 164) and “social workers’ professional allegiance to clients’ right to self-determination can run counter to the expectations of their employer and their own personal beliefs” (Adler et al., 2002, p. 20).

Given the many important and often conflicting responsibilities to clients, employers and society at large that social workers must negotiate, personal beliefs and biases will likely influence the decision-making process, as is evidenced by Adler’s 2002 survey. The same client’s behavior might be interpreted as destructive by one clinician and socially responsible by another according to any number of differences in personal or professional perspectives. Essentially, social workers are instructed by the code to use their “professional judgment” to evaluate if the way the client is exercising their right to self determination is socially responsible and if the client has the “capacity” to make informed decisions. This much discussed but never defined concept of “professional judgment” is presumably informed by their understanding of the ethical guidelines of the profession in combination with their own personal beliefs and ethical boundaries. In the case of self-determination, there is limited information available in order for clinicians to construct a sound professional judgment. This may result in blind adherence to agency

policies or over-reliance on personal judgments and biases resulting in unethical decision-making.

CHAPTER V

Discussion

According to the selected articles, the value of self-determination and its relative importance to the field is still up for debate. There exists no agreed upon definition and oppressed and targeted populations continue to be evaluated under harsher standards of competency. Terms like “social responsibility” and “professional judgment” that are crucial to the description of self-determination provided in the NASW Code of Ethics have yet to be clarified or defined. As a result, the standards that are in place for the profession include massive gaps in understanding of the definition of self-determination and its applications to practice. These vital considerations are left up to interpretation by agencies and individuals, leading to a litany of questions and ethical considerations.

Why is self-determination, which is supposedly so critical to ethical decision-making in the field, only mentioned in the title in twelve articles published in the last twelve years? Why are the ethical conflicts raised in these articles not being more deeply explored elsewhere in the literature? Where are these conversations happening if not in social work journals? In individual and peer supervision, at conferences, during lunch breaks in agencies or offices? Are they happening at all?

While the social work profession seeks to find solutions to the conflicts pervading the field’s relationship with self-determination, there exists one additional and essential question: what is the cost to our clients of being served by professionals that have yet to

decide the importance or even the definition of self-determination? According to examples provided by these articles, the consequences of ignoring the complexities of self-determination in social work practice include elderly victims of abuse remaining in dangerous circumstances (Bergeron, 2006), recent immigrants to the United States being judged for parenting practices that differ from American norms (Duran, 2002), and nursing home residents feeling uncomfortable in their living environments (Adler et al., 2002). The Independent Living (Keigher, 2000) and right-to-die (Murdach, 2011) movements hinge on the role of self-determination as do the lives and well-being of many of our clients. It seems that individual clinicians are left to rely on their own biases and personal beliefs in conjunction with agency policies to guide how they define self-determination, professional judgment, capacity, and socially acceptable behavior. As a profession, it is imperative that we reexamine our views on self-determination. This concept is inextricably linked to our ethical decision-making processes in the field and the limited examination of the topic has only highlighted the necessity of further exploration.

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