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Jennifer Graves
Ethical Dilemmas in Clinical Social
Work Practice: How Are Social
Workers Affected and How Do We
Respond?

ABSTRACT

This mixed-methods exploratory research was undertaken to gain insight into how social workers perceive, are affected by, and respond to situations in which they are not able to enact social work ethics, or are asked to facilitate perceived injustice because of workplace restrictions. Seventy-four social workers responded to my online mixed methods survey. In quantitative responses, Likert scaled responses rated participants' frequency and level of distress when encountering ethical dilemmas involving structural racism, classism, cultural insensitivity, sexism, heterosexism, protocols prioritizing funding over client care, protocols interfering with the treatment relationship, and protocols interfering with client self-determination. Participants also rated their sense of burnout related to structurally imposed ethical dilemmas. Both descriptive statistics were derived, and correlations were obtained between demographic information and quantitative response re: frequency and distress. Qualitative text boxes allowed descriptions of experiences with ethical dilemmas in more detail – e.g., information about roles and social work settings in which dilemmas took place, and descriptions of participants' suffering and action in relation to dilemmas. The study opens new avenues for social work as a profession to explore in the interest of preserving its loyalty to the social work code of ethics, and the individual social workers' well-being and professional satisfaction.

**ETHICAL DILEMMAS IN CLINICAL SOCIAL WORK PRACTICE: HOW ARE
SOCIAL WORKERS AFFECTED AND HOW DO WE RESPOND?**

Jennifer Graves

Smith College School for Social Work

June 2016

ACKNOWLEDGEMENTS

This study is dedicated to my father, Mark S. Graves, LMSW, whose thirty-four year clinical social work career has, so far, been dedicated to serving disadvantaged populations in community mental health settings.

I would like to extend my sincere gratitude to my thesis advisor, Gael McCarthy, for the countless hours of advising meetings, encouragement, fine editing, and illuminating conversations. I feel I have had the best advisor Smith has to offer. I want to thank both of my parents, Mark and Sue Graves, for teaching me the richness of the helping professions, and for their steadfast guidance, encouragement, support and understanding. Thanks to many dear friends especially Jehanne, for taking over the cooking while I wrote this year; to the Duke CAPS interns for sharing their social science research and writing knowledge, and for being great supportive colleagues; to Jeanette for always loving me, listening, and believing in me, and to Jenelle for being my instant grammar consultant.

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CHAPTER I

Introduction

As a profession, social work claims values of social justice. Our code of ethics holds us to standards of valuing respectful relationships, and participating in social action to “prevent and eliminate domination of, exploitation of, and discrimination on the basis of race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, or mental or physical disability” (NASW, 2008, 6.04 Social and Political Action). Furthermore, we are to prioritize the dignity and worth of the person; we are to be committed to our clients, and promote their rights to self-determination, and educate ourselves regarding issues of social and cultural diversity in order to seek justice and enact respect for all (NASW, 2008).

Social work’s history of liberal activism is much older than its code of ethics, the current version of which was last revised in the mid-1990’s (Abramovitz, 1998). The settlement house movement, which attributed poverty to the social structure, rather than individual failure, and organized for policy change, began to dominate the field in the early 20th century. Yet, trends in the profession’s interpretations and prioritizations of sometimes its competing ethical mandates have shifted and varied throughout its history. Park (2009) notes that, “...in times of both war and peace, the profession’s dual role as deliverer of social policies and defender of those affected by them often pits its functions in conflict with its values” (p. 449). Park’s (2009) research on the role of social workers in the internment of the Japanese during WWII, and in facilitating Eugenics offers one historic illustration of the type of ethical binds in which social workers have found themselves in relation to the State versus any claims to social justice values.

Social work roles and ethical mandates continue to come into practical conflict in countless ways that risk the wellbeing of the vulnerable populations social work aims to serve. A review of literature on ethical decision-making in social work reminds us that social work ethics are contextual and therefore often in need of careful consideration (Strom-Gottfried, 2015). Furthermore, social work is a multivocal profession with workers holding a wide variety of perspectives on the implementation of ethics (Park & Bhuyan, 2012). At the same time, social work ethics acknowledge that there are clear injustices that harm vulnerable populations disproportionately. Agencies implement practices of diagnosis, treatment, or personnel policies based on funding deliverables or Medicaid reimbursement rather than what is just or clinically appropriate. Social workers' subjective interpretations of policy, ethics, or client behavior have life altering implications for clients. Park (2009) claims that social work operates out of a privileged blindness to the consequences of its actions, and has historically lacked a mechanism of self-critique.

This study aims to explore the ethical self-critique of individual social workers, by asking about their awareness of, and emotional and practical reactions to, everyday injustices they feel affect them in their own practices. The survey focuses on questions about injustice that take place along the intersectional lines of identity and asks social workers which types of injustices trouble them the most, in order to begin to measure the costs of injustice to the profession vis-à-vis social work professionals, in hopes of stimulating structural change.

CHAPTER II

Literature Review

Writing and Teaching on Social Work Ethics

Previous research has shown the financial strain on social service agencies, the influence of managed care and technological advances have lead to new ethical complexities in the field of social work, and that master's level social work students do not feel adequately trained to face (Dodd, 2007). In the interest of enhancing ethical training for students, agencies, supervisors, and faculty advisors, Dodd conducted a descriptive cross-sectional survey that sought to explore which ethical issues graduate level social work interns experienced most frequently, which resources the students used to resolve these issues, and whether the students found those resources helpful. In the study's questionnaire, students were asked to describe the situation that had caused them the greatest ethical conflicts and which resources they used to help resolve these dilemmas. Participants were asked to use a Likert scale to rate the helpfulness of the resources they used. The results indicated students were most troubled by conflicts involving beneficence, confidentiality, reporting incompetence, client self-determination and veracity, or situations in which supervisors asked interns to act unethically. Of the resources students used for resolving conflicts, classroom faculty and peer-consultations were considered the most helpful, followed by in class discussion. The code of ethics was considered helpful just over half the time. The study was limited by the fact that students could only focus on one ethical issue when they may have faced many; there was a low rate of return on the survey and, the sample included limited representation at only one urban university. Finally, the survey methodology leaves room for misinterpretation of responses along with no way of measuring the students'

levels of inhibition. Finally, there was no qualitative component to help with the interpretation of the quantitative results.

Whether or not texts on interpreting social work ethics reach the classroom, or find their intended audience by other means, two contemporary thinkers in social work ethics, Reamer (2006), and Strom Gottfried (2015) attempt to help social workers think about ethics in the context of the profession. Reamer (2006) argued that social work's roots in concepts such as fairness and justice set the profession apart from other mental health professions. Thus, he explains that the practice of social work is rife with ethical dilemmas, which he defines as situations "in which professional duties and obligations rooted in core values clash" (p.4). In order to serve as a guide to practitioners in professional ethical decision making, Reamer first lays out a history of the development of social work ethics, explains the traditional philosophies by which people have come to ethical decisions, and then introduces common ethical dilemmas that emerge in both direct and indirect practice settings. He explains how each ethical dilemma might be considered from the perspective of deontology (rule based ethics), and teleology, which judges ethics based on their consequences. Among teleological theories, Reamer (2006) focuses on those most relevant in social work, which are act utilitarianism, which looks at the good in individual cases, and rule utilitarianism, which considers at the potential consequences of a decision should it become precedent and applied broadly.

Likewise, Strom-Gottfried (2015) begins her book by outlining the philosophical vantage points that have been used historically to think about ethics including brief explanations of deontology, utilitarianism, and contractualism, which relies on our social contracts as citizens as a guide. Justice based ethics value social contracts while taking into account social inequality, valuing fairness for all. Virtues are positive characteristics that individuals can cultivate to in

order to be, and therefore do, good. These ethical principles are often simultaneously at play with one another in situations in which ethics must be determined.

Strom-Gottfried (2015) and Reamer (2006) note that in addition to these historical ethical philosophies, psychology, religion, economics, and culture also influence a person's ethical decision making. They agree that thinking ethically in the context of social work means workers need to be aware of their own ethical stances while being willing to act in accordance with the profession's code of ethics. At the same time they both acknowledge that even with a professional code of ethics, choices are not always clear-cut (Strom-Gottfried, 2015; Reamer, 2006).

Strom-Gottfried offers a six-step model that aims to help social workers make ethical decisions. The strategy involves asking questions in the categories, who, what, when, where, why, and how. The "who" category guides practitioners to ask who can be helpful and advocates consulting supervisors and experts for help generating and evaluating options. The "what" category acts as a guide for asking what additional information is needed, what alternatives might be available, and what each choice may mean for those involved (Strom-Gottfried, 2015, p. 46). The "when" category asks the practitioner to think about when s/he has faced a similar experience, come across relevant reading, and whether there have been any policies developed in relation to this issue (Strom-Gottfried, 2015, p. 50). The "where" category asks where ethical and clinical guidelines lead (Strom-Gottfried, 2015, p. 52). The "why" category invites the practitioner to examine his or her motives (Strom-Gottfried, 2015, p. 67). Finally, the "how" category reminds the practitioner that process matters, and that it is important to use professional skills such as empathy, strategy, communication, and cultural sensitivity in implementing the decision (Strom-Gottfried, 2015, p. 72). Strom-Gottfried states that how a social worker weighs

options is at the heart of ethical practice. In the second part of her book, Strom-Gottfried uses each chapter as a case study for demonstrating use of her model in the ethical areas of self-determination, informed consent, conflicts of interest, professional boundaries, confidentiality, professional integrity, nondiscrimination and cultural competence.

The large portion of Reamer's (2006) work involves addressing different types of dilemmas that commonly occur in social work practice. In this discussion, Reamer focuses on conflicts that can emerge when the worker's personal values conflict with those of the agency, policy, profession, client, or the law. He also includes discussions of value conflicts that occur among social work ethics in any given case. In general, social workers are encouraged to seek consultation, in the interpretation of professional ethics, and to abide by the law.

Reamer (2006) addresses injustices imposed by structures such as the government, funding agents, and organization administration. He asserts that while there is debate about the appropriate role of government in the lives of the citizenry, social work values suggest that the government has a responsibility to care for the population's most vulnerable. However, when funding agents limit the services clients may receive, he says the social worker's obligation is to inform the client of the limitations. Finally, Reamer discusses social workers' right to protest employment practices. While other professional organizations forbid striking, social work allows workers to strike when they believe the strike will ultimately serve the best interests of the clients. Social workers are discouraged from working for organizations with unjust personnel policies; yet, Reamer (2006) cites social work ethicists Specht (1990) and Lucas (1992), both of whom consider private practice an escape from "the settings and populations that social work was created to deal with" (p. 17). The implication of Reamer's discussion of ethical dilemmas in which the agency or policy is responsible for the injustice, is that the onus to work for social

change in the face of unjust policies and organizations rests, by and large, on the individual worker.

Reamer's last (2006) chapter focuses on risk management, in which there is much discussion of avoiding litigation. Reamer recommends and lays out the process of an ethics audit which employees can initiate when they suspect unethical behavior is taking place. These foci for a discussion of professional ethics make sense in light of Reamer observation that while social work promotes justice and social change, it is a profession that has been developed in the context of Western Capitalism wherein the individual is prioritized. The political context is an important frame to consider in the discussion and interpretation of social work ethics.

The Vulnerability and Variability of Social Justice Values

Abramovitz (1998) explains how the requirements of capitalism undercut the values of democracy. Capitalist profitability depends on economic inequality, which is intertwined with race, gender, and other inequalities. Thus, “to meet the basic needs of individuals and families and to fulfill the democratic vow of equal opportunity for all would undercut profitability” (Abramovitz, 1998, p.6). The profession of social work exists in this tension between its capitalist context and its democratic values. The professionalization of social work required the commodification of a service, which began as case-work and gained legitimacy by association with mental health, which locates the cause of suffering within individual psyches, rather than in structural inequalities. Furthermore, much of the funding for social work depends on fees for service from those who can afford to pay, or private grant funders, which represent the interests of the wealthy who would not benefit from social change, and to some extent government entities whose policies and approaches to serving the vulnerable are variable and dependent on the political climate. The social change element of social work was, over time, assigned to the

profession's relatively small community organizing element (Abramovitz, 1998). Thus, inherent in any consideration of social work ethics, there exist tensions between ethics that lean toward social justice and those that serve to maintain social work's professional status in a capitalist context.

Conflicts between empowering the vulnerable, and loyalty to concepts that uphold social work's professionalism such as adherence to the law, are live within social work, and manifest in emerging ethical issues, such as whether or not social workers should serve undocumented immigrants. The complexity of social workers' interactions with professional ethical dilemmas come into sharp relief in Park and Bhuyan's (2012) discourse analysis on social workers' attitudes on serving undocumented immigrants. Their online survey exploring practitioners' attitudes toward immigrants included 1,124 social workers from 47 states at both the BSW and MSW levels of social work education. The researchers found that while some social workers felt unequivocally that social workers are ethically obligated to serve undocumented immigrants, and others believed with equal conviction that social workers have no obligation to undocumented immigrants, the majority of social workers felt varying degrees of conflict over the matter.

The rhetoric of these conflicts invoked the extreme vulnerability of undocumented immigrants, and cited social work's mission "to enhance human well-being and help meet the basic needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty" (as cited in National Association of Social Workers, 2008a, p.1). Yet social workers generally agreed that there is a scarcity of resources, and therefore are engaged in varying lines of argument about who is most deserving of those resources.

Some social workers used a discourse of legality and claimed that serving undocumented immigrants put them in the ethical bind of potentially committing fraud, or disobeying the law. The assumption here is that either the law is just, or that social workers are obliged to follow the law even when it is unjust. This legal discourse also blames the individual immigrant for putting the social worker in the ethical bind. When social workers cited the scarcity of resources, they ignored the financial contributions undocumented immigrants make to society in working for low wages and paying at least some taxes, while not reaping the benefit of the social welfare system. Some participants worried that undocumented immigrants were taking resources from legal residents. Finally, social workers invoked discourses of assimilation in their efforts to draw boundaries around those deserving of scarce resources, implying that learning to speak English would prove the worthiness of immigrants to receive services.

Those social workers who expressed a more generally positive attitude toward serving the undocumented used rhetoric of injustice in global and economic systems that cause many to immigrate, and assert that social work should do more to advocate for social and economic justice on a global scale. Finally, many of the respondents admitted to not knowing enough about the issues surrounding immigration to know how to respond effectively and ethically to the needs of immigrants. Park and Bhuyan (2012) conclude that social workers disagree over their ethical obligations when it comes to the issue of serving undocumented immigrants. They argue that for the profession of social work to be truly democratic, civil conversations about ethics must be an ongoing practice (Park & Bhuyan, 2012). Yet, discussions about social workers' ethical loyalties should not take place without consciousness of a national context that is structured around a social hierarchy that privileges whiteness, maleness, heterosexuality, and wealth.

As Abramovitz (1998) states, “the continual reconfiguration of racial, sexual, and other inequalities represents one of the most persistent and serious violations of the nation’s democratic pledge” (p. 5-6). That social and economic inequity falls disproportionately along lines of race, gender, and sexual orientation is part and parcel of the white supremacy that characterizes this capitalist context from which social work emerged, and within which it operates. In their review of scholarship on whiteness, Twine and Gallagher (2008) assert, “Whiteness and white identity play a "masked" role in continually framing racial boundaries and hierarchies” (p.5). The current wave in whiteness studies examines and exposes the ways power relations are defined and asserted through cultural practices and political discourses that privilege whiteness and shift racial boundaries accordingly. For example, characteristics of individual virtue are associated with whiteness, valued and serve to reinforce the dominant hierarchy, which is conscious of gender, sexuality and economic privilege in addition to race. The material benefits of white privilege are normalized and seen as "natural" (Twine & Gallagher, 2008, p.5). Thus, all other racial categories and cultural or discursive practices not associated with whiteness are marked as different, and thereby counted as a deficit of intellect, morals, or sophistication. The ideology of colorblindness functions to negate the need for institutional reform. Twine & Gallagher assert that racial hierarchies are maintained by structurally racist practices such as redlining and voter redistricting, as well as the more insidious assigning of privilege to mundane practices associated with whiteness which people of color may chose to participate in, so as to reap some of the benefits of the hierarchy as it is. Twine & Gallagher call for interracial anti-racist coalitions for political advocacy and the creation and recapitulation of anti-racist white identity that might break down existing racial hierarchies.

Given that white supremacy is embedded in Western Capitalism, social work is not immune to practices of white supremacy. Abramovitz (1998), in his documentation of social work's political history notes that in the 1960's social work students protested the profession's "lack of response to the black revolution" (p.13). Furthermore, Park's (2005) critical discourse analysis of the use of the concept of culture in social work literature elaborates on the assertion in whiteness studies that discursive practices not associated with whiteness are considered a deficit.

Park (2005) argues that while social work lacks an agreed upon definition for culture, the profession attempts to construct culture as an essentialized, measurable category wherein behaviors, practices, or attitudes that are not recognized as normative in relation to white supremacy are attributable to culture. In so doing, social work often mistakenly conflates ideas of race and class with the idea of culture. In essence, the category of culture in social work discourse stands for difference from the dominance of whiteness. Culture is discussed as something possessed by the "other" in relationship to a white supremacist power structure (Park, 2005, p.15). Social work discourse about the practice of culturally sensitive social work insists that the culture of the other can be understood, and must be preserved, and focuses on adapting social work interventions to the culture of the other. Cultural competency is construed as a sort of learned enlightenment that allows presumably white social workers to connect with "culturally different others" (Park, 2005, p. 20).

While social work discourse is concerned with preserving the culture of the other, culture is also discussed as a deficit in relation to white hegemony. Social work's rhetoric of culture as simultaneously a deficit and as necessary, keeps the white hegemonic power structure in place. Park (2005) argues that social work's construal of the category of culture further reinforces the

status quo because the category of culture is less controversial than the category of race, and thereby hides the white supremacy in social work. Park's (2005) one recommendation for the profession is that it "pause from its preoccupation with the production of interventions and critically examine, de-naturalize, its foundational concepts -- to excavate and uncover the mechanisms which make its interventions moot" (p. 29).

Kolivoski, Weaver, & Constance-Higgins (2014) introduce Critical Race Theory (CRT) as a framework for helping social workers acknowledge and change the dynamics that reinforce structural racism in the United States by targeting questions for self-reflection and dialogue "with colleagues and supervisors on the role of race in social work practice and policy" in an effort to move the profession toward social change (p. 269). Although they assert that CRT is aligned with social work values, CRT has yet to be embraced in social work education and practice. Critical Race Theory argues that the occlusion of racism with concepts of multiculturalism and cultural competency inhibits the profession from acknowledging the ways in which history, power and privilege impact social structures. CRT has five tenets. First, it is important to acknowledge the dominant role of racism in social and economic structures. Racism is so ingrained in society that it is unrecognized. Second, the doctrine of liberalism embraces color blindness, assumes that everyone has equal opportunities, and approaches change only incrementally. Third, whiteness is property in as much as its privilege can be transferred to people of color who conform to white norms, and whites have control over the use and enjoyment of white privilege. Fourth, political gains for people of color are only made when they converge with the interests of the white elite, and generally do not indicate a moral change of heart. Finally, the experiential voices of people of color are essential to countering racism, as whites are unlikely to know or understand "the persistent, oppressive nature of normative

dialogues, and analyze legal remedies to racism that have served elites” (Kolivoski, Weaver, & Constance-Higgins, 2014, p. 271).

Kolivoski, Weaver, & Constance-Higgins (2014), proceed to examine the racial disparities in three realms that interact with the profession of social work through CRT: disparities in the child welfare system, receipt of public assistance, and access to mental health treatment. Although African American children are not at any more risk of child abuse than are white children, they are over-represented in the foster care system at twice the rate of white children in proportion to the general population. Furthermore, African American children are more likely to experience out-of-home placements than white youth. (Kolivoski, Weaver, & Constance-Higgins, 2014). CRT could be used to make workers aware of colorblind approaches and policies that create these disparities, and guide workers in listening to clients’ lived experiences and their concerns about working with a clinician of a different race. Finally, white social workers must become aware of how their privileged status affects their decision-making (Kolivoski, Weaver, & Constance-Higgins, 2014).

Next, Kolivoski, Weaver, & Constance-Higgins (2014) examine racial disparities in the welfare system. They note that African Americans are over-represented on the welfare rolls. While they make up 12% of the population, they receive 36% of welfare. An understanding of racism as endemic might lead social workers to consider issues such as employment discrimination and advocate to change welfare policies that place sanctions on welfare recipients (Kolivoski, Weaver, & Constance-Higgins, 2014).

Finally, Kolivoski, Weaver, & Constance-Higgins (2014) note that regardless of economic class, African Americans experiencing mental health concerns are less likely to access and complete mental health treatment than their white counterparts. Some evidence suggests that

standard mental health treatments don't adequately consider "their perceptions of mental illness or the relationship between discrimination and mental health" (Kolivoski, Weaver, & Constance-Higgins, 2014, p. 273). Mental health care commonly addresses symptoms through individual level change rather than addressing structural injustice. Incorporating CRT would allow workers to include information about the mental health effects of discrimination in their psychoeducation, and open a dialogue in which the client is invited to share his or her experience along with his or her support network and "culturally sanctioned coping strategies" (Kolivoski, Weaver, & Constance-Higgins, 2014, p. 274). Such dialogue could provide the basis for an effective treatment plan. Finally social workers could use the wisdom of the lived experiences of clients of color to change agency standards of practice (Kolivoski, Weaver, & Constance-Higgins, 2014).

The Potential for Moral Injury and Burnout

The assumption here, as well as in Park's (2005) "culture as deficit" is that the profession of social work takes on a predominantly white perspective from which it serves predominantly clients of color. Yet, Park and Bhuyan (2012) celebrate the multivocality of the profession. There are, then, social workers of color and white social workers who wish to resist white supremacy and all forms of oppression embedded in social work practice. While social work's ethical loyalties are complicated and bound by capitalism and there are times when structural practices of injustice are blatant and troublesome, at least for some.

One of the questions of this study is the extent to which social workers are aware of and bothered by having to participate in professional practices which conflict with their interpretations of social work ethics, especially those that are meant to protect and empower vulnerable populations. The hypothesis of this study is that having to knowingly facilitate

injustice may leave social workers morally injured and contribute to a social worker's feelings of burnout.

So far, the use of the concept of moral injury in social work has been in the context of working with war veterans. Shay (2014) claims that the DSM diagnosis of Post Traumatic Stress Disorder (PTSD) is insufficient for encompassing the psychic injuries of combat veterans. Along with other clinicians and researchers who have worked with moral injury, Shay (2014) defines "moral injury" as "a betrayal of what's right" either by the self or by "someone who holds legitimate authority" in a high stakes situation (p. 183). Service members suffer moral injury when they "do something in war that violates their own ideals, ethics, or attachments" (184). Moral injury is similar to PTSD in that the body codes it as a physical attack, and it leaves a lasting imprint on physiology. While PTSD results in feelings of fear, horror and helplessness, moral injury results in issues of guilt, shame, and anger. PTSD and moral injury often coexist in combat veterans. Moral injury is potentially a new diagnostically significant category because, so far, the APA fails to embrace the idea that psychic injuries that happen after childhood can impact character. Shay (2014) argues that moral injury has the potential to deteriorate character in that it damages the sufferer's ability to trust. When the morally injured come to expect harm, exploitation, and humiliation, their choices are limited to creating deceptions, isolation, or to go on attack, which perpetuates moral injury. Shay (2014) uses a literary analysis from Homer's *Iliad* to describe the phenomenon of moral injury in the military. He says that the leader is bound by ethics of care and loyalty. Ethical malpractice in military leadership creates moral injury for soldiers, which is a problem that can be addressed on the policy level.

There is actually precedent for application of the concept of moral injury to professionals in the public service sector and outside of the military. Levinson (2015) employs the term moral

injury in the context of the K-12 education setting. She defines moral injury as "the trauma of perpetuating significant moral wrong against others despite one's wholehearted desire and responsibility to do otherwise" (p. 207). She agrees with theorists who have developed the concept of moral injury in the context of the military, that moral injury has lasting biological, psychological, and spiritual effects, and that moral injury is unique in that it damages the moral fiber of the injured. Educators are most vulnerable to moral injury when they are obliged to enact justice under conditions in which no justice is possible. Justice is defined as "a fair arrangement of benefits and burdens where individuals receive what they are due" (Levenson, 2015, p. 206).

Levenson (2015) uses a case study of school personnel who must decide on the appropriate disciplinary action for a student who brought marijuana to school to explore the complexity of ethical dilemmas with which educators are faced, the impact of moral injury on educators, and the ways educators have sought to mitigate their own sense of moral injury. Levenson points out that students in the education setting face contextual injustice outside of school such as poverty, racism, lack of access to healthcare, and trauma, which must be considered when school policies are created and enforced.

Levenson (2015) identifies three common responses to moral injury: loyalty, voice, and exit. Some educators will attempt to remain loyal to the institution and their students by quietly subverting unjust policies. The example of this that she gives is that of educators who help their students cheat at standardized tests because they know that standardized testing puts their students at a disadvantage due to socio-economic factors, and stands in the way of good education. The problem with loyalty is that it fails to point out the problems with the status-quo. Some educators will use voice in order to speak out against injustice in the system or engage in collective civic action. The problem with protest is that it is often ineffective and fails to resolve

immediate ethical dilemmas. Finally, Levenson says that some educators exit the system, change careers, or find jobs in districts that present them with fewer ethical dilemmas. While exiting allows educators to restore their sense of personal integrity, it abandons the systems and students who most need educators who care about justice.

Levenson (2015) states that educators are obliged to enact justice as agents of the state, which claims the value of justice for its citizens. Thus the obligation to enact justice extends to other agents of the state such as social workers, and police officers who stand in a hierarchical relationship with their constituents. Given that justice is a proclaimed value of the state, the whole polity is responsible for making justice possible. Levenson asserts that restructuring social and educational systems that perpetuate injustice does have the potential to effectively mitigate the moral injury of educators. She further believes that society owes educators moral repair vis a vis policy changes that would, for example, alleviate poverty, and institute a more just education system, which would effectively offer educators a better set of ethical options.

While more just policy is still in the works, Levenson (2015) introduces the phronetic method of discerning the most just action in contexts where justice is impossible. The phronetic approach acknowledges that decisions about justice are always complex and context specific. There is a simultaneous working up from the practical details of the situation and down from theories of ethics. The back and forth exchange of theory and practice happens in the context of a conversation with representatives of all of those involved and impacted by the ethical decision. In the context of education, this conversation may include the principal, a social worker, the teacher, parents or guardians, and perhaps even the student. Theories of justice that assume universal compliance are insufficient when contextual injustice is at play. Such a complex and

communal method for figuring out how to enact justice will better support educators who have to make ethical decisions in situations where perfect justice is impossible.

Finally, Levenson (2015) believes that there is an optimal level of moral injury. She acknowledges that perfection in ethics will not be achieved, and the presence of some moral injury implies that practitioners are aware of injustice. The discomfort of some moral injury can motivate practitioners, policy makers, and citizens to continually reform policy in the direction of justice.

In asking clinicians about their awareness and levels of distress over facilitating injustice, this study is exploring the possibility of applying the idea of moral injury to social work. While the hope embedded in this study is the facilitation of an optimal level of moral injury in which social workers feel empowered to organize for more just policies, another possibility is that moral injury at too high a level may be linked with burn out. Within the study there is a question about the extent to which social workers feel that having to facilitate injustice has contributed to a sense of burnout.

So far in social work research, burnout is characterized as emotional exhaustion, depersonalization and feelings of professional insufficiency, and happens either suddenly or over time when the worker's defenses are worn away by the emotional demands of the work, frustrating job setbacks, and difficult situations or individuals. Research has linked burnout in the field of social work to stressful working conditions, and exposure to vicarious trauma or secondary traumatic stress (STS) (Wagaman, Shockley, & Segal, 2015). Work environments that are associated with higher levels of burnout feature more bureaucracy, less worker control over time and tasks, greater demands on time, disconnects with supervisors, and lack of professional support. Workers suffering from burnout may experience “physical and mental health problems

such as depression, insomnia, and gastrointestinal issues as well as decreased job performance” (Wagaman, Shockley, & Segal, 2015, p. 202).

Burnout has been linked to stressful work environments, and if moral injuries are associated with the bureaucracies and other work place stresses, then it could be useful to label them as moral injury rather than work place stress. Ethical dilemmas that cause harm to workers may be more politically galvanizing and empowering than the banalities of inevitable disconnects with supervisors and run of the mill bureaucracy. Burnout is certainly a danger to social work professionals and thereby, the profession, if—like moral injury—it results in physical and mental suffering along with decreased job performance.

Wagaman, Shockley, and Segal’s (2015) study focuses on looking at the worker's capacity for empathy as a protective factor against burnout and STS. In that study empathy is broken down into cognitive and affective components of affective response, the ability to feel what others are feeling; self-other awareness, the ability to know the difference between one's own thoughts and emotions as distinguished from those of others; perspective taking, the ability to understand the other's experience while maintaining awareness of the separate self; and emotion regulation, which is the ability to control one's emotions. In an online survey, the study’s participants working in a broad range of social work contexts completed measures of empathy, burnout, compassion satisfaction, and STS. The results of the study indicate that practitioners with well-developed empathy had more compassion satisfaction and less burnout and STS. The researchers assert that empathy's elements of self-other awareness, perspective-taking, and emotion regulation can be taught, and can lend boundaries to the capacity for affective response. The researchers suggest that the profession focus on mindfulness training,

and training in healthy boundary setting and emotion regulation in order to buffer social workers against burnout (Wagaman, Shockley, & Segal, 2015).

This study, sadly, mirrors the mental health turn in the field of social work. Rather than looking at specific structural problems, or ways to work for systemic change, the research is focused on creating individual resilience in order to buffer workers against burnout. If, in fact, facilitating structural injustice contributes to workers' sense of burnout, then an individual mental health approach would serve to support the structural status quo rather than empower workers to advocate for structural change. Future approaches may help to rebalance the profession's emphasis towards social systemic change.

CHAPTER III

Methodology

While democracy values social equality, the necessary economic inequities of capitalism in the United States are structured on a social hierarchy in which whiteness, maleness, heterosexuality, able bodies, and a number of other identity markers enjoy dominance and privilege. In such a context, the profession of social work often finds itself in conflict between facilitating empowerment, advocating for social justice, and accommodating unjust policies that mirror and serve the existing social and economic hierarchy. This study explored the extent to which individual social workers are aware of and feel harmed by, or empowered, in the face of the facilitation of unjust professional practices. If social workers do incur harm in the facilitation of injustice, could moral injury serve as a frame that would empower social workers to organize and advocate for more justice in government and workplace policies? If social workers do suffer the harm of facilitating injustice, to what extent does it contribute to their feelings of professional burnout? The existing research on professional social work focuses on secondary traumatic stress that comes with working with clients who have experienced trauma, as well as the broad category of work environment. If, in fact, part of what makes a work environment and work with clients stressful is the necessary facilitation of injustice, the naming of the injustices and their effects on professionals could ground the argument for more just practices in social work ethics, and motivate social workers to organize and lobby for more justice in the profession.

Research Design

This survey was administered in an online mixed-methods questionnaire. I used a convenience snowball method for recruiting participants. The online survey method combined with a snowball sampling method allowed me to reach social workers from a wide range of

geographic regions and job settings who represent demographic diversity beyond the limitations of my own personal network. The choice of a mixed method survey allowed for a quantification of the problem, and qualitative help in interpreting the numbers. The detailed quantitative breakdowns of the extent to which social workers are aware of, harmed by, and/or empowered in the face of professional injustice are best understood when accompanied by the social workers' optional accompanying narratives. In designing the survey, I was aware of my own limitations in thinking of and listing the information or examples that might be relevant in this research. The qualitative text boxes allowed participants to add to the research and the insight sought out in this research in ways that I had not previously considered.

Sample

Inclusion criteria. The survey was open to all social workers ranging in educational qualifications from students to holders of BSWs, MSWs, PhDs; social work interns, social work professionals, to social work retirees. Participation was welcome from social workers of all ages, genders, sexual orientations, races, years of social work experience, and social work professional settings.

Exclusion criteria. Those excluded from the study were mental health workers and social service professionals with credentials in fields other than social work, or without any formal social work education or credentials.

Recruitment

After receiving approval from the Human Subjects Review Board, I sent a link with my survey to each state chapter of the NASW. I received reply emails from several of the state chapters explaining that they could not forward my survey to their listservs. The North Carolina chapter representative said that the NASW had made a rule that state chapters could not forward

surveys that had not been approved by the NASW to their listservs. I was advised to contact NASW office in Washington DC for approval. When I called the NASW office, I learned that they do not approve student surveys for distribution on chapter listservs because they simply don't have enough staff for the volume of requests they would receive. I was, however, invited to post my survey on the NASW Linked In page, which I did. I heard back from the Missouri, Alaska, and Arizona chapters with messages that they could not forward my survey to their listserv. The Georgia chapter invited me to purchase advertising space in their newsletter, and I did not. The California chapter invited me to post my survey on their facebook page, and I did. I also reached out to the North Carolina Society for Clinical Social Work, and they agreed to forward my survey to their listserv. I also posted the link to my survey in our Smith College School for Social Work Facebook group. Finally, I sent an email request for participants to social work colleagues and former colleagues inviting them to share my survey with others. The recruitment message (see Appendix A) that always accompanied the survey included an introduction to the study, eligibility requirements, an invitation to share the survey with other social workers, a link to the survey, and a message indicating the Smith College Human Subjects Review Board approval (See Appendix E). Of course, due to the anonymity of the survey, I am unaware of which recruitment strategies were the most successful.

Data Collection

The introduction to the survey asked participants to participate in an online survey with quantitative and qualitative questions, which would take no longer than 30 minutes. After responding to the screening questions positively, indicating they were eligible for the study (see Appendix B), and agreeing to the informed consent form (see Appendix C) by clicking in a box that says, "I agree" at the bottom of the informed consent page, the participant were directed to

the survey (see Appendix D). The survey first collected demographic information about the participants such as, degree, years of social work experience, types of social work experience, age, gender, and racial and other relevant identities. The survey went on to measure participants' responses to different types of ethical dilemmas. Using a Likert scale of 1-5 and optional text boxes, participants were asked to rate the frequency, their sense of agency, and their level of distress in ethical dilemmas related to structural racism, cultural insensitivity, sexism, heterosexism, classism, funding and reimbursement structures, protocols that interfere with the therapeutic relationship, and those that interfere with client self-determination. The last part of the survey inquired with the same Likert scale as to participants' sense of the extent to which their feelings of professional burnout were related to unjust professional practices. The section on burnout contained true or false questions and text boxes to guide participants in describing how they coped with and thought about unjust policies. The penultimate question was an optional text box that invited participants to describe a work related ethical dilemma, how it affected the participant, and how s/he responded. The final optional text box invited participants to share anything else they thought should be considered in this study. The survey was reviewed by my research advisor and was approved by the human subjects review board before I began recruiting respondents.

Ethics and Safeguards

Risks of Participation. There was a possible risk that thinking or writing about the ethical dilemmas in which they have participated could be upsetting to the social workers. In my informed consent form, I provided information about national mental health organizations that could aid participants in seeking help if participation in the survey was distressing for them and they lacked sufficient resources for coping with their distress.

Benefits of Participation. I was not able to offer participants any compensation in the form of goods or services in exchange for their participation. However, participation in this survey may benefit the field of social work in offering increased knowledge on the effects of enacting injustice on social workers. This knowledge could help the professionals to organize and lobby for more socially just policies in their local organizations, or on state and national levels. In addition to possibly helping the profession, participation in this study could be personally empowering to participants in that it may offer a helpful frame for participants who feel distressed over the facilitating injustice. Finally, the survey offered participants a chance to tell their stories, and make their voices heard on the subject of social work ethics. I benefited personally from conducting this research in as much its successful completion fulfills a requirement for the attainment of an MSW degree. Furthermore, I could potentially use this research to publish an article or in other future work.

Informed consent procedure. The informed consent form (Appendix C) explained the nature, risks, and benefits of participation in the study. If the participants indicated agreement to the informed consent, they were directed to the survey. Participants were encouraged to print a copy of the informed consent for their records.

Precautions taken to safeguard confidentiality and identifying information. Participation in this study was anonymous. The survey was administered through Google Forms, which did not collect identifying information such as names, geographic location, email addresses, or IP addresses. Participants were advised in the informed consent section to refrain from giving identifying information in their responses to qualitative questions. They were further informed that if the participants did leave identifying information in their qualitative responses, I would delete or disguise this information. A participant could decide to withdraw from the

survey at any point up until the survey was submitted by simply closing the window. I as the researcher, my research advisor, and a statistical consultant had access to the raw data. Published data will be presented in relation to the combined data from the group of disguised participants. Illustrative quotes from the qualitative questions were used, but disconnected from identifying information about the respondent. The data are electronically secured by encryption and password. The data will be kept secure for three years as required by federal regulations. After that time, the data will be destroyed or will continue to be kept secured as long as needed for future research purposes, and will thereafter be destroyed.

Human Subjects Review Committee. I received Human Subjects Review Committee Approval on October 20, 2015, and recruitment commenced on November 11, 2015 and proceeded to January 3, 2015. The HSR approval letter is included in Appendix E.

Voluntary nature of participation. Participation in this study was voluntary. Due to the anonymity and electronic mechanism for the questionnaire, participants did not have the opportunity to withdraw their responses once the survey was submitted. This was explained and included in the consent form. Thus, participants were made aware of the voluntary nature of the survey before participating.

Data Analysis

Google docs produced a basic set of descriptive statistics resulting from my survey. Marjorie Postal, Smith College School for Social Work data analyst, then uploaded my results in an Excel file, cleaned the data, and created an SPSS file with response frequencies in response to my research questions regarding the relationships between certain participant demographics and quantitative responses to survey questions. In particular, a t-test determined the difference in gender when it came to results of the frequency of and experiences of distress related to the

ethical dilemmas listed in the survey. T-tests also determined the relationships between gender and experiences of burnout due to, and ratings of freedom of choice in, the ethical dilemmas listed. Oneway Anovas were run to determine relationships between years of practice and frequency of and distress associated with the ethical dilemmas listed in the survey along with the relationships between years of practice and experiences of freedom of choice in and burnout due to ethical dilemmas. Race could not be considered as a demographic variable because the numbers of nonwhite participants were too small and racially diverse to be considered statistically significant. Marjorie then sent her findings to me to be included in the following FINDINGS chapter. The qualitative data came from the comments participants wrote in the optional text boxes associated with each set of questions. I analyzed these comments for common themes, unique themes, and particular descriptive examples.

CHAPTER IV

Findings

The purpose of this mixed methods research study was to explore how social workers experience and respond to ethical dilemmas in social work practice. The research questions answered in this study were, which types of ethical dilemmas do social workers think occur most frequently?; which ones are most bothersome?; to what extent do social workers feel a sense of freedom of choice in their participation in ethical dilemmas?; how much distress do these ethical dilemmas cause social workers and how do they respond? This chapter blends a summary of the descriptive statistics that resulted from the quantitative survey questions with corresponding examples of qualitative data. After the presentation of quantitative and qualitative data, I include a summary of statistically significant correlations between the demographic categories of gender and years of professional experience and the quantitative findings.

Participant Demographics

This study yielded 74 respondents, all of whom met the qualification criteria, and all of whom answered all of the quantitative questions. Thus, for each section of quantitative data, N=74. The textboxes inviting qualitative responses were optional, and numbers of responses to each text box varied widely. On the whole, the sample consists of a relatively qualified and experienced group of social workers. Of the participants the vast majority, 70.3% were Licensed Clinical Social Workers (LCSW). Six participants were MSW students (8.1%); six were LCSWs also holding a PhD; four were social work retirees (5.4%); four were Licensed Clinical Social Work Associates; one was a social work PhD student, and one social worker holding a BSW also participated. The following bulleted list shows the breakdown of the participants' years of social work experience.

- 40% of participants had been in practice for 21 years or more
- 24% had been in practice for 5-10 years
- 18.9% had been in practice for between 11 and 20 years
- 16.2% had been in practice for between one month and four years

My sample was heavily weighted with female and white identified social workers with 64 (85.5%) female identified social workers, eight (10.8%) male social workers, and two (2.7%) social workers identifying as gender nonconforming. Sixty-three (85.1%) of the participants identified as white. Three (4.1%) of the participants identified as African American, three identified as Jewish, and three identified as “other.” One participant identified as of mixed-race (Puerto Rican/European American), and one identified as Arab. The survey featured a textbox that invited optional responses regarding identities that participants found salient in their work. The following bulleted list summarizes the responses featured there.

- three listed a queer identities
- three more identified as Jewish
- four listed age, one identified as veteran
- one identified as a psychoanalyst
- one identified as working from a feminist perspective
- one listed being from the South
- one listed pagan spiritual practice and formal theological training

Ethical Dilemmas Regarding Racial and Cultural Insensitivity

The first survey item after the demographic section asked participants to rate on a scale from 1-5 the frequency, their sense of their freedom of choice, and their levels of distress related to being asked to implement agency protocols related to assessment, diagnosis, or intervention that they felt were or might be racially or culturally insensitive. Table one features the responses in percentages to these survey items.

Table 1. Frequency, Choice, Distress and Race and Culture Injustice

Value	Frequency	Choice	Distress
1 (very little)	14.9%	8.1%	18.9%
2	41.9%	13.5%	20.3%
3	17%	23%	23%
4	10.8%	40.5%	23%
5 (very much)	9.5%	14.9%	14.9%

The data in Table 1 demonstrate that participants felt that they were asked to participate in racially unjust or culturally insensitive protocols relatively little, with 56.8% of respondents rating the frequency of such duties at one or two and 20.3% of respondents rating frequency at four or five and 17% choosing three or moderate. When participants felt they were asked to participate in racially unjust or culturally insensitive protocols, they felt relatively much freedom of choice in the matter with 21.6% rating their freedom at one or two, and 55.4% rating their freedom at four or five. Levels of distress over being asked to participate in racially unjust or culturally insensitive protocols were relatively similar across the board with slightly fewer participants at the top and bottom ends of the scale.

The settings and roles out of which each participant answered may have been a relevant factor in experience relative to all of the survey questions. However, social workers work in such varied contexts and often multiple types of settings and roles throughout the course of their careers, I could not effectively find a way to account for role and setting in the quantitative part of the survey without either making the survey too long or asking participants to limit their reflections to one part of their careers. However, the qualitative text boxes gave respondents opportunities to discuss setting and role.

In the optional qualitative text box corresponding to the quantitative question on racial and cultural insensitivity participant responses ranged widely. A couple of participants noted they had observed very little cultural sensitivity. One participant said:

Even in psychoanalytic organizations, I have found extreme cultural sensitivity. Despite the DSM and homophobia, the nonmedical analysts have not participated in this pathologizing. I have been fortunate to experience tolerant and progressive attitudes toward multicultural diversity, homosexuality, bisexuality, and transexuality. There has been such emphasis on this in our organizations and continuing education, and licensing requirements that at times it gets wearing if not insulting.

Another participant said:

In my 30+ years of private practice, I've had few occasions to deal with patients from other cultures, races, or ethnicity. On the few occasions I've treated a person of color or minority religious background, I made a conscious effort to learn more about that background. I'm sure some of my Southern heritage seeped into my work at times, but I'm not able to determine how it affected my relationship with patients.

Those participants who experienced very few ethical dilemmas and little distress were relatively small in number in terms of their representation in the optional qualitative sections.

Other participants noted transgender incompetence in community mental health, religious insensitivity in the public school system, harsh disciplinary measures and mistreatment in the public school system, as well as in a hospital setting, and cultural insensitivity and inequity in the protective services reporting system. Two of the most detailed examples of distress over racial and cultural insensitivity are described in the following two quotes from separate participants.

The following is based on my experience in the homeless shelter: Native American spiritual artifacts were opened and examined for drugs; a culturally insensitive speaker was allowed to speak on the weekend when professional staff were not present and had a homophobic agenda; some staff promoted conservative Christian values that angered some of the residents; there were racial tensions between some staff and residents and between staff members that were never addressed and allowed to fester.

Cultural sensitivity trainings are usually so superficial as to be insulting. I have often had the experience that when I try to deepen the conversation, I am considered either to be culturally insensitive or a trouble maker. Most people know what needs to be said and they just want to do the politically correct thing so that we can get out of the training early. I do not mean to be cynical about this; I just find that it is very difficult to have meaningful conversations about racial and cultural diversity. Maybe any kind of diversity.

Finally, a couple of participants noted that they had been able to influence the systems for which they were working in good ways, or they were able to work around practices of racial or cultural

insensitivity as not to noticeably harm rapport with their clients. One participant wrote, “I work with a diverse population and speak Spanish and have been able to suggest changes in things to make systems for culturally sensitive that were accepted. I worked for the county and now work for a nonprofit.”

Ethical Dilemmas Regarding Funding and Reimbursement

The next question in the survey, which was about the frequency of and degree of distress over agency protocols that honored funding and reimbursement over client care, was among the top three sources of high distress among respondents relative to all of the other types of ethical dilemmas in the survey. This category also generated the highest volume of individual qualitative responses relative to the rest of the survey rendering 34 responses. Again using a Likert scale, participants were asked to rate frequency of and distress related to having been expected to shape diagnosis, intervention, or fulfill other agency protocols that align practice to the demands of funding or reimbursement structures rather than what is (in the participants’ judgment) clinically best for the client.

Table 2. Frequency and Distress: Funding and Reimbursement

Value	Frequency	Distress
1(very little)	14.9%	14.9%
2	18.9%	8.1%
3	25.7%	17.6%
4	25.7%	20.3%
5 (very much)	14.9%	39.2%

This data show that 33.8% of respondents experienced ethical dilemmas related to funding and reimbursement relatively infrequently. Slightly more than a quarter of participants rated the frequency at three, and 40.6% rated their experience of ethical dilemmas related to funding and reimbursement as frequent to very frequent. Combining the four and five ratings makes the third highest frequency of ethical dilemmas noted in the survey next to experiences of classism and protocols interfering with the treatment relationship, which will be discussed in the next question.

Combining the two lowest and two highest responses for distress related to the prioritization of funding and reimbursement causing ethical dilemmas shows that 23% of respondents experienced relatively little distress over these dilemmas, and 59.5% of respondents suffered relatively much distress over this type of dilemma, with the majority of that 59.5% rating their distress over funding and reimbursement decisions at five. Almost double the number of participants who rated their distress at four.

As I mentioned, this category generated the most qualitative data with 34 of 74 respondents filling the optional text box with comments about and examples of ethical dilemmas related to funding and reimbursement structures. Some participants gave multiple detailed responses in their text box. The modal themes in the text box were related to managed care and the insurance system. Several participants noted having to give inaccurate information to insurance companies, breaking client confidentiality to insurance companies, and having insurance companies determining the quality and quantity of care participants could give to clients. Two respondents gave detailed examples of ways funding limits care and distresses or harms the worker:

Discharging patients to the street when they are clearly vulnerable but no alternate discharge plan is available. Discharging patients home despite danger to themselves by substance abuse when family insists this is not safe. Not having substance abuse treatment options to offer given payer sources. Patients needing outpatient mental health services but not being able to get appointments as soon as needed. I could go on all day!

I desire to serve the poor/Medicaid population yet the financial burden that the clinic places upon me means I am required to have a certain level of productivity & I am financially hurt when I don't meet that productivity. Due to lifestyle and/or health difficulties, lower income clients as well as elderly have more difficulty keeping their appointments regularly; my response is to give the client as much grace for missed appointments as possible within our system

In terms of agency protocol, multiple participants noted agency misuse of funds, agencies lying to granters and to workers regarding the relationship between funding and practice, and agencies making decisions to limit treatment based on what clients can pay. One participant noted in some detail several complex ways in which the pursuit of financial resources can harm ethical practice.

Business models being employed in non-profit, social service and state agencies.

Individuals with business degrees and no social service education or experience are being employed in these agencies. They are not educated under the same ethical frameworks and utilize business models and values that have caused ethical dilemmas on multiple occasions. There are no professional consequences for them if they fail to follow or support the ethical model and values of those working in the institutions they managed. If

they cause harm or havoc they just move on to the next job; other professionals can lose their titles, licenses or ability to practice.

The same participant added the following ethical problem related to funding:

Additionally, the use of personal stories for advertisement and electronic media. Those managers with business backgrounds are using personal stories for marketing. I currently am working with a client who allowed her story to be used five years ago for marketing without fully understanding the consequences. She felt she had to do it because they helped her. This agency is still using her story even though she has asked them to stop. They explain to her that her story is their property now and they can continue to use it because she signed a release form. Again, another agency managed by an MBA.

Finally, the same respondent adds the following:

The use of the title social worker by individuals with no social work education or social work experience. State human service agencies employing people as social workers or social service attendants with little to no experience in social services or social work. We need title protection on a national level. The use of volunteers in social service agencies is also problematic. I have experienced the use of untrained, unprofessional volunteers in social service agencies. These volunteers have crossed boundaries, do not understand confidentiality and use their volunteer experience as a therapeutic experience to help them better understand their own personal issues.

The qualitative data, from the question of frequency and distress related to the interference of funding and reimbursement in ethical social work practice as it is perceived by these participants, indicate a variety of harms to workers and clients alike.

Other Types of Ethical Dilemmas: Frequency and Distress

The next question in the survey asked participants to rate the frequency and distress related to various elements of nondiscrimination tenets of social work ethics, along with protocols that interfere with client self-determination and/or the therapeutic relationship. Participants were given the same rating scale of one to five, one being very little frequency or distress and five being very much. The terms of this part of the survey were operationally defined as displayed in Table three. Table four demonstrates the participants' perception of the frequency of the ethical dilemmas listed in Table three, and Table five shows the participants' ratings of their distress over the same ethical dilemmas.

Table 3. Operational Definitions of Social Justice Terms

Structural racism	times when rules or standards for evaluation are based on white values or world views or otherwise unfairly disadvantage people of color
Sexism	times when rules or standards for evaluation are based on patriarchal values and world views and/or unfairly disadvantage those who are not male identified
Heterosexism	times when rules or standards of evaluation are based on heterosexual norms and unfairly disadvantage those who do not identify as heterosexual
Classism	times when rules or standards of evaluation are based on middle-class ideals and unfairly disadvantage the working class or the poor
Cultural insensitivity	not operationally defined. Thus, it is up to the respondents to distinguish it from structural racism in their own experience
Therapeutic relationship	protocols that interfere with the therapeutic relationship
Client self-determination	protocols that interfere with client self-determination

Table 4. Frequency of Ethical Dilemmas

Value	Structural Racism	Sexism	Heterosexism	Classism	Cultural Insensitivity	Therapeutic Relationship	Client self-determination
1	13.5%	13.5%	16.2%	8.1%	8.1%	5.4%	6.8%
2	25.7%	28.4%	40.5%	17.6%	23%	17.9%	24.3%
3	27%	24.3%	6.8%	12.2%	32.4%	33.8%	31.1%
4	23%	25.7%	24.3%	36.5%	25.7%	31.1%	29.7%
5	10.8%	8.1%	12.2%	25.7%	10.8%	14.9%	8.1%

Table 5. Distress Related to Ethical Dilemmas

Value	Structural Racism	Sexism	Heterosexism	Classism	Cultural Insensitivity	Therapeutic Relationship	Client self-determination
1	16.2%	17.6%	17.6%	8.1%	9.5%	9.5%	10.8%
2	24.3%	18.9%	27%	20.3%	23%	17.6%	18.9%
3	18.9%	23%	24.3%	14.9%	23%	14.9%	18.9%
4	21.6%	24.3%	18.9%	28.4%	24.3%	25.7%	32.4%
5	18.9%	16.2%	12.2%	28.4%	20.3%	32.4%	18.9%

When combining the one and two ratings and the four and five ratings, classism is most frequent in this Table with 62.2% of respondents rating its frequency at four or five, and it is the second most distressing topic with 58.8% of participants rating their distress over classism at four or five. Protocols that interfere with the treatment relationship come in as second most frequent with 45% of participants rating the frequency at four or five and most distressing, with 58.1% of participants rating their distress over protocols that interfere with the treatment relationship at four or five. Distress over classism and protocols that interfere with the treatment relationship come in just above distress over protocols that value funding and reimbursement over client care. In practice, this makes sense in as much as classism, and the prioritization of funding and reimbursement and interference with the therapeutic relationship are often closely linked.

Another notable relationship in these numbers is that 41.9% of participants rated sexism occurring with relative infrequency (rating the frequency at one or two), compared to 33.8% rating frequency of sexism more highly at four or five. The distress over sexism is almost the inverse of the frequency. Whereas 36.5% rated their distress over sexism as one or two, 40.5% of respondents rated their distress relatively highly at four or five.

The frequency of experiences of heterosexism in social work practice were rated notably low with 56.7% of respondents choosing a rating of one or two. The distress rating of heterosexism was also the lowest rating of distress compared to all of the categories in the survey with 31.1% of respondents rating their distress over heterosexism at one or two. It may be notable that this survey was administered before recent passages of LGBT discrimination laws in multiple states, which have made national news.

The remaining categories, client self-determination, cultural insensitivity, and structural racism, broke down roughly into one third of participants choosing one or two (low frequency), one third choosing three (medium frequency), and one third choosing four or five (high frequency). Among these three categories, distress over protocols that interfere with client self determination was highest, with 51.3% of participants rating their distress at four or five. Distress over cultural insensitivity was slightly higher than distress over structural racism with 44.6% of participants rating their distress over cultural insensitivity at four or five, and 39% of participants rating their distress over structural racism at four or five.

The optional text box elicited rich examples of qualitative data for each category. In terms of structural racism, throughout the survey participants wrote stories of racial inequity and abuse in schools, hospitals, and child protective services. One participant wrote about the ethical

bind of having legal reporting obligations, and yet understanding the structural racism of the Department of Protective Services:

Should I report to DPS a relatively inconsequential parental lapse of a disabled, poor, wheelchair-bound client of color, knowing that DPS historically discriminates against people with such demographics? The result was that I did report it, and worked hard with the client to stay in relational contact with her as we went through the hard news together.

Another participant noted the insufficient representation of people of color among social workers saying, “It is unethical how few therapists we have that represent our nation's diversity. I am especially troubled by how many of our therapists only speak English.” Yet another participant working in end of life care seems aware that in some ways the protocols of hospice are laden with white, middle-upper class values, and that perhaps expanding the protocols or the practices to be more inclusive would take extra time. The respondent wrote the following:

There have been several ethical dilemmas that center around hospice care for African Americans and with Latinos. I have found that the hospice system often does not allow clinicians the time and space we need to adequately work with end of life care for people who do not fit a certain template (white, middle to upper class).

One respondent gave disturbing examples of sexism in settings where s/he has presumably worked to support survivors of domestic violence and sexual assault. The respondent says,

Judges saying openly in court [that] this couple where the guy has beat the crap out of the girl is so attractive they should be able to get along. University administrators who are so afraid of law suits by fraternities that we make it impossible for the female students to withstand the rigor of filing a complaint -- all in the name of fairness.

Just as heterosexism was not experienced as frequently or as distressing as other ethical dilemmas, this survey's only qualitative example of heterosexism is noted previously in the section on cultural insensitivity. Examples of classism, however, are interwoven with responses that reference child protective service, cultural insensitivity, and policies that prioritize funding and reimbursement structures over patient care. One such example follows:

I worked with one family that was not white, had a low SES, and the mother was an immigrant who had minimal education. This family had a history of being reported to CPS, and would receive services which would be revoked following the family's improvement, at which point they would again be reported to CPS. I believe the majority of the safety concerns were direct results of the family's lack of privilege in our society; however, despite the mother making certain decisions that she felt were in her children's best interest, some decisions she made were safety concerns and looked like abandonment. CPS refused to act on these concerns and my co-workers and I were stuck feeling as though a safety concern was not being followed up on, while also holding the realization that the family's long CPS history had much to do with the family's position in society, and the effects of this that they had little to no control over.

Another clinician writes eloquently of the way her dual role of evaluator and therapist interfered with the therapeutic relationship.

When I was asked to complete a relationship evaluation by the court in child protective services cases while concurrently providing parent-child treatment it was troubling, as being in an evaluative role gave me power that seemed to rob the healing relationship of its ability to be collaborative. I spent a lot of time checking in with the parent about the report contents and process, acknowledging the difficulty of having me also provide

assessment and evaluation in conjunction with treatment. I also talked a lot with the court team, who really pushed me for more concrete recommendations about permanency than I was able to make based on the assessment results. I had to explain multiple times, on the stand and in meetings, why I was not able to provide more conclusive recommendations. Throughout the process I relied heavily on my supervisor to discuss the dilemma, the stress it caused, and utilized her relationship with other agency supervisors to reinforce boundaries I set with individual workers.

In terms of ethical dilemmas around self-determination, most respondents noted situations of risk assessment and involuntary commitment. There were also multiple examples of such dilemmas around care at the end of life. One participant provided an example of the ways in which institutions interfere with client self-determination in a nursing home setting.

Elderly residents walk into the nursing home (often unsafely, falling multiple times a day) and therapy and the doctor order them to use a wheelchair as they may fall and hurt themselves if they try to walk without assistance--if they fall and hurt themselves oftentimes (most times) the nursing home is held liable by licensing bodies for the fall, injury and at times death—however, families and residents themselves want to take the risk of walking independently even if they fall and get injured (even if they sign a form saying they want to take this risk) the home is still held liable--fined (\$100,000+ at times, could get shut down, people have personal liability/lose your license, etc.,) so instead people are forced to not walk independently which leads to their physical decline (but safer than the risk of walking). What about a person's right to self-determination and to take risks? (not allowable in an institutional setting)...this example can be repeated in 100s of ways in a nursing home (right to drink alcohol while taking meds, right to smoke

with oxygen, right to refuse thickened liquids, right to refuse insulin)...and is totally different than if you are at home taking these risks where no one is punished if detriment comes to a person...

Professional Burnout Due to Ethical Dilemmas

Given that professional burnout tends to be written about in terms of compassion fatigue, I was curious as to whether participants would link feelings of burnout with the being asked to facilitate what they perceived as injustice relative to the social work code of ethics. The next question asked participants to rate on a Likert scale, from one to five, the degree to which their professional participation in systems that seem unjust has contributed to their feelings of professional burnout. The responses are in Table 6.

Table 6. Burnout due to structural injustice

Value	Burnout due to structural injustice
1 (not at all)	17.6%
2	23%
3	16.2%
4	20%
5 (More than anything else)	16.2%

This Table shows that the majority of clinicians attribute some but not most or all of their feelings of professional burnout to participation in systems that seem unjust. Adding the ones and twos together, or the twos and the threes, or the threes and the fours results in roughly a third of participants in the low range, a third in the mid range, and a third in the high range for burnout due to ethical dilemmas. There was no optional text box with this quantitative question.

However, qualitative responses in relation to the question of burnout and ethical dilemmas do appear in the text boxes following the next questions, which ask participants about their responses to ethical dilemmas. Thus, I will return to the subject of burnout in the next section as well as in the discussion chapter.

Avoidability and Distress

The next two questions were in True or False form. The first was, “True or False: Certain agency practices which may conflict, to an extent, with our professional ethics are unavoidable and I don’t let them bother me.” The second was, “True or False: Certain agency practices which may conflict, to an extent, with our professional ethics are unavoidable and they do bother me.” Table seven displays the results of these two questions.

Table 7. True or False: Unethical Practices, Avoidability, and Distress

Value	Not bothered	Bothered
True	74.3%	31.1%
False	25.7%	68.9%

Given that the second item on this part of the survey is the inverse of the first, it’s notable that the numbers don’t match up accordingly. Interestingly, this question generated a number of qualitative responses. In the text box corresponding to this question, multiple participants stated that they disagreed that certain agency practices, which may conflict with our professional ethics, were unavoidable. One respondent wrote, “They DO bother me, but I cannot accept that they are unavoidable.” In general qualitative responses to this question, as well as the last question in the survey which, was purely qualitative, work together to describe how participants are affected by and respond to ethical dilemmas in social work practice.

Qualitative Responses to Ethical Dilemmas

The last question in the survey invites participants to, “Describe a work related ethical dilemma that troubled you, how it affected you, and how you responded.” In this section as well as in the qualitative space for the question of avoidability and distress, respondents left stories about how they dealt with ethical dilemmas both emotionally and in terms of action. Some respondents felt successful in initiating change in their organizations; some felt successful in serving clients in spite of organizationally imposed ethical dilemmas; others felt silenced, burned out or resigned. I adapted Levenson’s (2015) terms and summaries of her definitions of “loyalty,” “voice,” and “exit” to code some of these qualitative responses. I also added “resignation” to code responses that indicated the sacrifice of one’s loyalty to social work ethics for the sake of self-preservation. The following table contains the terms and definitions that code these qualitative responses.

Table 8. Terms and Definitions for Coding Qualitative Responses

Loyalty	Quiet subversion of unjust policies in attempt to remain loyal to clients
Voice	Speaking out against injustice in the system or engagement in collective activism
Exit	Professional context changes in pursuit of fewer ethical dilemmas
Resignation	The sacrifice of concern for professional ethics in service of self-preservation

The survey rendered 30 separate qualitative responses that could be categorized in terms of loyalty, voice, exit, and resignation. Four of the responses mentioned two different strategies; thus, they were coded under both terms. Four respondents relied on loyalty to the client in response to structurally imposed ethical dilemmas. One client says,

Policy of teens not being able to get birth control without parental consent in child welfare foster care cases. Other teens can just walk into a clinic. Foster teens need permission. Dilemma is in telling them that they can just walk into the clinic without permission but agency policy prohibits that practice. I usually tell or have a provider (like the therapist) tell the foster teen.

This respondent gave an example of loyalty in that she is willing to subvert what she interprets as unjust policy in order to better serve her client.

Voice was the second most used strategy in responding to ethical dilemmas next to exit. In the process of coding these qualitative data, I subdivided the responses that indicated use of voice into responses that indicated clinicians felt effective, ineffective, or did not say whether or not they felt effective. There were five uses of voice that felt ineffective to the participant. Two participants felt effective in initiating structural change with the use of voice. Seven responses indicated the use of voice without mentioning their perception of their effectiveness. The following is an example of a time when a participant felt effective using voice.

The agency I worked for only wanted to provide individual therapy to a more privileged population (higher reimbursement rate) and put all of the disadvantaged (lower reimbursement, higher rate of no-shows due to various needs such as transportation or less flexible jobs) in group therapy until they could "prove" they were invested in treatment and then they could be referred for individual. I spoke out against this policy and was able to persuade leadership to not implement this policy.

The following are two examples in which it was unclear as to whether the respondents felt ultimately effective in using voice in the face of this ethical dilemma. One respondent wrote,

A patient who was indigent, non-English speaking, and severely troubled was treated differently than other patients and ultimately refused treatment. It was a severe burden to know that this caused a division in staff opinions and to be unsupported in caring for patients at top levels. I expressed my point of view often. Tried to problem solve with leaders.

Another participant wrote,

I have been forced to close cases of families that are benefiting from treatment and need continued treatment. However, they no longer qualified based solely on one outcome measure tool. I would advocate directly with the community mental health agency and ask them to consider the case based upon the families unique needs and that serving them further would provide stabilization, thus decreasing need for them to re-enter services in a crisis.

By contrast, the following exemplifies a time when participants felt their use of voice was ineffective. Multiple ineffective uses of voice were also coupled with the exit strategy.

I was asked to see the general population of mental health clients when the funding source had specified my position to work with individuals with disabilities only. I questioned the ethics of this with no response and eventually left the agency. I informed the funding sources of the discrepancy with no response.

Twelve participants wrote of burnout and exit due to organizationally imposed ethical dilemmas or unethical practices within the organization. Out of all of the respondents who acknowledged and discussed burnout, only one spoke in terms of Secondary Traumatic Stress. The rest wrote of burnout being caused by ethical dilemmas. One participant said, “Ethical dilemmas feel unavoidable in this field and can be all consuming as a practitioner or

administrator. They have left me feeling burnt out and interested in pursuing less direct social work or another field.” Another said, “I went into private practice because after 7 years of work in various community mental health agencies or residential nonprofits, the cultural incompetence as well as inability for me to be myself in those settings burned me out. It was not the clients.” The following respondent speaks about the way in which patient abuses in a residential facility that are, at least, tacitly allowed lead to the respondent’s symptoms of burnout and eventual exit.

I've seen residents made to carry a stuffed Santa around with them to remind them not to be a "ho ho ho"; others were made to carry a book entitled something like, "My big fat mouth." I've come to work to learn a resident was yelled at by an RA and she has been hiding in her room for over 24 hours and no one missed her and when the incident was reported the RA was not reprimanded but allowed to continue to terrorize this traumatized woman who had experienced extreme childhood abuse since infancy.

Recipient rights violations that I filed were ignored by the RA's cousin who was the rights investigator for the agency. Working at this agency affected me by causing depression, increased drinking and eating junk food, decreased exercising, increased social media use. I eventually quit as I realized I was no longer coping in healthy means.

Another worker speaks of feeling so harmed by the structural injustice of the system in which s/he was working, that it lead to the worker having to take time away from the work force, and great fear of re-entering the workforce.

When working at the homeless shelter it was extremely unethical in its treatment of residents and this caused burn-out and I eventually left. I stayed as long as I did (2 years) because I thought I could help change the system and saw changes implemented at first but there was not enough funding to adequately implement the needed structural changes.

Eventually I realized this and also realized I was completely burned out. I had to take several months off after that job and then was quite fearful of working in another agency for fear of learning it was equally unethical. Luckily, I'm now working at a much better agency.

Finally five social workers' responses indicated resignation to the notion that the systems they work for are unethical; the systems are not going to change; thus, they have chosen to dissociate from or redefine their sense of professional ethics in order to avoid burnout. Here is one example:

After several years of practicing social work I have developed insight and skills to not allow my personal feelings to interfere with my work. Like many social workers, I went into the profession because I was passionate about a particular injustice and issues. However, it was made clear to me after a few years of work that this issue was about me. I was only motivated to make a change because I felt personally violated. This wasn't a healthy way to enter social work. I don't get offended or let professional conflicts or injustices bother me. We are working in systems and systems are dysfunctional. Professionalism is remaining objective and clear headed.

This clinician gives up on his/her previously held value of social justice and redefines professional ethics as objectivity. For another clinician, analysis allowed disengagement with his/her frustration at external injustice and apparently to reframe the problem as something not to be changed systemically, but to be contained and "worked through" within the inner world of the clinician. This clinician wrote,

Of course certain practices have bothered me, some more than others. And I have done my best to address them with supervisors and co-workers. And since I have been analyzed, I have been able to work them through within myself.

This set of qualitative data speaks strongly to the notion that burnout may commonly be caused by structurally imposed by ethical dilemmas. Most participants who responded to this section discussed their awareness of and attempts at engagement with injustice in the work place, as well as the effects of those struggles on their sense of professional identity and stamina. Overall, there were far more expressions of discontent than expressions of resignation or efficacy in the face of such ethical dilemmas.

Quantitative Relationships Between Demographics and Dilemmas

After the descriptive statistics were finished, I asked Smith's statistical analyst, Marjorie Postal, if she could run any correlations between demographic and ethical dilemmas. Marjorie responded that she could measure gender and years of practice, but not race because the non-white category was too small and racially diverse to measure. Even the male identified category was, according to Marjory almost too small to measure, with only eight male representatives. The non gender conforming category was also too small to measure. The correlations that were possible between demographics and ethical dilemmas follow.

Gender differences. T-testes of indicated a significant difference in distress caused by structural racism [$t(15.22, p=2.71, p=.016)$]. Female respondents had a higher mean response ($m=3.078$) than male respondents ($m=2.25$) suggesting they experienced more distress. Two questions approached but did not reach significance (.053 and .054, respectively). Females had a higher mean ($m=3.109$) than males ($m=2.125$), suggesting they experience more distress over sexism [$t(70)=1.979, p=.052$]. Females also had a higher mean ($m=3.297$) than males (2.375) in

terms of distress over cultural insensitivity [$t(70)=1.968, p=.053$]. In terms of burnout, females had a higher mean ($m=3.109$) than males ($m=1.875$) suggesting that unjust systems contribute to more feeling of burnout among females than males.

Years of practice. Oneway Anovas determined differences in mean response to ethical dilemma frequency questions by years of practice. Bonferroni posthoc tests showed that the group with five to ten years of experience ($m=3.556$) observed structural racism more frequently than the group with 11-20 years of experience ($m=2.20$). The group with five to 10 years of experience ($m=4.167$) also observed classism more than the group with 11-20 years ($m=2.929$). The five to 10 year group ($m=3.556$) also rated protocols that interfere with client self-determination as significantly more frequent a problem than did the 11-20 year group. Finally, the 11-20 year group ($m=2.5$) rated the frequency of protocols that interfered with the therapeutic relationship as significantly less than all of the other groups, among which there were no significant differences.

In terms of levels of distress over ethical dilemmas there were significant differences in sexism and classism according to years of practice. Bonferroni post hoc tests showed that the 21+ year group ($m=3.233$) was more distressed over sexism than the 11-20 year group ($m=2.071$), and that the 5-10 ($m=3.944$) year group was more distressed over classism than the 11-20 year group ($m=2.643$). Finally, an LSD post hoc test showed that the 5-10 year group ($m=2.889$) felt less freedom of choice than the more experienced groups—among which there was no significant difference. The mean rating for freedom of choice in the 11-20 year group was 3.741, and the mean response in the 21+ group was 3.733. Years of experience made no difference ratings of burnout due to ethical dilemmas.

CHAPTER V

Discussion

Within the first year of my social work education, I became viscerally aware that the structures within which social workers practice often impede our ability to practice by the code of ethics. Funders, whether private non-profit, government, or managed care company, ask for deliverables that implicitly discriminate against clients based on race, gender, class and sexual orientation; and impede the therapeutic alliance. Institutions such as schools, hospitals, and mental health agencies use practices are often created by white, middle-class professionals who do not see beyond their privilege. Furthermore, these agencies are often owned or managed by professionals who are not obligated to practice social work values. Therefore, social workers today are automatically caught in the bind between the professional values of social justice and those of the capitalist market place. I wondered, to what extent social workers are aware of or conflicted by the structurally imposed ethical dilemmas we face every day? Which ethical dilemmas are most noticeable or disturbing to social workers? How does the practitioner's identity or context shape the experience of ethical dilemmas? Finally, after reading literature on burnout due to the current hot topic of compassion fatigue and Secondary Traumatic Stress, I wondered if, in practice, burnout could be traced to having to facilitate structural injustices, and how social workers coped with these ethical dilemmas.

While, as Levenson (2015) points out, there are probably a number of public servants and mental health professionals who could claim some level of moral distress over working in systems in which justice is impossible, I chose to survey social workers because theoretically, social workers are all accountable to the same code of ethics. I understood from the beginning that any text, including social work ethics, is always a matter of subjective interpretation. Park

and Bhuyan (2012) celebrate the dialogic nature of the profession as the hallmark of a democratic profession; yet, they assert that discussion of ethics should always take place in awareness of the national context of a social and economic hierarchy that privileges whiteness, maleness, heterosexuality, and wealth.

The mix of qualitative and quantitative findings in my study tell a complex story of social workers' struggles with ethical dilemmas. The findings include the relevance of some of practitioners' identity markers, professional roles, and contexts. While the qualitative text boxes in the survey were optional, many participants left detailed examples, which brought the quantitative section to life.

Key Findings

The findings from this study are varied and complex, especially when the qualitative data are integrated with the quantitative data. The frequency and distress participants experienced over particular ethical binds seem tied, to some degree, to participant demographics. I was not able to measure the effect of the race of the participant because my sample was overwhelmingly white; yet, race is worth discussing. There were three items in the survey that asked about structural racism and cultural sensitivity. The first item came early on in the survey and race and cultural insensitivity were merged together in the question. According to Park (2005) social work has no operational definition for culture, and often the language of culture stands in for race, which in turn stands in relationship to white hegemony. In this first question the ratings for frequency of and distress over racial and cultural insensitivity were slightly lower than they were when the categories of structural racism and cultural insensitivity were separated later in the survey. The ratings for freedom of choice in this item were relatively high.

When structural racism and cultural insensitivity were separated in the survey, the frequencies were roughly 10% higher than when they were together, and the distress over cultural insensitivity was about four percentage points higher than the distress experienced over racism. I would conjecture that this has something to do with the fact that the non-white sample was too small to measure, and several who identified as mixed race also considered themselves white -- for example, those who put Jewish in the qualitative text box along with Latinos. Thus, the representatives of non-dominant cultures may identify with whiteness to a certain extent. This may indicate what Park (2005) calls a “privileged blindness” to the suffering of others.

The same theory of privileged blindness may also apply to the gender differences in the findings. Females suffered more distress than did males over structural racism, sexism, and cultural insensitivity. Females were more likely than men to suffer burnout due to ethical dilemmas.

In addition to gender, years of practice made a difference in the experiences of respondents. The five to 10 year group rated the frequency of racism, classism, and protocols that interfere with client self-determination higher than the other groups. The five to 10 year group also experienced higher distress over classism than any other group. Finally, they rated their freedom of choice in participation lower than any other group. There are several possible factors that might count as relevant explanations for these ratings. First, given the licensing process, social workers may be most likely to work in community mental health and agency settings in the first years following the completion of their degrees. They may be the group closest to work in the most structurally restrictive social work settings. It’s also possible that they recognize and are distressed over classism because they may have experienced the greatest impact of the recent economic crisis. Many would have been near the beginning of their social careers during the

recession that started in 2008, and might have seen most clearly how the recession impacted the agencies and clients they served. Furthermore, since the recession of 2008, economic class has been on the public radar screen increasingly with the occupy movements, and now a self-proclaimed socialist candidate for president having done well, especially among millennials, in the democratic primaries. Finally, the five to 10 year group is closest in time to their social work education, which likely included content on structural racism and classism.

The group that had 21+ years of experience rated their distress over sexism the highest compared to other groups. Given that the sample was mostly female, it may be possible that this group is most distressed by sexism because they may come from the generation of second wave feminists. Many second wave feminists argue that there has been a backlash against feminism in recent decades, which has caused younger women to hesitate to claim feminism, or admit that sexism is still a significant problem.

The group who had 11-20 years of experience rated protocols that interfere with client self-determination as least frequently problematic. The explanation I would conjecture for this is that they may be the group most likely to be in private practice, which may be one of the least restrictive settings for social workers. Another possibility is that clinicians in this group may also be more likely to serve in administrative positions. They may have been removed from working with clients in community mental health for some time, and they may have had to prioritize issues such as funding or liability. In order to minimize their own distress they may repress their awareness of harm, or think in utilitarian terms -- the ends justifying the means.

In addition to differences in the findings that correlate to gender and years of experience, it was also key to learn that protocols prioritizing funding and reimbursement over client care, classism, and protocols that interfere with the therapeutic relationship emerged as the top three

most distressing forms of ethical dilemmas that participants faced. The category of the prioritization of funding and reimbursement generated the most qualitative responses. If there is any politically galvanizing issue for structural change, social workers may be able to agree on advocating for new policies around funding and reimbursement and its relationship to provision of services, especially to those who lack insurance. It was comforting for me to know that, by and large, social workers in my sample are genuinely concerned about economic class based injustice.

Although there were no significant demographic differences in burnout due to structurally imposed ethical dilemmas, the qualitative data especially revealed high levels of ineffective uses of voice to change systems and high levels of exit from work settings in order to avoid burnout or because of burnout. In addition to the question directly referencing burnout, qualitative responses that indicated burnout showed up under the questions about whether or not ethical dilemmas were avoidable and distressing, along with the last qualitative question that asked participants to describe a troubling ethical dilemma and their responses to it. Thus, it may be possible that participants did not necessarily associate their experience with the term burnout in the quantitative question that referenced burnout, but exhibited behaviors in response to or avoidance of burnout, such as exiting their organizations. Levels of burnout may have been differential although not quantitatively measured. One participant may have left clinical social work completely while another may have exited his or her agency setting and either moved to a new agency or into private practice.

One participant described in great detail the harms of burnout from structurally imposed ethical dilemmas to his/her mental and physical health. Another described the fear s/he experienced when re-entering the work force after taking several months off to recover. The

harms these participants described may have reached the level of Shay's (2014) description of moral injury. They certainly fit Wagaman, Shockley and Segal's (2015) description of potential effects of burnout due to secondary traumatic stress. However, the participants in my study were attributing their burnout to organizationally imposed ethical dilemmas, not directly to work with traumatized clients.

Strengths and Limitations

This study was successful in gathering a large amount of quantitative and qualitative data. Participants seemed especially committed to the topic, often writing at least a phrase in the optional text boxes, and sometimes writing long detailed descriptions of their experiences. The qualitative data complemented and served as an aid in interpreting the quantitative data. The quantitative survey questions along with the text boxes gave participants multiple opportunities for associations to and interpretations of the topics in the survey. Ultimately the data gathered were quite rich. Furthermore, the internet based survey and snowball sampling methodology provided the opportunity for social workers from a wide geographic regions, and allowed a broad set of social work contexts to participate. The survey was shared on listservs, Facebook, email, and Linked-In to potentially reach a national audience of social workers.

There were some drawbacks to this study as well. For example, the survey included some redundancy in questions, and could have been made more concise for participants. Two participants noted at some point in the survey that they were not sure how to interpret the question. Thus, some of the questions may have been difficult for some participants to understand. The survey included two questions in attempt to gather information on the relevance of social work role or setting. However, later I realized that these data were not usable because of a flaw in my survey design. I did not give participants the chance to opt out of the settings listed.

Furthermore, I realized that given social workers may have worked in a number of settings and roles over the course of their careers, I did not make it possible in the quantitative data for them to indicate the role of setting/role in their answer to any given question. Thankfully, the qualitative data allowed workers to mention the setting and role they were referencing, and often they did.

Another drawback to my study was that the sample was not very diverse in terms of race and gender, and the sample was also heavily weighted with white female social workers who had 21+ years of experience. I tried, but was unsuccessful in eliciting some approximate information on the demographics of the profession overall from the NASW. Thus, I don't know how my sample compares, demographically, to the profession as a whole. It seems to be "common knowledge" that demographically social work is weighted with white women. The sample may be biased in as much as social workers who are more sensitive to issues of social justice may have been more likely to take the time to participate in my study than those are not. It was also a drawback that participants had no way of asking me questions for clarification and having me respond over the internet because their identities were encrypted by the internet service provider. While this met an important ethical obligation to protect privacy, it might have been possible in a face-to-face interview to offer clarification. That, however, would have involved a loss of the numbers of participants that an internet survey allowed me to recruit.

Literature and Theoretical Applications

While I was unable to find any specific research on the effects of, and structurally imposed ethical dilemmas on, social workers, or social workers' responses to such ethical dilemmas, much of the research in my literature review is helpfully applied to the findings in this study. Abramovitz (1998) acknowledged the fundamental conflict between democracy, which

values equity, and capitalism, which thrives on inequities that are broken down along lines of race, and gender. Capitalist democracy is the context in which social workers in the United States face ethical dilemmas over their charge to empower the vulnerable and their loyalty to the upholding of social work as a profession in which its services are necessarily commodified.

I found Park's (2005) observation that social work lacks an operational definition for "culture" particularly true in the findings of my study as well. Without an operational definition, culture expanded and acted as a "catch all" category in which respondents left comments about gender, sexual orientation, religion, and race. Culture simply meant that which differed from the dominant identity markers of whiteness, maleness, and heterosexuality. The "privileged blindness" apparent in the findings speaks to the need for an application of Critical Race Theory as described by Kollowski, Weaver & Constance Higgins (2014) to social work theory and practice, especially as social work seems to be a predominantly white profession, or a group of professionals who hold quite a bit of white privilege.

The study's findings indicate that it is indeed relevant and could be quite useful for social work to begin to apply concepts of moral injury to the distress and burnout social workers face due to structurally imposed ethical dilemmas. Because participants wrote about the deterioration of their mental health, and about fears related to re-entering the work force after burnout, Shay's (2014) concept of moral injury may give our profession a framework for measuring the harms of structural injustice on social workers and thus the profession itself. In the struggle for more ethical policies, social work could employ Levenson's (2015) argument that because we claim democracy, the polity owes public servants the option to make doing justice more possible. Levenson's (2015) "optimal moral injury," which is just enough moral injury for workers to stay engaged in the struggle for justice, may be demonstrated in those responses that indicated a

successful use of voice to change unjust practices in their agencies. The fact that effective use of voice was sparse in the responses, however, shows that social work has work to do in moving toward optimal moral injury with concomitant activism as a result.

Finally, I think my research addresses Wagaman, Shockley, & Segal's (2015) study on fighting burnout by teaching social workers to have personal boundaries, practicing mindfulness, and perspective taking. The apprehension of skills may be helpful for cases of secondary traumatic stress. However, when burnout actually originates from structurally imposed injustice, social workers who find ways to simply be less distressed are not optimally morally injured to work for change. At least two respondents in the qualitative comments mentioned coping with previously held distress over structurally imposed ethical dilemmas by going to analysis and taking a stance of "objectivity." They each reported that they had to divest their energy from changing the unjust system. Therefore, it would seem that their individual coping mechanisms involved tacitly accepting injustice against clients as well as their fellow workers. If social work continues to gather data suggesting that structurally imposed injustices are the culprits for a fair percentage of the burnout in the field, it would serve the profession to come up with solutions that make enacting social work's social justice values more possible.

Implications for Social Work Practice and Areas for Further Study

My findings suggest that there are a number of areas in which further research on the impact of structurally imposed ethical dilemmas on social workers and how they respond would be useful to the field of social work. A longitudinal study that explores how social workers experience and respond to these dilemmas over the course of their careers could be helpful given the differences in years of experience and experiences of ethical dilemmas evident in my sample. The question of how these ethical dilemmas influence social workers' career paths and

professional identities over time with special attention to changes in preferences for work context and, in particular, the rates and time frames in which social workers exit into private practice would add to our understanding of the costs of structural ethical dilemmas to the profession. It would also be helpful to know more about which roles and contexts are most ethically costly to social workers in order to prioritize the profession's lobbying agenda for structural change.

A comparative study with Canada or England would explore the impact of the capitalist structure in the US on ethical dilemmas in social work practice as against those in those perhaps less capitalist nations. Finally, social work's policy agenda would benefit from information about the effects of shifts in mental health policy on the relationship between structurally imposed ethical dilemmas and social workers' feelings of career satisfaction in relation to their ethical and professional integrity.

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Appendix A: Recruitment Message

I am conducting a study on social workers' responses to the ethical conflicts in social work practice for my MSW program thesis research project. If you are a social worker, a social work student, or a social work retiree, you can participate by completing my brief, anonymous online survey. You can further help me by sharing this survey with other social workers you know. Please click on the link to the informed consent form. After reviewing it, if you click "I Agree" you will be directed to the survey.

Many thanks,

Jennifer Graves

MSW student

Smith College School for Social Work

This study protocol has been reviewed and approved by the Smith College School for Social Work Human Subjects Review Committee (HSRC).

Appendix B: Screening Page

Screening Question

1. Please select your social work affiliation indicating your eligibility to participate in this study.

BSW student

MSW student

Social work PhD student

Social Worker holding a BSW

LCSWA

LCSW

LCSW, PhD

Social Work Retiree

(If candidates do not indicate one of these affiliations they will be directed to a page that thanks them for their interest and informs them that they are not eligible. A positive response will lead the candidate to the informed consent form.)

Appendix C: Informed Consent



**2015-2016
Consent to Participate in a Research Study
Smith College School for Social Work • Northampton, MA**

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Title of Study: Ethical Dilemmas in Social Work Practice: How Are Social Workers Affected and How Do We Respond?

Investigator: Jennifer Graves

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Introduction

- You are being asked to be in a research study of whether social workers face dilemmas in social work practice where they feel constrained to act in ways that violate their values or professional ethical codes, and how they cope with such dilemmas if they do.
- You were selected as a possible participant because you are a social worker, social work student, or social work retiree who may have had to make judgments, or carry out professional protocols that may have felt in conflict with your sense of social justice and ethical behavior on behalf of clients.
- I ask that you read this form and ask any questions that you may have before agreeing to be in the study.

Purpose of Study

- The purpose of the study is to explore how social workers respond to elements of our work that support systems that run counter to our professional social justice mandate or code of ethics.
- This study is being conducted as a research requirement for my master's in social work degree.
- Ultimately, this research may be published or presented at professional conferences, or used in secondary analyses of the data in the future.

Description of the Study Procedures

- If you agree to be in this study, you will be asked to do the following things: Complete a one-time survey that asks some questions that are short rating scale or multiple choice quantitative items, and others that ask you to offer a brief narrative example. This survey should take no more than 30 minutes to complete.

Risks/Discomforts of Being in this Study

- The study has the following risk: Reflecting on ethical dilemmas may cause you emotional distress. If you need help finding mental health support the following resources are available:

Mental Health America – An advocacy organization that provides access to behavioral health services for all Americans addressing the full spectrum of mental and substance use conditions.

Phone (in crisis): 1-800-273-TALK

Phone: 1-800- 969-6642

Website: http://www.nmha.org/go/find_therapy

SAMHSA National Helpline- SAMHSA's National Helpline (also known as the Treatment Referral Routing Service) is a confidential, free, 24-hour-a-day, 365-day-a-year, information service, in English and Spanish, for individuals and family members facing mental health and/or substance use disorders. This service provides referrals to local treatment facilities, support groups, and community-based organizations. Callers can also order free publications and other information.

Call 1-800-662-HELP (4357) or visit the online treatment locators.

Crisis Call Center- Crisis Call Center's 24-hour crisis line often serves as the first point of contact for individuals who are seeking help, support, and information. Crisis can affect anyone at any time. The need for emotional support or referral assistance is something most individuals encounter at some point in their lives. Staff and volunteers are available 24/7/365 to help individuals discover the skills and resources that they uniquely possess that allow them to develop solutions to maximize self-sufficiency.

Phone: 775-784-8090 Website: <http://www.crisiscallcenter.org/crisisservices.html>

Benefits of Being in the Study

- The benefits of participation are an opportunity to reflect on and gain insight related to the inner conflicts that you, as a social worker, may have experienced. The insight you gain may contribute to new ways of thinking about and acting within the profession in regard to advocacy about ethical issues.
- The benefits to social work/society are: If social workers are aware of facing ethical problems and can talk about the personal consequences of facilitating ethically questionable practices, we may be able to generate interest and energy for changing the structures we work for, or acting differently within them.

Confidentiality

- This study is anonymous. I will not be collecting or retaining any information about your identity.

Payments/gifts

- I am not able to offer any financial payment for your participation.

Right to Refuse or Withdraw

- The decision to participate in this study is entirely up to you. You may refuse to take part in the study *at any time* until you have submitted the questionnaire without affecting your relationship with the researchers of this study or Smith College. Your decision to refuse will not result in any loss of benefits (including access to services) to which you are otherwise entitled. You have the right not to answer any single question, as well as to withdraw completely up until you submit the survey. After that I will not be able to withdraw your responses, because in an anonymous survey, I will have no way to identify particular participants' responses. If you choose to withdraw, simply exit the survey and your responses will be erased.

Right to Ask Questions and Report Concerns

- You have the right to ask questions about this research study and to have those questions answered by me before, during or after the research. If you have any further questions about the study, at any time feel free to contact me, Jennifer Graves at *jgraves@smith.edu* or by telephone at (xxx) xxx-xxxx. If you would like a summary of the study results, one will be sent to you once the study is completed. If you have any other concerns about your rights as a research participant, or if you have any problems as a result of your participation, you may contact the Chair of the Smith College School for Social Work Human Subjects Committee at (413) 585-7974.

Consent

- Your signature below indicates that you have decided to volunteer as a research participant for this study, and that you have read and understood the information provided above. You will be given a signed and dated copy of this form to keep.

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Name of Participant (print): _____

Signature of Participant: _____ Date: _____

Signature of Researcher(s): _____ Date: _____

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Appendix D: Survey

List of survey questions

Demographic section

1. The following is a list of social work settings and roles that you may have filled in your social work career. Please indicate in which of the roles you have filled you have experienced the most troubling ethical dilemmas: 1= most troubling, 2 = next most troubling, and 3 = least troubling.

organization administrator

community mental health clinician

hospital social worker

prevention/early intervention

worker with children

worker with the elderly

department of human services

private practice

social worker in macro practice

social work professor

other (text box)

Please briefly specify in this text box the ethical dilemmas you found troubling in your work (text box):

2. Gender identity:

male

female

Other: (text box)

3. Racial/ethnic identity (please indicate your primary identification):

African American

South Asian

East Asian

Hispanic/Latino

Jewish

Arab

Native American

White/European American

Mixed race (please specify in the text box)

Other: (text box)

4. Other aspects of your identity that you feel are salient in your work: (text box)

5. Please identify your years of practice:

1month-4 years, 5-10 years, 11-20 years, 21+ years

Section 2 Scale Questions

6. a. Using the list of social work roles/settings from question two, please select the one in which ethical dilemmas related to cultural sensitivity were most salient

organization administrator
community mental health clinician
hospital social worker
prevention/early intervention
worker with children
worker with the elderly
department of human services
private practice
social worker in macro practice
social work professor
other (text box)

b. on a scale of 1-5 how often have you been expected to implement agency protocols related to assessment, diagnosis, or intervention that you feel were or might be culturally insensitive?

1 = never, 2 = rarely, 3 = sometimes, 4 = often, 5 = always/almost always

1, 2, 3, 4, 5

c. How much freedom of choice do you feel you have in making cultural values choices in that role/setting: 1, 2, 3, 4, 5

d. To what extent has your participation in this system upset you: 1, 2, 3, 4, 5

Optional text box to describe

7. a. In the course of your career as a whole, how often have you been expected to shape diagnosis, intervention, or agency policies to the demands of funding or reimbursement structures rather than what is, in your judgment, clinically best for the client or workers?

1, 2, 3, 4, 5

1 = never, 2 = rarely, 3 = sometimes, 4 = often, 5 = always/ almost always

c. To what extent have funding or reimbursement dilemmas upset you: 1, 2, 3, 4, 5

Optional text box to describe

8. Which kinds of ethical dilemmas occur most often in your work? Ones that involve:

1 = never, 2 = rarely, 3 = sometimes, 4 = often, 5 = always/ almost always

a. Structural racism (times when rules or standards for evaluation are based on white values or world views, or otherwise unfairly disadvantage people of color) 1, 2, 3, 4, 5

b. Sexism (times when rules or standards for evaluation are based on patriarchal values and world views, and unfairly disadvantage those who are not male identified) 1, 2, 3, 4, 5

c. Heterosexism (times when rules or standards of evaluation are based on heterosexual norms, and unfairly disadvantage those who do not identify as heterosexual) 1, 2, 3, 4, 5

d. Classism (times when rules or standards of evaluation are based on middle-class ideals and unfairly disadvantage the working class or the poor). 1, 2, 3, 4, 5

e. Cultural insensitivity: 1, 2, 3, 4, 5

- f. Protocols or curricula that interfere with the therapeutic relationship 1, 2, 3, 4, 5
- g. Protocols or curricula that interfere with client self-determination: 1, 2, 3,4 ,5
- h. Other (text box)

9. Which kinds of ethical dilemmas that you believe you have been faced with cause you the most distress

1 = no distress, 2 = little distress, 3 = some distress, 4 = quite a bit of distress, 5 = a lot of distress

Structural racism: 1, 2, 3, 4, 5

Sexism: 1, 2, 3, 4, 5

Heterosexism: 1, 2, 3, 4, 5

Classism: 1, 2, 3 ,4 , 5

Cultural insensitivity: 1, 2, 3, 4 ,5

Protocols or curricula that interfere with the therapeutic relationship: 1, 2, 3, 4, 5

Protocols or curricula that interfere with client self-determination: 1, 2, 3, 4, 5

Other (text box)

10. Do you feel your professional participation in systems that seem unjust has contributed to your feeling of professional burnout?

1= not at all, 2 = to a mild extent, 3 = to a moderate extent, 4= to a large extent, 5 = more than anything else.

Yes (on a scale of 1-5 to what extent 1, 2, 3, 4, 5)

No

(optional text box)

True or False & Open Ended Section

11. True or False: Certain agency practices which may conflict to an extent with our professional ethics are unavoidable and I don't let them bother me

(Explain which types of practices don't bother you, or how you make peace with them)

12. True or False: Certain agency practices may conflict to an extent with our ethics, are unavoidable, but they do bother me

(Please elaborate on your answer, and explain how you cope with or are able to come to terms with these practices)

13. Describe a work related ethical dilemma that troubled you, how it affected you, and how you responded:

14. Text box for anything else you think the research undertaken here should consider

Appendix E. Smith College Human Subjects Review Committee Approval Letters



School for Social Work
Smith College
Northampton, Massachusetts 01063
T (413) 585-7950 F (413) 585-7994

October 6, 2015

Jennifer Graves
400 Anita Street
Durham, NC 27701

Dear Jennifer,

Thank you for the effort you have put into your Human Subjects Review (HSR) application. Our job as a federally mandated human subjects review committee is to make sure that all research projects which we approve follow federal guidelines for research with humans, including informed consent, protection of vulnerable participants, the ability to withdraw from projects, appropriate storage and collection of data, and other items discussed in the HSR manual.

Part of our job is to ensure that the research results are worth the risks and costs to the participants. The actual benefits to the researcher, participants, and the field of social work, must be worth the time and energy participants will put into being a part of the study. Projects that are unclear in their questions and methods may lead to results that are not beneficial to the participants or to the field.

Attached you will find your proposal with our required changes in **MS Word Track Changes** and our requests for revisions marked as *New Comments* in the margins. These comments will provide guidance to make substantive changes in accord with HSR federal guidelines for research.

Please make all changes to your research proposal with **MS Word track changes** or indicate changes in another way (e.g. bold type or highlighted type) so they are easily read in order to speed the return of your revision. If you feel we have misunderstood your study and there are changes you do not wish to make, please explain in the margins with a *Comment/s*. Sometimes we ask for changes that do not make sense to applicants because something was unclear to us and your explanation can clarify these issues.

Please understand that we function with a collaborative model- we want to help all applicants learn from their research while protecting all human subjects. Should you have any concerns about committee comments, please review with your thesis advisor, who may follow up with a contact to the Chair, HSR Committee.

Please return your application to Laura Wyman at lwyman@smith.edu. Please label each document you send with **your name, the term "HSR," the term "Revision", and the number of the revision**. As an example, if your name is Sara Jones, we should receive an application revision document like this: "SaraJones HSR Revision1.docx". Please label the subject line of your email as HSR Revision.

Please note that most of your correspondence will come from me through Laura.

Sincerely,

A handwritten signature in black ink, appearing to read 'Elaine Kersten'.

Elaine Kersten, EdD
Co-Chair, Human Subjects Review Committee

CC: Gael McCarthy, Research Advisor



School for Social Work
Smith College
Northampton, Massachusetts 01063
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October 20, 2015

Jennifer Graves

Dear Jenny,

You did a very nice job on your revisions. Your project is now approved by the Human Subjects Review Committee.

Please note the following requirements:

Consent Forms: All subjects should be given a copy of the consent form.

Maintaining Data: You must retain all data and other documents for at least three (3) years past completion of the research activity.

In addition, these requirements may also be applicable:

Amendments: If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

Renewal: You are required to apply for renewal of approval every year for as long as the study is active.

Completion: You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Congratulations and our best wishes on your interesting study.

Sincerely,

A handwritten signature in black ink, appearing to read 'Elaine Kersten'.

Elaine Kersten, Ed.D.
Co-Chair, Human Subjects Review Committee

CC: Gael McCarthy, Research Advisor