

# **Child Welfare Ethics and Values**

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*The material in this module was written by  
Brian Simmons, MSW, PhD.*

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**California Social Work Education Center (CalSWEC)  
University of California, Berkeley  
School of Social Welfare  
120 Haviland Hall  
Berkeley, CA 94720-7400  
Phone: 510-642-9272 Fax: 510-642-8573  
<http://calswec.berkeley.edu>**

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# **Child Welfare Ethics and Values**

## **The Values Basis for Child Welfare Practice**

It is imperative that every social work practitioner understand that our profession has at its core some very deeply held values. These values in turn serve as the foundation for the ethical basis for practice, which in turn is the justification for the very existence of the profession and the interventions social workers undertake. If we did not have our fundamental ethical orientation, the profession of social work would look very different than it does today, if indeed it would even exist at all.

Child welfare practice provides a perfect illustration of this assertion. This paper suggests that there are actually three sets of values that shape both child welfare policy and practice: ethical values commonly accepted across the fields of practice in the helping professions, the overarching values of the social work profession as defined in the National Association of Social Workers Code of Ethics (NASW, 1999), and values specific to the practice of child welfare. Each of these sets of values is presented separately.

One can never forget, however, that for most of the clients in the child welfare system, child welfare policy is what the worker tells them it is. It is quite comparable to being cited for a motor vehicle violation by a police officer. Most of us are not particularly conversant with the fine points of the motor vehicle code, so that if an officer tells us we have committed a violation, we accept that the officer knows what she or he is talking about and take the ticket. Likewise, when a child welfare worker tells a client that some behavior is inappropriate and continuation of it will result in the removal of the client's children, the client is likely to accept that this is so (especially if the worker backs it up by removing the children). Or, if an adoption worker advises a white couple that they cannot adopt an African American child, why should the clients assume otherwise? Most clients accept the authority of the worker and the information the worker provides. Thus, child welfare workers have enormous power, the exercise of which can have enormous implications for the lives of the families with whom they come in contact. Therefore, in addition to being conversant with the values of the profession, by necessity a worker must also be in touch with his or her own values and must be an ongoing, active, perceptive witness to the influence her or his individual values play when interacting with clients. While the power differentials are different, likewise the worker should exercise the same degree of awareness when interacting with peers, colleagues, and other professionals, both internal and external to the employing agency. (For a fuller discussion on the power possessed by workers in the field, see Clarke & Lowery [1988] and Lipsky [1983].)

### **Values and Ethics**

The two terms frequently appear hand in hand, but it may prove helpful to have a working definition of the terms. Corey, Corey, and Callanan (1998) say "values pertain to beliefs and attitudes that provide direction to everyday living, whereas ethics pertain to the beliefs we hold about what constitutes right conduct." Boss (1998) talks about ethics being primarily prescriptive (as opposed to the hard sciences, which she says are primarily descriptive

—just the hard facts). These prescriptive statements associated with ethics, which primarily take the form of “should” or “ought” statements, are formed by values. Not just any values, however, but moral values. Boss (1998) notes, “Nonmoral values include good health; aesthetic values; social values, such as power, fame, and popularity; economic values; and political values, such as national integrity and solidarity. Only moral values carry the force of the ‘ought.’”

Note that both the descriptive and the prescriptive are important. It is necessary when analyzing the ethical problems that confront us to make sure we have the information we have about the dilemma is factual and not merely opinion or judgment. Statements of fact and statements of value are both required to make sound assessments of ethically difficult situations.

As noted above, three different sets of values serve to set the parameters for child welfare policy and practice: those that are common to all the helping professions, those claimed by the social work profession, and those specific to child welfare. Not surprisingly, given that the latter two are subsets of the one preceding it, some overlap exists between and among the three sets.

### **Values Common to All of the Helping Professions**

Most social workers find themselves interacting with members of the other helping professions on a routine basis. Certainly this is so for child welfare workers. Although the definitions and emphases differ somewhat from profession to profession, certain values are held fairly consistently by those in public health, psychology, counseling, corrections, and social work. Having these common values provides a shared frame of reference for conducting collaborative and interprofessional work. They also serve as the foundation for the values we see in social work generally and in child welfare practice specifically. Corey, Corey, and Callanan (1998) identify seven commonly held values:

**Autonomy.** This refers to the principle of the clients’ right to choose their own course of action, commonly known as the right to self-determination. As we know, especially in child welfare, this is not an unrestricted right. However, even within the limits posed by the child welfare system, clients can make choices for themselves and workers should do their best to empower their clients (when it is appropriate to do so) to make those choices for themselves when they can.

Corey, Corey, and Callanan (1998) note that the value of autonomy is very much a notion of western culture with its emphasis on individualism. Workers with clients coming from more eastern traditions should be alert to the possibility that their clients do not share this particular value. Likewise, such clients may be more deferential to the worker and her or his opinion, given the authority of the position held by the worker. This may pose difficulties for a worker who is trying to encourage her or his clients to assume greater responsibility for the direction of the case.

**Nonmaleficence.** Most people are familiar with the dictate generally associated with the medical profession that says, “above all else, do no harm.” This saying captures the essence of the value of nonmaleficence. Workers must refrain from behaviors that risk harming clients, either intentionally or unintentionally.

**Beneficence.** Some people erroneously believe that nonmaleficence and beneficence are the same concept. They are closely related, but differ in an important way. As noted above, the former is stated in negative terms, of “avoiding” doing harm. This is stated in the positive: the value (some would say the duty) of promoting good for and enhancing the well being of others.

**Justice.** Corey, Corey, and Callanan (1998) define justice quite simply as “providing equal treatment to all people.” People are entitled to the services offered by public child welfare offices, regardless of their race, ethnicity, culture, religion, sex, sexual orientation, ability/disability status, and age.

**Fidelity.** Simply put, one honors the value of fidelity by making honest promises and honoring commitments made to clients (Corey, Corey, and Callanan, 1998). It implies creating a trusting relationship that allows the client the space and opportunity to make whatever changes are necessary in his or her life to achieve the goals of the case plan.

**Veracity.** Everything that a child welfare worker does to build a sound working relationship with a client can be undermined by being untruthful with that client. If the worker does not know the answer or cannot provide an answer (for reasons of confidentiality, court order, or whatever), it is far better to tell the client that than to lie. If the agency or the worker personally has made an error, it is far better to acknowledge the truth than to try to deceive the client about what has happened.

## **The Overarching Social Work Values**

The preamble to the NASW Code of Ethics notes, “The mission of the social work profession is rooted in a set of core values. These core values (have been) embraced by social workers throughout the profession’s history (and) are the foundation of social work’s unique purpose and perspective” (NASW, 1999). These five core values are service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence.

**Service.** The Code says, “Social workers elevate service to others above self-interest. Social workers draw on their knowledge, values, and skills to help people in need and to address social problems. Social workers are encouraged to volunteer some portion of their professional skills with no expectation of significant financial return (*pro bono*) service.” The ethical principle that is derived from the value of service is stated as “Social workers’ primary goal is to help people in need and to address social problems.”

**Social justice.** The Code says, “Social workers pursue social change, particularly with and on behalf of vulnerable and oppressed individuals and groups of people. Social workers’ social change efforts are focused primarily on issues of poverty, unemployment, discrimination, and other forms of social injustice. These activities seek to promote sensitivity to and knowledge about oppression, and cultural and ethnic diversity. Social workers strive to ensure equality of opportunity, access to needed information, services, resources, and meaningful participation in decision making for all people.” The ethical principle derived from this value: “Social workers challenge social injustice.”

**Dignity and worth of the person.** The Code says, “Social workers treat each person in a caring and respectful fashion, mindful of individual differences and cultural and ethnic diversity. Social workers promote clients’ socially responsible self-determination. Social workers seek to enhance clients’ capacity and opportunity to change and to address their own needs. Social workers are cognizant of their dual responsibility to clients and to the broader society. They seek to resolve conflicts between clients’ and broader society’s interests in a socially responsible manner consistent with the values, ethical principles, and ethical standards of the profession.” The ethical principle drawn from this value is “social workers respect the inherent dignity and worth of the person.”

**Importance of human relationships.** The Code says, “Social workers understand that relationships between and among people are an important vehicle for change. Social workers seek to strengthen relationships among people in a purposeful effort to promote, restore, maintain, and enhance the well-being of individuals, families, social groups, organizations, and communities.” The ethical principle drawn from this value is “social workers recognize the central importance of human relationships.”

**Integrity.** The Code says, “Social workers are continually aware of the profession’s mission, values, ethical principles, and ethical standards, and practice in a manner consistent with them. Social workers act honestly and responsibly and promote ethical practices on the part of the organizations with which they are affiliated.” The ethical principle drawn from this value is “social workers behave in a trustworthy manner.”

**Competence.** The Code says, “Social workers continually strive to increase their professional knowledge and skills and to apply them in practice. Social workers should aspire to contribute to the knowledge base of the profession.” The ethical principle drawn from this value is, “social workers practice within their areas of competence and develop and enhance their professional expertise.”

## **Core Child Welfare Values**

**Protection of children.** Originally, “enhancing the welfare of children” covered a much wider range of topics than it does today (for an excellent discussion on this and a call for a return to a broader perspective, see Lindsey, 1994). Now, “child welfare” is essentially synonymous with “child protection.” From this perspective, child welfare workers need to understand that first and foremost, their first value must be the protection of children from harm. In some circles, the renewed emphasis on preservation of families and the provision of “up-front” services has served to muddy the focus on child protection. That was never the intent. The two are meant to go hand-in-hand.

**Preservation of families.** Most of us will remember from our introductory sociology course that the family is the fundamental unit of the social structure. Families are the social unit to which, in our society, we have assigned primary responsibility for the rearing of children. Preserving the integrity of the family unit is not only a fundamental child welfare value, it is also a basic public policy goal. Thus it is usually the best bet to identify and capitalize on the strengths of the family and the resources of the support system around it to keep the family intact.

As noted above, child welfare workers have a tremendous amount of power. Exercising that power can cause a fissure in the family structure and have a lasting impact on the family members for the rest of their lives. Thus, the decision to remove a child from her or his home is always a grave matter and should be done only when there is no way to leave the child there safely. If placing children into custody becomes too easy, too routine, and too simple, it is time for the worker to transfer to another program.

That said, the worker must also not forget that when circumstances dictate that the child be removed for his or her own protection, the value of maintaining the preserving the family unit must take a secondary role. If exercising the power is the appropriate thing to do, the worker must do so.

**Respect for families.** Families have their own unique ways of doing things and their own traditions and mores. Cultural considerations play a big role in determining individual family practices. Families also have their own intricate systems, structures, and sub-structures. And, as noted above, families in our society have been charged with the primary responsibility for taking care of children. It is necessary, then, that workers respect the families they encounter and honor their practices. Just because something is different than the way the worker is used to does not make that practice abusive or neglectful.

**Respect for persons.** See “Dignity and Worth of the person” above.

**Client self-determination.** See “Autonomy” above

**Individualized intervention.** Clients are unique individuals deserving of the worker’s attention to their specific needs and situations, and involvement in decisions which impact their lives.

**Competence.** See discussion above.

**Loyalty.** This term is the same as being faithful, or the same as fidelity above. Loyalty is an important value in a variety of situations facing a child welfare worker. Certainly clients expect their worker to be faithful. So do co-workers and employers. Good child welfare workers are people whose can be counted on and who will be there when they are needed.

**Diligence.** The dictionary defines diligence as “persevering application.” This is an important value for anyone taking on the role of an advocate, as child welfare workers frequently do. This can mean “hanging in there” with a difficult client, searching until a resource needed by a client is found, and being a thorn in the side of an agency administrator until permission is granted to get whatever it is a client needs. It can also mean recognizing when systemic changes are needed and advocating for them even when the prospects for success do not seem high.

**Honesty.** See “Veracity” above.

**Promise-keeping.** See “Fidelity” above.

**Confidentiality.** The term “confidence” comes from two Latin words meaning “with faith.” Faith and its correlate, trust, are thought to be essential ingredients in a successful helping relationship. Honoring confidentiality creates the safe environment needed by a client to confront those issues which brought his or her family to the attention of the child welfare system and make whatever changes are needed to achieve the goals of the case plan. From this perspective, confidentiality is more than a legal and regulatory requirement – it is truly one of the fundamental values underpinning child welfare practice. It is also important for all child welfare workers to understand the confidentiality laws protecting both clients and workers.

## **Conclusion**

This training presents a brief overview of the core values on which child welfare policy and practice are based. It is intended to supplement the course instructor’s own background in this area and to provide a several points of departure for discussion with the students in the class. A discussion guide accompanies this paper.

## Responding to Ethical Dilemmas in Child Welfare

### Background

Ethically tricky situations are inherent in child welfare practice. Not all of them, however, will rise to the level of an ethical dilemma. This portion of the training defines what an ethical dilemma is and contrasts it with other kinds of dilemmas—dilemmas that are certainly problematic, but that do not contain the elements that raise the question to the level of the moral “should.”

Most textbooks on social work ethics provide a guide to workers as they attempt to pick their ways through ethical minefields. Many of these are listed in the accompanying bibliography and reference list. For the most part, these texts present quite similar approaches to analyzing ethical dilemmas. They are based on what can be thought of as a problem-solving model. This discussion presents a hybrid model of these approaches, but goes on to suggest an additional component that all of them seem to lack: an evaluation of the process used to analyze the dilemma.

First, a word about terminology. This curriculum avoids using the word “resolving” when talking about ethical dilemmas, as not all can be resolved. They certainly can (and indeed, must) be addressed, and they can be analyzed. Typically, the agent or agents in a dilemma must also take some action (noting that choosing to do nothing is an action that will lead to usually knowable outcomes). However, analyzing, addressing, and acting do not necessarily resolve the moral conflict that an ethical dilemma can present. The agent can still feel conflicted, even after taking the action (some action!) to get through the present circumstances.

### What Is an Ethical Dilemma?

Child welfare workers will face a variety of dilemmas in the course of their career. Some will be personal, some will be social, and others will be legal. None of these is necessarily an ethical dilemma. This is an important point for child welfare workers to remember, given how much the work they do is driven by law and how much interaction they have with lawyers and the court system.

Many of the duties of a child welfare worker are imposed either by law or by court order. One should certainly consider that one has a duty to follow those. However, not everything that is legal is necessarily ethical. Some behaviors that might be defined on the “legal side of the line” might not fall anywhere near the ethical side.

Discussion question: Under what circumstances might one feel ethically obligated to violate a court order? Possible examples: not honoring a visitation order when the child would be clearly at risk if she went for the visit; refusing to honor a court order to release information that the worker believes was obtained under circumstances in which the confidentiality obligation prevails.

Ethics have to do with the guidelines for right conduct. These are issues of right versus wrong. The child welfare worker will face many dilemmas that are uncomfortable and anxiety-provoking, but they do not rise to the level of being forced to choose between options that either both morally wrong or both morally right.

One author has provided a very useful definition of an ethical dilemma. She says An ethical dilemma presents a choice that must be made between two mutually exclusive courses of action. These may be two goods, or benefits, or values, or principles or the avoidance of two harms. The choices facing the individual or organization must be relatively evenly balanced and of relatively equal worth. If one side of the dilemma is clearly more valuable, right, good, or desirable than the other side, then there is no dilemma, for the choice would obviously lean toward the more desirable side. (Adapted and modified from Rothman, 1998).

There are two critical elements in this definition:

- The notion that the choices presented by the dilemma are mutually exclusive (one cannot exercise both courses of action). If one could take a course of action that would satisfy the “moral should” of both (or however many) principles that are involved, one would not have a dilemma. One would simply take that course of action.
- The choices must be relatively balanced and of relatively equal worth. If the good obtained by exercising one of these options far outweighs the good obtained by the other, then there is no dilemma (likewise, this could be stated in terms of the avoidance of an evil – if the evil avoided by Option A is so much more wicked than the evil avoided by Option B, there is also no dilemma). Use this example: Suppose you were living in Germany in 1940 and had just decided to hide your Jewish neighbors in your attic for their own protection. The SS troopers knock on your door and ask if you know their whereabouts, as they want to round them up for the concentration camp. One could honor the value of honesty and integrity and tell the truth, or one could look to the value of the protection of human life. For most, this would not rise to the level of an ethical dilemma, as the choice as to which option would serve a greater good is clear.

Note, however, that for some individuals, this could be a dilemma, based on their culture and particular upbringing. Perhaps they were taught that truth-telling is the definitive value and that ultimate good comes from always telling the truth under all circumstances

Note that not all dilemmas a worker will encounter rise to the level of an ethical one. Some dilemmas will be legal, while others will be professional or personal. This is not to say that these dilemmas are not distressing and difficult. Indeed, they are. Ethical dilemmas are those that raise questions of morality, of basic right and wrong. If the questions do not have the “moral should” in them, one does not have an ethical dilemma. (Of course, ethical dilemmas can also have components that are legal, professional, and/or personal.)

## Addressing Ethical Dilemmas: A Problem-Solving Approach

Most of the major texts in social work ethics provide frameworks that do not look much different from each other. They essentially take a problem-solving approach that one might apply in considering any kind of quandary. In this approach, one defines the problem, defines the issues associated with the problem, gathers resources to help inform the range of available solutions, considers the implications of those solutions, and then, using some criteria, selects and implements one of the options. Some authors also add a step that includes evaluating the situation again once the option has been implemented. Fundamentally, this is a very sound approach. The approach here introduces another step. It asks the worker to evaluate the *process* used to identify the options prior to the selection and implementation of an option. Drawing from a model that originated at California State University Monterey Bay, we have the “CSUMB Model,” which proposes several criteria for guiding the worker through this evaluation phase.

The model suggests a four-step process. First, the worker must engage in some preparatory definitional and reflection work. Second, the worker must engage in a “homework” phase. The third phase requires decision-making relative to the dilemma itself. Lastly, once implemented, the action must be evaluated to assess whether the assumptions made were valid and if the action yielded unanticipated consequences requiring a re-thinking of the approach taken to the dilemma. The detailed model appears below.

### I. Background Definitional Work

- A. **Identify the problem or dilemma.** The worker should gather as much information as possible to shed light on the situation. What is the problem? Is the problem really an ethical one, or is it some other kind of problem (e.g., personal, interpersonal, legal or professional, noting that a problem can be a combination of all these)? Who else is affected by the dilemma? How might their views of the situation differ from the worker’s?
- B. **Identify the potential issues involved.** Evaluate the rights, responsibilities, and welfare of all those who are affected by the situation. What are the competing ethical principles and/or deeply held values as the worker sees them? (The worker should draw not only from the list of values as defined by the profession, but upon personal values as well, drawing upon one’s upbringing, culture, religion, and whatever other sources inform one’s values.) The worker should be VERY specific. She or he should name them and have a clear sense in his or her mind what they really mean and how they apply in this situation. What are the competing values? The worker should be sure to articulate and acknowledge her or his own deeply held beliefs and assumptions that are part of his or her conscious value system.

Once the worker has done this for himself or herself, she or he should (to the extent possible) next repeat the exercise from the perspective of each of the other people who are part of the conflict. The worker should consider the relevant facts and factors *as they see them*, letting go of one’s own perspective and biases for the moment. What are the values that are held by the other person(s) in the dilemma? Be sure to consider whatever cultural differences there may be in the values orientation of those involved. (Obviously a worker may not be in a position to be fully informed of the perspectives of the others involved in the dilemma. One makes the

best effort possible, including using an empathic approach, when specific information is lacking.)

## II. Homework

- A. Review relevant ethical guidelines.** It is obligatory for all social workers, regardless of their formal membership in the National Association of Social Workers, to be at least familiar with and preferably conversant with the tenets of the NASW Code of Ethics. Ideally, every worker should have her or his own copy, but, failing that, every worker should know how to access a copy quickly when the need arises by going to <http://www.socialworkers.org/pubs/code/default.asp>. Additionally, the State of Illinois has created a very useful “Code of Ethics for Child Welfare Professionals” (a copy of which will be given to each trainee). Additionally, it is quite likely that each public agency will have its own set of guidelines, typically in the form of a conflict of interest statement or some similar guidelines. Additionally, there may be some other set of principles (e.g., spiritual, religious, biblical, social humanistic, philosophical) that one uses for guidance.

What do these guidelines have to say about the worker’s particular dilemma? How do they inform his or her thinking about the present situation? How consistent are the worker’s personal beliefs with the standards of the profession or the employer? If one is in disagreement with a guideline (either formal or informal), does the worker have a firm rationale to support her or his position? I encourage workers to be very precise in such situations. They should be able to cite the specific guideline or guidelines that are relevant to their situation and be able to interpret the guideline in the context of the given situation.

- B. Obtain consultation.** This is an absolutely essential element in analyzing any ethically difficult situation. Consultation with colleagues not only allows them to share their perspective on the presenting situation, it also provides one with the opportunity to explain one’s thinking relative to the codes of ethics and have that thinking probed and challenged. If possible and appropriate, at least one of the consultants should be the worker’s supervisor. And at least one must also be someone whose background (e.g., ethnic, racial, age, religious, and/or experiential) and views are likely to differ significantly with the worker’s own. There is always a danger of “groupthink” and one should take some appropriate steps to counteract it.

The worker should present the dilemma in its entirety to the consultants. He or she should challenge her or his own assumptions by presenting them openly and fairly to one’s colleagues for their scrutiny. The worker should be looking for information or insights that he or she may have overlooked.

## III. Decision Making

- A. Enumerate and consider possible and probable courses of action and their relative outcomes (both intended and unintended).** This is where the worker takes specific advantage of the reflection on the codes of ethics and other guidelines AND on the advice and insights received during the consultation phase. I recommend that the worker itemize *very specifically* what options are available (remembering that doing nothing is

sometimes one of the choices). Writing down the options can be very helpful; find some way to make them concrete. Just as important as defining each option is the identification of the consequences and implications associated with each option. It is crucial to keep in mind at this stage that the worker is NOT the only person for whom there will be implications and consequences of the decision made. Therefore, an accurate recitation of the consequences must include consequences for ALL of the parties involved in the dilemma.

- B. Evaluate the process thus far.** Before making a decision about what course of action is the most appropriate to take, the worker should ensure that all the steps taken thus far are sound and have integrity. As noted above, this step is excluded by the leading authors in social work ethics. The material here is drawn from unpublished work by the interdisciplinary ethics faculty at California State University Monterey Bay and is part of what is being called the CSUMB model.

The CSUMB model provides six criteria for social workers to use when evaluating their analytical process. A full discussion of the criteria and the standards for assessing the soundness and integrity of the process is outside the scope of this paper. What appear here are the six criteria and some brief thoughts about how each should be considered when assessing the worker's decision-making process.

**1. Complexity.** Is the analysis sufficiently complex? If it is too superficial, the core issues at stake may not receive the consideration they deserve. The ideas contained in the analysis should be broad, multifaceted, and interconnected. A particularly thoughtful analysis consistently views dilemmas and issues with a broad focus and from multiple perspectives.

**2. Conscious awareness.** Does the worker demonstrate an honest and conscious identification of the role that her or his own values play in the dilemma at hand? A well-done analysis shows that the worker is consistently aware of one's own perspectives, values and beliefs; acknowledges the role of those perspectives, values, and beliefs on the definition of available choices; and frequently engages in re-examination of one's own beliefs, perspectives, and assumptions.

**3. Depth of understanding.** Does the analysis reflect a full understanding of the values and ethics of the profession, especially those articulated specifically for child welfare workers? If need be, has the worker explored the ethical theories behind the professional tenets to enhance his or her understanding of their rationale? A sound analysis consistently refers to the knowledge base of ethics and integrates it into the worker's own perspective.

**4. Coherence and logic.** Does the analysis make sense and are the assumptions and implications logical? If presented to others, is the analysis clear and well conceived? A sound analysis makes explicit connections between complex issues, perspectives, and responses.

**5. Reflection.** Does the analysis reflect sufficient personal reflection? A worker conducting a strong analysis consistently self-assesses for awareness and insights; puts issues into context of experience of self and others for comparison and analysis; consistently takes a

questioning approach to dilemmas or problems and engages in a reasoned process of deliberation that leads to ethical decision-making.

**6. Relational accountability.** In many ways, this is the heart of the CSUMB model. An ethical dilemma always involves at least one other person (at some level or another). Therefore, the worker's analysis of the dilemma cannot be solely from her or his own perspective: he or she is also accountable to the other for the decision-making process (including the implementation of the decision). A thorough analysis, therefore, consistently examines the dilemma from the perspective of those who are affected by the dilemma and deliberates with deep levels of compassion and empathy to address the dilemma with recognition of the consequences of one's own action or behavior on others. In addition, the consequences are usually seen from the point of view of those who are affected by the consequences.

The worker will find it useful to engage in a consultation process again at this stage. Having the insights and opinions of others who are essentially detached from the dilemma itself to guide the worker's assessment of his or her own analytical process is always helpful. Not relying on one's own opinion of one's own work adds an additional degree of integrity to the process.

What does one do if this self-assessment reveals gaps in the analysis process? Since one wants to make the best ethical decision available (indeed, one is obligated to do so), the worker should not proceed on to the next step until the weaknesses of the analytical process thus far have been resolved.

**C. Decide on and implement the best course of action.** Once assured that the analysis is a sound one, the worker must then decide on what course of action to take and implement it accordingly.

#### **IV. Post Implementation Review**

Inevitably, when sorting out available options and anticipating their associated consequences, the worker will have to make some assumptions about what might happen. It is also quite possible that once the course of action is implemented, unanticipated consequences will arise. The worker's obligation to conduct a sound analysis of the dilemma at hand therefore does not end once an action is chosen. The worker must still observe the consequences of that choice. If there are unanticipated consequences, or if new information is revealed as a result of the choice being implemented, the worker should revisit the analytical process and take into account what has been learned. The worker should not assume that a new decision is necessary simply because of an unanticipated consequence. The original analysis may still be quite sound and the new information may serve to confirm the worker's choice. If, however, the new information suggests that another course of action is advisable, the worker should take whatever steps are possible to proceed in that direction.

#### **Conclusion**

Reamer (1996) says that ethical decision-making is not simply an event. It is "a difficult, sometimes agonizingly prolonged process" that includes "a number of components if it is to be

meaningful.” This background paper provides and expands upon a consensus among the major social work ethicists about what those components are and provides guidelines for their use in the context of the dilemmas routinely faced by child welfare workers.

## Discussion Briefing Sheets and Scenarios

### Topical Discussion Briefing Sheet: Social Worker's Personal Values in the Work Setting

**Issue:** Social Worker's Personal Values in the Work Setting

**Key Question:** Should the social worker keep her or his values out of their interactions with their clients and coworkers?

**Discussion Points:**

- It is neither possible nor desirable for social workers to be absolutely value neutral in working with clients and coworkers. No one is 100% objective.
- While it is certainly not the child welfare worker's task to persuade clients of the propriety or superiority of her or his own system of values, the worker does need to be clear about her or his own values, how they affect how they interact with others (both clients and peers), and how the choices made by clients might be affected by the worker's values.
- Child welfare workers need to go to great lengths to ensure they are not imposing their own values on their clients.
- Are there some "universal" values that the worker can model and try otherwise to instill in the client? Possible examples (Jensen and Bergin, 1988):
  - self-determination
  - developing effective coping strategies for stress
  - developing the ability to give and receive affection
  - being able to practice self-control
  - having a sense of purpose in living
  - being open, honest, and genuine
  - having a sense of identity and self-worth
  - being skilled in interpersonal relationships
- The helping professions in general, including social work, are gaining a deeper appreciation for the role of spirituality in the helping process, taking into account both the client's spirituality in the assessment process (as a source of strength and possible resources) and the worker's spirituality as he or she reflects on how he or she approaches work. How comfortable are members of the class with dealing with issues of spirituality?

- Many “hot-button” issues are tied to people’s spiritual and religious values: abortion, sexuality (including homosexuality), gay rights, and even approaches to parenting. How should a child welfare worker approach situations such as these when the client’s position stems from a religious or spiritual orientation? What if the client’s position clashes with that of the worker’s religious or spiritual tradition?

*See the Scenarios on the following page.*

## **Scenarios: Imposing One's Own Values**

### **Scenario 1-A**

You are an ER worker assessing an allegation of physical abuse. The child clearly has bruising on the back of the legs and on the buttocks. His parents are quite open about having used “physical” discipline with the child. They claim, however, that such practices are justified in different sections of the Old Testament. You are convinced that your clients are quite sincere in their religious beliefs and do not wish to dishonor their spiritual tradition.

### **Scenario 1-B**

The foster mother belongs to a local fundamentalist Christian church and it is her practice to take all the children in her home to religious services with her. Your 8-year-old client placed in her home and the child's family is Jewish. How will you respond?

### **Scenario 1-C**

You are investigating a case of medical neglect. The family is from a rural part of Mexico. In good faith, they took their child to see a curandera rather than to see a pediatrician. How do you respond?

### **Scenario 1-D**

You have a 14-year-old girl in your long-term foster care caseload. She advises you that she is two months pregnant and needs your assistance to terminate the pregnancy. Your own deeply held religious tradition teaches that abortion is immoral. How will you respond?

### **Scenario 1-E**

You are assigned to a homestudy caseload in your adoptions unit. Your new applicants are a couple who have been together six years. Both are employed at good jobs providing benefits, although one is willing to be a “stay-at-home” parent. Their relationship seems stable and they seem to have sufficient resources (both personal and financial) to support a child.

They are a gay couple. You are aware that the law allows for gay couples to apply to be adoptive parents, but your own religious convictions hold that this is immoral. How will you respond?

### **Scenario 1-F**

One of the parents you are working with confides in you that she is afraid she might be a lesbian. She is no longer living with the father of her children and is troubled because she has far more intense feelings for women than she does men. She is troubled by her own self-assessment because her religion teaches that homosexuality is immoral. She wants you to refer her to a therapist who can “repair” her. How will you respond?

### **Scenario 1-G**

As an ER worker, you are investigating an allegation that a child has been deliberately burned by his parents. The school reported the child coming to class with circular burn marks on one arm. Upon meeting the family, you learn that their cultural healing tradition includes the practice of “coining,” in which a hot coin is placed on the area of the body in which the person is experiencing pain. The heat from the coin, according to their tradition, draws out whatever is inside the body that is causing the pain. How will you respond?

### **Scenario 1-H**

A young Latino boy has just been ordered for a .26 hearing after spending over two years in the FR program. His white foster parents have had him since before his first birthday and are expressing an interest in adopting him. You have spoken with them before about your concerns about what you perceive as the marginal care they have provided him (e.g., at age 3, he already has significant dental problems). Lately, the foster parents have been expressing concerns about the boy’s father driving around their neighborhood and causing trouble (“You know how those Mexicans are, Ms. Jones,” the foster mother said to you one day in front of the little boy). You have on several occasions heard the foster parents refer to him (with the greatest affection) as “our little taco.” What will you do about their expressed interest in adopting this child?

## Topical Discussion Briefing Sheet: Client Rights and Worker Responsibilities

**Issue:** Client Rights and Worker Responsibilities

**Key Question #1:** What obligation, if any, does the child welfare worker have to educate the client about her or his rights and the responsibilities of the worker?

### **Discussion Points:**

- The rights of the client cannot be taken for granted, nor can the worker assume that clients understand their rights.
- Child welfare workers must appreciate that there is a unique power imbalance here, in that the client is expecting (and has the right to expect) that the worker will both keep her or him educated about the rights clients have AND that the worker will respect and enforce those rights.
  - Does that in some way create a conflict for the worker?
- One of the key values previously identified is autonomy (the right and ability to make decisions that have an impact on one's own life). A critical assumption behind that right is that one has access to and understands the factors and issues related to making those decisions, including the various options available to the client and the implications of each of those options. We call this **informed consent**.
  - Note too the relationship to another critical social work value: empowerment of clients. To every extent possible, workers should ensure that clients know what is happening in their case, what recommendations are being made, and that the clients are "in the driver's seat."
- What is informed consent? (The contents of the "Informed Consent" handout are reproduced below for the convenience of the instructor.)

Clients have the right to choose whether or not to participate in any child welfare intervention, from Emergency Response investigations through permanency planning decision-making for their children. Workers have an obligation to help them make as intelligent decision about these questions as possible. This is informed consent.

CWS workers have the responsibility to disclose all significant information about the intervention, including what will happen and the likely implications, consequences, and ramifications of the various choices confronting the client.

Three conditions must be met before a client's decision can be considered fully informed:

- (1) the client must have the capacity to make the decision
- (2) the client must comprehend the information presented
- (3) the choice is voluntary

**Capacity:** This means the client has the ability to make rational decisions.

**Comprehension:** The worker must give the information to the client in a way the client understands it. It must be done in a language the client understands, using words the client understands. The nature of the intervention and the risks and consequences must be fully explained. The worker should ask the client to repeat her or his understanding of the information so that the worker can be assured things were fully understood and fill in whatever gaps exist.

**Voluntariness:** Implies that the client is free to make this choice and is acting without any coercion.

- In what sense are child welfare services voluntary?
- How far does “fully informed” go? Would you share your assessments with your clients? Do they have the right to read the case file (assuming all confidential materials to which they have no right to view have been removed)?

*See the Ethical Scenarios.*

**Key Question #2:** What is confidentiality and what are the worker's responsibilities in this area?

- Child welfare workers have both an ethical responsibility and a professional duty to ensure that case information provided by clients and others is not disclosed without authorization. Even with authorization, such information should be disclosed only for professional purposes. This is the client's right to confidentiality.
- The foundation for confidentiality is the need for the client to be able to trust the worker (the word literally means “with faith”). Clients typically are unable to confront the issues that have brought them to the attention of the child welfare authorities without having a safe environment to do so. Being able to trust the worker is the cornerstone of that safe environment. The importance of confidentiality in contributing to client success has been recognized by the U.S. Supreme Court (in *Jaffee v. Redmond*, 1996).
- Confidentiality is also based on the client's right to privacy.

- Confidentiality is a key piece of professional practice in all of the helping professions. However, in some situations, other professions are likely to interpret their responsibilities differently than child welfare and other social workers do. It is important, therefore, in collaborative working environments, that all of the professionals understand and honor the confidentiality needs of their partners.
- The client's right to confidentiality is not absolute. The worker may disclose information obtained in the course of working with a client without her or his consent:
  - when statutory requirements dictate the reporting of certain events (e.g., child or elder abuse);
  - when the worker is concerned about possible harm to third parties (the Tarasoff warning)\*;
  - when the client poses a danger to himself or herself;
  - when the worker is preparing a court report or is testifying in court, especially under direct court order;
  - when the worker is discussing case matters with a supervisor or when consulting with peers or experts;
  - when the worker is discussing case matters with an agency-approved interdisciplinary team;

\*(Note: There is some disagreement about whether or in what way the Tarasoff obligations pertain to social workers [see, for example, Kopels & Kagle, 1993 and Kagle & Kopels, 1994]. If an agency has no in-house rule about this, child welfare staff may want to consult with their county counsel.)

### **Discussion Questions:**

- Which of the core values is a child welfare worker honoring when promoting informed consent?
- Which of the core values is a child welfare worker honoring when respecting the client's right to confidentiality?

*See the Scenarios.*

## **Scenarios: Client Rights and Worker Responsibilities**

### **Scenario 2-A**

A child welfare worker suspects a parent with whom she has been working on a voluntary basis has been using drugs. She asks the client to submit to a urinalysis test. The client is clearly uncertain whether he should do so. What should (i.e., must) the worker tell the client?

### **Scenario 2-B**

A father tells his Family Reunification worker that he gets very sad every time he visits his children and is thinking about canceling future visits. The decision to recommend reunification is very borderline and the 12-month hearing is coming up soon. What are the worker's obligations?

### **Scenario 2-C**

A schizophrenic mother has had a history of having had several children taken away from her. Ultimately, in most of their cases, her parental rights have been terminated and the children were placed for adoption. The current adoption worker has noticed that the mother has a difficult time keeping her children's circumstances straight (e.g., she doesn't remember which ones are living in kinship care, which have been placed for adoption, and which one died at birth).

She comes to visit the adoption worker and announces that she would like to voluntarily relinquish her parental rights to the child whose case is currently scheduled to have a §366.26 hearing. What are the worker's obligations?

### **Scenario 2-D**

You have been working with a family in a voluntary Family Maintenance case. The parents tell you that the family is still experiencing considerable stress and would like you to place the children into custody for their own protection. What are your obligations in this situation? How will you fulfill them?

### **Scenario 2-E**

A foster care worker has been working for months to earn the trust of the birth mother on one of his cases. He has finally made some inroads in this regard. One day, she tells him that she has some things she would like to share with him, but before she does so, she wants him to promise not to share what she has to say with anyone (including his supervisor) and not to record it in the case file. How should he respond?

### **Scenario 2-F**

The father in one of the families on your Family Maintenance caseload advises you that he has just been diagnosed as HIV positive. He has not told his wife about his diagnosis and, upon your questioning, reveals that they continue to have unprotected sexual relations. What will you do?

### **Scenario 2-G**

You encounter one of your clients while you are off-duty in a public place (like a shopping center or a grocery store). How do you handle the confidentiality issues?

### **Scenario 2-H**

You need to place a pair of young siblings out of the emergency shelter care facility into a foster home pending Juvenile Court action on an initial petition. You call a prospective foster mother with whom you have not worked before but have heard good things about. She has space for your two little ones. She begins to ask you questions about the children and their background, including the issues that brought the children into custody and the likelihood of reunification should the petition be granted.

- (1) What do you think the foster mother is entitled to know and why? What should she know? Are these the same things?
- (2) What are your obligations to the birth parents in this situation?
- (3) What are your obligations to the children?

### **Scenario 2-I**

An ER worker is conducting an investigation on a new family. In the course of the initial conversation, she discovers that the family is of the same religious faith as she (although they are in different congregations). This particular religious tradition has a long-standing reputation of taking care of its own and being there for its members when they are in trouble or have needs. Without seeking the clients' consent, the worker decides to approach the head of the church in that area and seek his help in intervening with the family and providing resources.

Your reaction? Was this an ethically appropriate step for the worker to take or not? Support your opinion.

## Topical Discussion Briefing Sheet: Dual Relationships

**Issue:** Dual Relationships

**Key Question:** What are dual relationships and how does a child welfare worker best handle them?

**Discussion Points:**

- Dual relationships occur when child welfare workers assume two or more roles at the same time (or perhaps sequentially) with a client.
- Note that the two roles could be two professional roles or a combination of a professional role and a nonprofessional role
- The danger in these relationships, as is likely to some extent in any ethical conundrum, is the imbalance of power between the two players and the possibility of exploitation of the client. Another issue is the creation of a possible *quid pro quo* situation, or at least the potential for there to be expectations on the client's part of a *quid pro quo* arrangement.
- Dual relationships inherently pose the possibility if not the actuality of conflicts of interest
- Examples of dual relationships include:
  - Serving in any professional capacity in any CWS program on the case of a friend, acquaintance, or relative;
  - Using one's position in the agency to find out information for a friend or relative who is a client;
  - Socializing with a client;
  - Attending social events with a client or former client;
  - Accepting gifts from clients or former clients;
  - Becoming emotionally and/or sexually involved with a client or former client;
  - Supervising a friend
- Clearly, there are a wide range of dual relationships and it will not always be possible to avoid them completely. The key is learning how to manage them. A key question to ask

is “whose needs are being met?” The worker’s behavior is likely to be ethically precarious when the worker does not show any awareness or concern about the impact of the behavior on the other person involved.

### **Discussion Questions**

- Which of the core values is a child welfare worker honoring when respecting the boundaries in professional relationships?
- One author proposes that the greatest contemporary ethical threat is social workers treating clients like they are potential litigants in a malpractice suits and so keeping them at a distance, at the expense of the compassion, benevolence, sensitivity, and caring that are needed to help clients make the changes they need. Do you think this is as true in the public sector as it might be in the private sector? What should be done to address this?
- Significant disagreement exists among the helping professions regarding the propriety of professionals engaging in dating/romantic/sexual relations with former clients. The NASW Code of Ethics says it is never appropriate. However, the CWS Code of Ethics is more in keeping with the Codes for psychologists and counselors that permit these kinds of relationships with clients if two years have passed since the termination of the professional relationship AND the worker can assure there is nothing exploitive about the relationship. Which position do you hold and how do you justify it?
- Under what circumstances is nonerotic physical contact with clients appropriate?

*Go to the Scenarios.*

## Scenarios: Dual Relationships

### Scenario 3-A

A probationary ER worker has just concluded an investigation on a family for neglect. He feels very sorry for the family and would like to do something to help alleviate their significant financial worries. He decides to hire their eldest daughter to babysit for his wife and himself while they go out on Friday nights.

Is this an ethically appropriate thing for the worker to do? Why or why not? Would it make any difference in your assessment of the worker's behavior if you knew whether the case was substantiated or not? If so, why, or if not, why not?

### Scenario 3-B.

The Juvenile Court judge this afternoon continued a court hearing until 8:00 tomorrow morning so that the six-year old foster child can be present. She lives in a foster home in the outskirts of the county, approximately a three-hour drive each way from the county seat where the worker lives and the hearing will be held. The foster parents are unable to transport, so the worker will have to go and get the child. Under the best of circumstances, if he left now, he would be back in the county seat by 11:00 at night, which the worker decides would be a better course of action than leaving his home at 1:30 in the morning and making the round trip all night.

Rather than try to arrange a one-night stay in a foster home or the children's emergency shelter (which is on the opposite side of the city), he decides (with his wife's consent) simply to take the girl to his home, allow her to sleep there, feed her breakfast, and get her to court on time from his home.

Are there any **ethical** issues involved in this story (on the part of the worker)? If so, what are they and how should they be addressed?

### Scenario 3-C.

The supervisor of the county's therapeutic foster home program works closely with a local child psychologist who is on a year-to-year contract to provide testing and therapeutic services for children in the program. While the child welfare program manager is ultimately responsible for awarding the contract each year, the supervisor has significant input into the decision.

Towards the end of the calendar year, the supervisor receives a Christmas card from the psychologist with a \$30.00 Macy's gift certificate. What ethically appropriate responses are available to the supervisor?

### **Scenario 3-D**

As a foster care worker, you become aware of your sexual attraction to the parent of some children on your caseload. What are the ethical issues here? What might your responses be?

### **Scenario 3-E**

A single parent in one of your cases makes it quite clear to you that he or she would be interested in more than a professional relationship with you. What is your response?

### **Scenario 3-F**

A single foster parent with whom you have placed several children in the past indicates that he or she would be interested in having more than a professional relationship with you. What are the issues here? How are they different from and similar to the issues when a client would make the same desires known? What is your response to the foster parent?

### **Scenario 3-G**

You become aware that you are developing a sexual attraction to a single foster parent with whom you have placed several children in the past. What are the issues here? How are they different from and similar to the issues when a client would make the same desires known? What is your response?

### **Scenario 3-H**

You have just been promoted to supervisor and assigned to a unit in which some friends of yours work. What are the potential problems with this situation?

### **Scenario 3-I**

You are a CWS worker for the county. You also happen to own rental property. Consider each of the following possibilities:

- a former client of yours applies to rent one of the apartments you own.
- a current client of yours applies to rent one of the apartments you own.
- an individual known to you to be a current or former CWS client of the agency (but not one of your own) applies to rent one of the apartments you own.

- an individual known to you to be a current or former client of the agency (but not a CWS client) applies to rent one of the apartments you own.

What are the ethical issues involved with each case? What are your possible courses of action?

### **Scenario 3-J**

You, as an FM worker, are getting ready to close out a case that is at the statutory time limit for providing voluntary services. The family has been especially problematic, requiring at least weekly contacts and sometimes even more frequent than that. They have made significant progress and are appreciative of your efforts on their behalf.

The family's ethnic background is different than your own. It is a tradition in their culture that one extend one's thanks for assistance by having the helper be the guest of honor at a family dinner. To decline this honor is considered a serious insult. Your agency, however, has some fairly strict rules about conflicts of interest, one of which states that your salary and benefits are to be the only compensation you receive for your work. You ask your supervisor for advice, but his only reply is "tough call. I am sure you'll figure it out."

What choice will you make and why?

### **Scenario 3-K**

One of your co-worker tells you that she has been dating one of her clients whose case is about to come up for a twelve-month hearing in Juvenile Court. You are concerned that her judgment about what is best for her client's children may be clouded by her relationship with their parent.

What are the ethical issues in this situation for YOU (not your co-worker)? What are your options?

### **Scenario 3-L**

Under the permanency planning philosophy, child welfare workers are instructed to do their best to minimize the length of time that a child's permanent home setting is under question. In the "front-end" services, workers strive to help clients address problems so their children can remain in their own homes safely. Once the children are in out-of-home care, workers are charged with finding the child a permanent home as quickly as possible, whether that be the home of origin, a kinship home, or a permanent placement with a guardian or adoptive parent.

As an FR worker, you are charged with assisting your clients to do everything they can to ameliorate the problems that brought their children to the attention of the Juvenile Court so the children can be returned. However, under the philosophy of concurrent planning, you are also

charged with planning simultaneously for an alternative permanent placement in the event that the efforts to reunify are unsuccessful.

Are there any ethical issues in this arrangement (specifically, are there issues with dual relationships)? If so, how might you manage them?

### **Scenario 3-M**

The Adoptions Office is frequently a very pleasant place to be on finalization day. Appreciative adoptive parents have been known, following the court hearing, to send such things as flowers, cakes, boxes of candy, or individual gifts to their worker (such as a pen and pencil set or perhaps a framed print by the worker's favorite artist). How appropriate ethically is the receipt of such gifts? What are the issues involved? How might they be resolved?

## Topical Discussion Briefing Sheet: Cross Cultural Competence

**Issue:** Cross Cultural Competence

**Key Question #1:** What obligation, if any does the child welfare worker have to adopt a multicultural approach to working with children and families?

### **Discussion Points:**

- Mandate from the Code of Ethics:
  - Section 1.05(a): Social workers should understand culture and its function in human behavior and society, recognizing the strengths that exist in all cultures.
  - Section 1.05(b): Social workers should have a knowledge base of their client's cultures and be able to demonstrate competence in the provision of services that are sensitive to client's cultures and to differences among people and cultural groups.
  - Section 1.05(c): Social workers should obtain education about and seek to understand the nature of social diversity and oppression with respect to race, ethnicity, national origin, color, sex, sexual orientation, age, marital status, political belief, religion, and mental or physical disability.
- Allows for expanding one's own awareness, including how one's own culture affects one's work with clients, and for avoiding "cultural tunnel vision"
- Allows for the worker to challenge her or his own stereotypes
- Allows for the worker to challenge his or her own assumptions about such things as self-disclosure, assertiveness, self-actualization, nonverbal behavior, and directness.

### **Discussion Questions:**

- A recent article in a social work journal said that cross cultural competence was more about a mindset than a set of facts. Do you agree?
- From an ethical perspective, should clients be assigned to workers of similar cultural backgrounds when it is possible to do so? What are the issues associated with your answer?
- Should children be placed with foster parents of the same racial and /or ethnic background?
- Should children be placed with adoptive parents of the same racial and/or ethnic background?
- If foster or adoptive parents of the same background of the child are not available for placement, what ethical obligation does that agency have to ensure that the child's sense of cultural identity will be preserved and enhanced in another placement? What steps can a worker take to help the foster or adoptive parents achieve this goal?

*See Scenarios 1-C, 1-G, 1-H, and 3-J.*

## Topical Discussion Briefing Sheet: Macro-Level Ethical Issues

**Key Discussion Point #1:** What is the ethical Basis for intervening in the Lives of Families Who Are Referred to CPS?

This is an important question. One of the key values of the social work profession is autonomy, or the right of people who are capable of doing so to make decisions for themselves. Clearly when an agent of the government comes in to an individual's home and tries to get that person to make different kinds of choices regarding her or his interactions with her or his children, the person's autonomy has come under question.

This question can be answered at a variety of levels.

First, the value of autonomy is not absolute. Individuals are not free to do whatever they want whenever they want. That kind of a system is called anarchy.

Secondly, there are always consequences to one's behavior. One can choose behaviors that violate the norms of the society he or she lives in. The person does enjoy that degree of autonomy. The person should expect, however, that he or she will suffer the logical consequences associated with that choice: if one chooses to break the speed limit laws, one should expect to get a ticket. If one chooses to harm another or to damage another's property, one should expect to be arrested and prosecuted for that behavior. So too should someone who either exceeds societal norms for disciplining one's child (one definition of abuse) or who fails to meet society's minimal expectations for exercising parental responsibilities (one definition of neglect) expect to experience the natural and logical consequences for that behavior.

So the real question posed above is why is intervention in the family (whether that be services to redirect behavior and/or the removal of children from the family's residence) an ethical rational or natural consequence of that parent's behavior.

One school of thought (called "deontology") regards one's duty as the basis for morality. In other words, one does what is the right thing to do because it is the right thing to do; one has a duty to do the right thing. Ethical writers as far back as Plato and Aristotle argued that one has a duty to protect children who were facing dire circumstances, especially orphans. Plato argued specifically for a protective function on behalf of children. Subsequent writers and heads of state (while their motives look suspicious with 21<sup>st</sup> century eyes) argued that the government had a duty to stop the practices of exposure (a form of abandonment) and infanticide. (Their motives were primarily aimed at populating their countries and staffing their armies)

Nevertheless, the ethical notion of having a duty to intervene on behalf of the powerless and unprotected has its origins in ancient times, and this sense of duty to act on behalf of children who cannot act to protect themselves is what provides the ethical basis for governmental intervention (some would say "intrusion") into the lives of families.

## **Key Discussion Point #2:** The Important Difference Between Law and Ethics

Much of child welfare work is conducted in a legal environment, or at least with a legal backdrop: child abuse reporting laws, cross-reporting to law enforcement, Welfare and Institutions Code sections, court orders, discovery, and court hearings. Many of the decisions workers make are dictated by regulation, statute, or court order. It is important to keep in mind, however, that what might be considered legally permissible behavior is not necessarily ethical behavior. One need only to look at one of the defenses offered by President Clinton during his impeachment to see that his is true.

Corey, Corey, and Callanan (1998) say that “Law defines the minimum standards society will tolerate...Ethics represents aspirational goals, or the maximum ideal standards set by the profession.”

There may be occasions when ethics and law will conflict. In the case of *Jafee v. Redmond*, a social worker (a psychotherapist in private practice) was appointed to assess and treat a man accused of a crime. The victim’s family subsequently civilly sued the perpetrator and asked to have the social worker’s notes included as part of the discovery. The judge ordered the worker to release her case notes. She refused, citing her belief that the client’s right to confidentiality prevailed over the court’s discovery order. Her position was ultimately upheld by the United States Supreme Court.

Parsons (2001) cites the case of a worker whose client is HIV-positive. The client refuses to reveal the name of his sexual partner and continues to practice unsafe sexual practices. In most states, it is illegal to reveal the identity of an HIV-positive individual. However, this worker believed that the protection of the third-party from harm superceded his client’s right to confidentiality and so he called the health department. Such a position is supported by the NASW Code of Ethics (see Section 1.07[c]).

Generally speaking, social workers are ethically obligated to follow the law (including regulations and court orders). However, what is legal is not necessarily ethical, what is illegal is not necessarily unethical, what is ethical is not necessarily legal, and what is unethical is not necessarily illegal.

Child welfare workers who find themselves in situations where the law and ethics appear to collide are well advised to seek appropriate consultation and be fully informed of the ramifications of any decisions they may make.

## Handouts

### What Is An Ethical Dilemma?

An ethical dilemma presents a choice that must be made between two mutually exclusive courses of action. These may be two goods, or benefits, or values, or principles or the avoidance of two harms. The choices facing the individual or organization must be relatively evenly balanced and of relatively equal worth. If one side of the dilemma is clearly more valuable, right, good, or desirable than the other side, then there is no dilemma, for the choice would obviously lean toward the more desirable side.

(Adapted and modified from Rothman, J.C. *From the front lines: Student cases in social work ethics*. Boston: Allyn and Bacon. © 1998. Used with permission.

## **Core Values for Child Welfare Professionals**

- Protection of children
- Preservation of families
- Respect for families
- Respect for persons
- Client self-determination
- Individualized intervention
- Competence
- Loyalty
- Diligence
- Honesty
- Promise-keeping
- Confidentiality

From “Ethical Child Welfare Practice: A Companion Handbook to the Code of Ethics for Child Welfare Professionals. Volume 1: Clinical Issues.” State of Illinois, Department of Children and Family Services, Office of the Inspector General. © 1999. Used with permission.

## Common Values in the Helping Professions

- Autonomy
- Nonmaleficence
- Beneficence
- Justice
- Fidelity
- Veracity

## **Core Social Work Values**

- Service
- Social Justice
- Dignity and Worth of the Person
- Importance of Human Relationships
- Integrity
- Competence

## What Is Informed Consent?

Client's have the right to choose whether or not to participate in any child welfare intervention, from Emergency Response investigations through permanency planning decision-making for their children. Workers have an obligation to help them make as intelligent decision about these questions as possible. This is informed consent.

CWS workers have the responsibility to disclose all significant information about the intervention, including what will happen and the likely implications, consequences, and ramifications of the various choices confronting the client.

Three conditions must be met before a client's decision can be considered fully informed:

- (1) the client must have the capacity to make the decision
- (2) the client must comprehend the information presented
- (3) the choice is voluntary

**Capacity:** This means the client has the ability to make rational decisions.

**Comprehension:** The worker must give the information to the client in a way the client understands it. It must be done in a language the client understands, using words the client understands. The nature of the intervention and the risks and consequences must be fully explained. The worker should ask the client to repeat her or his understanding of the information so that the worker can be assured things were fully understood and fill in whatever gaps exist.

**Voluntariness:** Implies that the client is free to make this choice and is acting without any coercion.

## References and Bibliography

- Babb, L.A. (1999). *Ethics in American adoption*. Westport, CT: Bergin & Garvey.
- Boss, J.A. (1998). *Ethics for life: An interdisciplinary and multicultural introduction*. Mountain View, CA: Mayfield.
- Clarke, R.W. & Lawry, R.P. (Eds.) (1988). *The power of the professional person*. Lanham, MD: University Press of America.
- Congress, E.P. (1999). *Social work values and ethics: Identifying and resolving professional dilemmas*. Chicago: Nelson-Hall.
- Corey, G., Corey, M., and Callanan, P. (1998). *Issues and ethics in the helping professions* (5th ed.). Pacific Grove, CA: Brooks/Cole.
- Doxiadis, S.A. (1989). Children, society, and ethics. *Child Abuse and Neglect*, 13, 11-17.
- Jensen, J.P. & Bergein, A.E. (1988). Mental health values of professional therapists: A national interdisciplinary survey. *Professional Psychology: Research and Practice*, 19 (2), 290-297.
- Kagle, J.D. & Kopels, S. (1994). Confidentiality after Tarasoff. *Health and Social Work*, 19 (3), 217-22.
- Kopels, S. & Kagle, J.D. (1993). Do social workers have a duty to warn? *Social Service Review*, 67, 10-26.
- Lindsey, D. (1994). *The welfare of children*. New York: Oxford University Press.
- Linzer, N. (1999). *Resolving ethical dilemmas in social work practice*. Boston: Allyn and Bacon.
- Lipsky, M. (1983). *The street-level bureaucrat*. New York: Russell Sage Foundation.
- Loewenberg, F.M. & Dolgoff, R. (1996). *Ethical decisions for social work practice* (5<sup>th</sup> ed.). Itasca, IL: F.E. Peacock.
- NASW (1999). The National Association of Social Workers Code of Ethics. Available at <http://www.naswdc.org/Code/ethics.htm>.

- Parsons, R.D. (2001). *The ethics of professional practice*. Boston: Allyn and Bacon.
- Reamer, F.G. (1990). *Ethical dilemmas in social service* (2<sup>nd</sup> ed.). New York: Columbia University Press.
- Reamer, F.G. (1996). On doing the right thing. *Reflections: Narratives of Professional Helping*, 2 (3), 26-30.
- Reamer, F.G. (1999). *Social work values and ethics* (2<sup>nd</sup> ed.). New York: Columbia University Press.
- Rothman, J.C. (1998). *From the front lines: Student cases in social work ethics*. Boston: Allyn and Bacon.
- State of Illinois. (1999). *Ethical child welfare practice: A companion handbook to the Code of Ethics for Child Welfare Professionals, Vol.1: Clinical issues*. Springfield, IL: Department of Children and Family Services.

# Ethics and Values in Social Work and Related Fields: Selected

## Bibliography

Compiled by Brian Simmons, Ph.D.  
California State University Monterey Bay  
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### Ethics and Professional Ethics (Generally)

Applbaum, A.I. (1999). *Ethics for adversaries: The morality of roles in public and professional life*. Princeton, NJ: Princeton University Press.

Clarke, R.W. & Lawry, R.P. (Eds.) (1988). *The power of the professional person*. Lanham, MD: University Press of America.

Corey, G., Corey, M., & Callanan, P. (1998). *Issues and ethics in the helping professions* (5th ed.). Pacific Grove, CA: Brooks/Cole Publishing Company.  
(N.B.: This book has an excellent and extensive reference list.)

Freeman, S.J. (2000). *Ethics: An introduction to philosophy and practice*. Belmont: Wadsworth.

May, L. (1996). *The socially responsive self: Social theory and professional ethics*. Chicago: The University of Chicago Press.

May, L., Collins-Chobanian, & Wong, K. (1998). *Applied ethics: A multicultural approach* (2<sup>nd</sup> ed.). Upper Saddle River, NJ: Prentice-Hall.

Parsons, R.D. (2001). *The ethics of professional practice*. Boston: Allyn and Bacon.

Rest, J.R. & Narvaez, D. (Eds.). (1994). *Moral development in the professions: Psychology and applied ethics*. Hillsdale, NJ: Lawrence Erlbaum Associates.

### Social Work Ethics

Congress, E.P. (1999). *Social work values and ethics: Identifying and resolving professional dilemmas*. Chicago: Prentice Hall.

Gambrill, E. & Pruger, R. (Eds.). (1997). *Controversial issues in social work ethics, values, and obligations*. Boston: Allyn and Bacon.

- Kendall, K.A. (Ed.). (1970). *Social work values in an age of discontent*. New York: Council on Social Work Education.
- Levy, C.S. (1993). *Social work ethics on the line*. New York: Haworth.
- Linzer, N. (1999). *Resolving ethical dilemmas in social work practice*. Boston: Allyn and Bacon.
- Loewenberg, F.M. & Dolgoff, R. (1996). *Ethical decisions for social work practice* (5<sup>th</sup> ed.). Itasca, IL: F.E. Peacock.
- NASW (1999). The National Association of Social Workers Code of Ethics. Available at <http://www.naswdc.org/Code/ethics.htm>.
- National Association of Social Workers. (1998). *Current controversies in social work ethics: Case examples*. Washington, DC: NASW Press.
- Reamer, F.G. (1990). *Ethical dilemmas in social service* (2d ed.). New York: Columbia University Press.
- Reamer, F.G. (1999). *Social work values and ethics* (2<sup>nd</sup> ed.). New York: Columbia University Press.
- Rothman, J.C. (1998). *From the front lines: Student cases in social work ethics*. Boston: Allyn and Bacon.
- Social Thought*, XV, 3/4 (Summer/Fall, 1989). Entire issue dedicated to ethics.

## Values

- Abbott, A.A. (1988). *Professional choices: Values at work*. Silver Spring, Md.: National Association of Social Workers.
- Bohr, R.H., Brenner, H.I., & Kaplan, H.M. (1971). Value conflicts in a hospital walkout. *Social Work*, 16 (4), 33-42.
- Congress, E.P. (1999). *Social work values and ethics: Identifying and resolving professional dilemmas*. Chicago: Nelson-Hall.
- Frankel, C. (1959). Social values and professional values. *Journal of Education for Social Work*. 5, 29-35.
- Gilbert, N. & Specht, H. (1976). Advocacy and professional ethics. *Social Work*, 21, 288-93.

- Judah, E.H. (1979). Values: The uncertain component of social work. *Journal of Education for Social Work*, 15 (2), 79-86.
- Levy, C. (1976). The value base of social work. *Journal for Education in Social Work*, 9, 34-42.
- Miller, H. (1968). Value dilemmas in social casework. *Social Casework*, 13, 27-33.
- Patterson, C.H. (1989). Values in counseling and psychotherapy. *Counseling and Values*, 33, 164-176.
- Perlman, H.H. (1965). Self-determination: Reality or illusion? *Social Service Review*, 39, 410-22.
- Weick, A. and Pope, L. (1988). Knowing what's best: A new look at self-determination. *Social Casework*, 69, 10-16.

## **Clients' Rights**

- Beeman, D.G. & Scott, N.A. (1991). Therapists' attitudes toward psychotherapy: Informed consent with adolescents. *Professional Psychology: Research and Practice*, 22(3), 230-234.
- Bernstein, S. (1960). Self-determination: "King or citizen in the realm of values." *Social Work*, 5 (1), 3-8.
- Bray, J.H. (1985). Legal and ethical issues in informed consent to psychotherapy. *American Journal of Family Therapy*, 13(2), 50-60.
- Brewer, T. & Faitak, M.T. (1989). Ethical guidelines for the inpatient psychiatric care of children. *Professional Psychology: Research and Practice*, 20(3), 142-47.
- Curtis, P.A. & Lutkus, A.M. (1985). Client confidentiality in police social work settings. *Social Work*, 30, 355-60.
- Dickson, D.T. (1998). *Confidentiality and privacy in social work*. New York: Free Press.
- Freedberg, S. (1989). Self-determination: Historical perspectives and effects on current practice. *Social Work*, 34, 33-38.
- Gustafson, K.E. & McNamara, J.R. (1987). Confidentiality with minor clients: Issues and guidelines for therapists. *Professional Psychology: Research and Practice*, 17(2), 111-114.
- Handelsman, M.M. (1987). Confidentiality: The ethical baby in the legal bathwater. *Journal of Applied Rehabilitation Counseling*, 18(4), 33-34.

- Hendrix, D.H. (1991). Ethics and intrafamily confidentiality in counseling with children. *Journal of Mental Health Counseling*, 13(3), 323-333.
- Kopels, S. & Kagle, J.D. (1993). Do social workers have a duty to warn? *Social Service Review*, 67, (1), 101-126.
- Lewis, M. B. (1986). Duty to warn versus duty to maintain confidentiality: Conflicting demands on mental health professionals. *Suffolk Law Review*, 20, (3), 579-615.
- Melton, G.B. (1981). Children's participation in treatment planning: Psychological and legal issues. *Professional Psychology*, 12(2), 246-252.
- Wilson, S.J. (1978). *Confidentiality in social work: Issues and principles*. New York: Free Press.

## **Multi- and Trans-Cultural Issues**

- Anderson, D.J. & Cranston-Gingras, A. (1991). Sensitizing counselors and educators to multicultural issues: An interactive approach. *Journal of Counseling and Development*, 70(1), 91-98.
- Atkinson, D.R. (Eds.). (1989). *Counseling American minorities: A cross-cultural perspective* (3rd ed.). Dubuque, IA: William C. Brown.
- Boss, J.A. (1998). *Ethics for life: An interdisciplinary and multicultural introduction*. Mountain View, CA: Mayfield.
- Cayleff, S.E. (1986). Ethical issues in counseling gender, race, and culturally distinct groups. *Journal of Counseling and Development*, 64(5), 345-347.
- Gil, D.G. (1994). Confronting social injustice and oppression. In F.G. Reamer, ed., *The Foundations of Social Work Knowledge*. 231-63. New York: Columbia University Press.
- Heinrich, R.L. (1990). Counseling Native Americans. *Journal of Counseling and Development*, 69(2), 128-133.
- Jones, E.E. (1985). Psychotherapy and counseling with black clients. In Pederson, cited below.
- Lee, C.C. and Richardson, B.L. (1991). *Multicultural issues in counseling: New approaches to diversity*. Alexandria, VA: American Association for Counseling and Development.
- Lum, D. (1992). *Social work practice and people of color: A process-stage approach* (2nd ed.). Pacific Grove, CA: Brooks/Cole.

Nishio, L. & Bilmes, M. (1987). Psychotherapy with Southeast Asian American clients. *Professional Psychology: Research and Practice*, 18(4), 342-346.

Pederson, P. (ed.). (1985). *Handbook of cross-cultural counseling and therapy*. Westport, CT: Greenwood Press.

(N.B.: This book covers issues regarding several different groups.)

## **Worker Responsibilities and Liabilities**

Alexander, R., Jr. (1997) Social workers and privileged communication in the federal legal system. *Social Work*, 42 (4), 387-391.

Austin, K.M. (1990). *Confronting malpractice: Legal and ethical dilemmas in psychotherapy*. Newbury Park, CA: Sage.

Berven, N.L & Scofield, M.E. (1987). Ethical responsibility in establishing and maintaining professional competence. *Journal of Applied Rehabilitation Counseling*, 18(4), 41-44.

Besharov, D.J. (1985). *The vulnerable social worker: Liability for serving children and families*. Silver Spring, MD: National Association of Social Workers.

Cain, L.P. (1979) Social worker's role in teen-age abortion. *Social Work*, 24, 52-56.

Drane, J.F. (1994). *Clinical bioethics: Theory and practice in medical-ethical decision making*. Kansas City: Sheed and Ward.

Gerhart, U.C. & Brooks, A.D. (1985). Social workers and malpractice: Law, attitudes, and knowledge. *Social Casework*, 66, 411-16.

Glasser, P.H. (1984). Being honest with ourselves: What happens when our values conflict with our client's? *Practice Digest*, 6 (4), 6-10.

Herlihy, B. & Sheeley, V.L. (1988). Counselor liability and the duty to warn: Selected cases, statutory trends, and implications for practice. *Counselor Education and Supervision*, 27(3), 203-215.

Levy, C. (1976). Personal versus professional values: The practitioner's dilemma. *Clinical Social Work Journal*, 4, 110-20.

Levy, C. (1988). What's ethics, what's practice, what's both? *Social Work*, 33, 477-78.

Lewis, H. (1984). Ethical assessment. *Social Casework*, 65, 203-11.

- Lindenthal, J.J. (1988). Social workers' management of confidentiality. *Social Work*, 33, 157-58.
- Perlman, G.L. (1988). Mastering the laws of privileged communications: A guide for social workers. *Social Work*, 33, 425-29.
- Peterson, M.R. (1992). *At personal risk: Boundary violations in professional-client relationships*. New York: W.W. Norton and Company.
- Reamer, F.G. (1994). *Social work malpractice and liability*. New York: Columbia University Press.
- VandeCreek, L. (1988). Privileged communication for social workers. *Social Casework: The Journal of Contemporary Social Work*, 69, 28-34.

### **Special Populations**

- Babb, L.A. (1999). *Ethics in American adoption*. Westport, CT: Bergin & Garvey.
- Banks, S. (Ed.). (1999). *Ethical issues in youth work*. New York: Routledge.
- Cayless, S.E. (1986) Ethical issues in counseling gender, race, and culturally distinct groups. *Journal of Counseling and Development*, 64, 345-47.
- Cohen, E.D. (1990). Confidentiality, counseling, and clients who have AIDS: Ethical foundations of a model rule. *Journal of Counseling and Development*, 68(3), 282-286.
- Doxiadis, S.A. (1989). Children, society, and ethics. *Child Abuse and Neglect*, 13, 11-17.
- Gray, L.A. & Harding, A.I. (1988). Confidentiality limits with clients who have the AIDS virus. *Journal of Counseling and Development*, 66(5), 219-223.
- Kuhse, H. & Singer, P. (1985). Ethics and the handicapped newborn infant. *Social Research*, 52, 505-42.
- Melton, G.B. (1988). Ethical and legal issues in AIDS-related practice. *American Psychologist*, 43, 941-47.
- Reamer, F.G. (Ed.). (1991). *AIDS and ethics*. New York: Columbia University Press.
- Sobocinski, M.R. (1990). Ethical principles in the counseling of gay and lesbian adolescents: Issues of autonomy, competence, and confidentiality. *Professional Psychology: Research and Practice*, 21(4), 240-247.

State of Illinois. (1999). *Ethical child welfare practice: A companion handbook to the Code of Ethics for Child Welfare Professionals, Vol.1: Clinical issues*. Springfield, IL: Department of Children and Family Services.

Wubbolding, R.E. (1987). Professional ethics: Handling suicidal threats in the counseling session. *Journal of Reality Therapy*, 7(1), 12-15.

## **Responsibility to Agency, Profession, and Others**

Cohen, R. (1980). Ethics: Responsibility to more than profession's clients. *NASW News*, 25 (April), 19.

Fisher, D. (1987). Problems for social work in a strike situation: Professional, ethical, and value considerations. *Social Work*, 32 (3), 252-54.

Levinson, J.L. (1986). When a colleague practices unethically: Guidelines for intervention. *Journal of Counseling and Development*, 64(5), 315-317.

Soisson, E.L. et.al. (1987). Thorough record-keeping: A good defense in a litigious era. *Professional Psychology: Research and Practice*, 18(5), 498-502.

VanZandt, C.E. (1990). Professionalism: A matter of personal initiatives. *Journal of Counseling and Development*, 67(4), 238-241.

## **Dual Relationships**

Brodsky, A. M. (1986). The distressed psychologist: Sexual intimacies and exploitation. In Kilburg, cited below.

Borys, D.S. & Pope, K.S. (1989). Dual relationships between therapist and client: A national study of psychologists, psychiatrists, and social workers. *Professional Psychology: Research and Practice*, 20(5), 283-293.

Coleman, E. & Schaefer, S. (1986). Boundaries of sex and intimacy between client and counselor. *Journal of Counseling and Development*, 64(5), 341-344.

Gonsiorek, J.C. (Ed.). (1995). *Breach of trust: Sexual exploitation by health care professionals and clergy*. Thousand Oaks: Sage.

Kagle, J.D. & Giebelhausen, P.N. (1994). Dual relationships and professional boundaries." *Social Work*. 39, (2), 213-220.

Peterson, M.R. (1992). *At personal risk: Boundary violations in professional-client relationships*. New York: W.W. Norton and Company.

Pope, K.S. (1985). Dual relationships: A violation of ethical, legal, and clinical standards. *California State Psychologist*, 20(3), 3-5.

Pope, K.S. (1988). How clients are harmed by sexual contact with mental health professionals: The syndrome and its prevalence. *Journal of Counseling and Development*, 67, 222-226.

### **Social Worker's Own Needs/Issues**

Farber, B.A. (1983). *Stress and burnout in the human service professions*. New York: Pergamon Press.

Scott, C.D. & Hawk, J. (Eds.). (1986). *Heal thyself: The health of health care professionals*. New York: Brunner/Mazel.

Kilburg, R.R. (Eds.). (1986). *Professionals in distress: Issues, syndromes, and solutions in psychology*. Washington, DC: American Psychological Association.

Kilburg, RR, Nathan, P.E., & Thoreson, R.W. (Eds.). (1986). Professionals in distress. *Hospital and Community Psychiatry*. 39, 723-25.

Lorion, R.P. & Paron, D.L. (1985). Countering the countertransference: A strategy for treating the untreatable. In Pedersen, cited above.

Watkins, C.E. (1985). Countertransference: Its impact on the counseling situation. *Journal of Counseling and Development*, 63(6), 356-359.

### **Criminal Justice Ethics**

Goodman, D.J. (1998). *Enforcing ethics: A scenario-based workbook for police and corrections recruits and officers*. Upper Saddle River, NJ: Prentice Hall.

Jetmore, L.F. (1999). *The path of the warrior: An ethical guide to personal and professional development in the field of criminal justice* (2<sup>nd</sup> ed.). Flushing, NY: Looseleaf Law Publications.

Leighton, P. & Reiman, J. (Eds.) (2001). *Criminal justice ethics*. Upper Saddle River, NJ: Prentice-Hall.

Souryal, S.S. (1998). *Ethics in criminal justice: In search of the truth* (2<sup>nd</sup> ed.). Cincinnati: Anderson.

## **Public Health Ethics**

Coughlin, S.S., Soskolne, C.L., & Goodman, K.W. (1997). *Case studies in public health ethics*. Washington, DC: American Public Health Association.

Guttman, N. (2000). *Public health communication interventions: Values and ethical dilemmas*. Thousand Oaks, CA: Sage.

## **Ethics and Public Policy**

Beauchamp, T.L & Pinkard, T. P. (1983). *Ethics and public policy: An introduction to ethics* (2<sup>nd</sup> ed.). Englewood Cliffs, NJ: Prentice Hall

Pierce, C. & VanDeVeer, D. (1988). *AIDS: Ethics and public policy*. Belmont, CA: Wadsworth.

Winfrey, J.C. (1998). *Social Issues: The ethics and economics of taxes and public programs*. New York: Oxford University Press.

## **Management Ethics**

Badaracco, J.L. (1997). *Defining moments: When managers must choose between right and right*. Boston: Harvard University Press.

Cooper, T.L. (1990). *The responsible administrator: An approach to ethics for the administrative role* (3<sup>rd</sup> ed.). San Francisco: Jossey-Bass.

Maddux, R.B. & Maddux, D. (1989). *Ethics in business: A guide for managers*. Menlo Park, CA: Crisp Publications.

## **Ethics for Other Related Professions**

Devettere, R.J. (1995). *Practical decision making in health care ethics: Cases and concepts*. Washington, DC: Georgetown University Press.

- Hansen, J.C. (Ed.). (1982). *Values, ethics, legalities, and the family therapist*. Rockville, MD: Aspen.
- Hatherleigh Press. (1997). *The Hatherleigh guide to ethics in therapy*. New York: Author.
- Lickson, C.P. (1993). *Ethics for government employees: Standards of conduct for the public sector*. Menlo Park: Crisp Publications.
- Newman, D.L. & Brown, R.D. (1996). *Applied ethics for program evaluation*. Thousand Oaks: Sage.
- Pope, K.S. and Vasquez, M.J.T. (1991). *Ethics in psychotherapy and counseling: A practical guide for psychologists*. San Francisco: Jossey-Bass.
- Simon, W.H. (1998). *The practice of justice: A theory of lawyers' ethics*. Boston: Harvard University Press.