

# Ethics in Social Work Practice (with a Rural Twist)



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# Presenter Information



- MSW: Washington University in St. Louis
- PhD: University of Denver
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- Minnesota State University faculty
- Currently President of National Association for Rural Mental Health
- Worked in rural areas
- Research:
  - Rural labor force shortages
  - Rural behavioral health policy
  - Rural technology challenges



## A little about you...

- What are some challenges among rural practitioners?
- Do you think rural practice differs significantly from urban practice?
- Are rural consumers different from consumers in more populated places?
- Are the ethics of practice different in rural vs urban places?



# Learning Objectives

**By the end of this training, participants will be able to:**

- Describe differences between values, morals, and ethics from a rural practice perspective
- List at least 3 common ethical issues identified in rural social service practice that challenges service delivery
- Identify 3 rural practice considerations that complicate rural practice from an ethical perspective
- Demonstrate two or more ways to address common ethical dilemmas to rural practice



# Values, Morals, and Ethics

Values, morals, and ethics are terms sometimes confused, but all grounded in behavioral “rules.” A quick review:

- ❖ **Values:** The rules by which we make decisions about what we believe is right or wrong, good or bad, just or unjust. Values are beliefs of individuals or groups based on emotional investment.
- ❖ **Morals:** Grounded more in social elements with broader social acceptance or lack thereof. Morals are more often associated with “good” or “bad” personal character. Morals are more likely to be imposed on people by others through judgement.
- ❖ **Ethics:** Internally defined and adopted by a group to define PROFESSIONAL practice and behavioral boundaries. Ethics are standards governing members of a profession or an individual based on agreed upon rules of conduct.



# Defining Values, Morals, and Ethics

- **Values** are basic beliefs a person thinks are “true.” Values are typically viewed as guiding principles of one’s life. A way to choose between right and wrong, good and bad, more or less important. Individual-based.
- **Morals** focus on individual principles of right and wrong. Individual/personal-based.
- **Ethics** are guidelines set by a group of people (profession, society, community, company) rather than an individual. They are a shared set of group expectations of behavior. Ethics are often grounded in group Morals. Group-based Principles about right and wrong.



# NASW Code of Ethics

- NASW Code of Ethics: Ethical Principles and Ethical Standards are base to our understanding of professional ethical conduct in social work.

## 6 social work core Values

1. Service
2. Social Justice
3. Dignity & Worth of the Person
4. Importance of Human Relationships
5. Integrity
6. Competence





# NASW Code of Ethics: 6 Core Values

- 1. Service:** SWers help people in need, address social problems, and work to improve the lives of others by elevating “...service to others above self-interest” (NASW CoE, p. 5). Encouraged to provide pro bono service.
- 2. Social Justice:** SWers support positive change, especially for vulnerable individuals and groups and confront social injustice.
- 3. Dignity & Worth of Person:** SWers treat all people with care and respect, while being mindful of individual differences and diversity. Promote self-determination of consumers.



# NASW Code of Ethics: 6 Core Values

**4. Importance of Human Relationships:** SWers engage with people as partners to improve lives.

**5. Integrity:** SWers act and behave in ways that are trustworthy and grounded in ethical principles and values.

**6. Competence:** SWers are expected to practice within their areas of professional knowledge, skills, and competence. Also should contribute to knowledge base of profession to enhance their professional expertise.

## NASW core values discussion

Are these difficult values to support?

Are there situations where values can be in conflict?

Do rural practice questions ever conflict with values?



# Learning Objective #1 Check-In

- **LO #1: Describe differences between values, morals, and ethics from a rural practice perspective.**

## Possible answers

- Ethics definition – Profession & group based; behavior road rules.
- Morals definition – Individual based principles of “right” and “wrong”
- Values definition – Basic beliefs of what is perceived as “true” and “false.” Individual based, but professions or groups can define Values as well.
- Rural individual morals and values often (though not always) are grounded in more “traditional” and conservative terms.
- Potential for conflict between SOWK ethics exists, thus creating potential for service delivery-based dilemmas.

# Rural Considerations: Social & Cultural

Can “rural” be viewed as a distinct culture? U'betcha!  
Compared to more urban communities, rural areas generally:

- Greater distrust of outsiders/external systems
- More likely to receive services/care from informal systems (social, economic)
- Orient more toward “traditional” moral and value standards
- Higher ratio of religious organization affiliation
- More oriented to culture of self-reliance & individualism
- Generally higher levels of poverty, lower levels of education

NOT BETTER OR WORSE – JUST DIFFERENT



# Rural Culture: General Strengths

Rural culture includes broad individual, family, and societal strengths that contribute to both opportunities and challenges for ethical practice, including:

- Deep, established social networks;
- Socio-economic-cultural ties & networks established over time that are secure;
- History of individual and community cooperation & collaboration;
- Interdependency within community and among its members usually strong and valued.

How do these strengths benefit rural places from an ethical perspective?

How might these strengths actually act as “weaknesses” and challenge or ethical values, principles, and standards?



# Rural Culture: General Challenges

Rural populations continue to experience many socio-cultural-economic challenges, including:

- Persistent poverty in many areas
- Limited access to health and behavioral health care
  - Lack of workforce
- More likely to be uninsured or underinsured
  - Uninsured rural residents less likely to receive Medicaid
- Higher unemployment or underemployment rates
  - When un- or underemployed, remain so longer
- Lack of access to technological advances
- More highly dependent on national resource extraction economies
- Transportation/distance to & from goods & services
- Limited educational opportunities

**Discuss ethical issues associated with these challenges**



# Specific Rural Challenge: Transportation

**Transportation** continues to be a significant challenge in rural areas and accessing care/services, which include:

- Simply unavailable
- Unsafe or impassible roadways
- Weather
- Distances
- Travel costs

Ethics

EfPIC?

**What ethical concerns might emerge from transportation challenges in rural areas?**

# Specific Rural Challenge: Workforce

Service access challenges – long standing concern, based on:

- Availability of care providers – too few
  - Over 90% psychologists & psychiatrists practice in urban locations
  - Over 80% of MSWs practice in urban locations
- Limited access to culturally competent, bilingual, culturally affiliated providers.
- Complicating effects of multiple barriers to access (transportation, lack of resources, access to care, poverty).

**Discuss ethical dilemmas emerging from this information**





# Specific Rural Challenge: Culture

- Socio-economic-cultural values. Limits rural residents from seeking help (even when services are available). Examples include:
  - Concern of being “found out”
  - Fear of larger system involved/exertion of power from external entity
  - Fear of losing job/earnings
  - Concern of “losing face” in community
  - Family shame
  - General stigma associated with receiving services

**Discuss ethical implications of these challenges**

# Rural Ethics

- Nelson, et al (2007) suggests a specific rural healthcare agenda be developed and adopted by rural practitioners, stating:

*With the increasing recognition of rural health disparities has come a growing awareness of the special ethical considerations inherent in healthcare in rural communities. For example, ethically important aspects of care provision seem to be especially salient in relation to stigmatizing illnesses, such as mental illnesses, substance misuse disorders and some infectious diseases. Solutions to ethical issues in rural areas may differ from those derived in urban areas. For instance, a clinician may be required to provide a family member or friend with mental...healthcare in a rural setting, whereas the presence of alternative clinicians and facilities in urban areas may better permit role separation and clearer personal and professional boundaries (p. 136).*

**Discuss. Do you agree or disagree – and why?**



# Rural Ethics

Nelson et al (2007) identify variety of challenges associated with both practicing in rural and receiving services. Beyond what has already been presented here, other concerns include:

- Consumer inability to pay
- Care provider stress (professional isolation, lack of access to tech/equipment, dual relationships, etc)
- Over-lapping/multiple roles. Not just dual relationships. Dual role as admin and clinician, other boundary related issues. Being too “distant” can impact trust, which is often more valued in rural culture.



# Nelson et al Proposed Rural Healthcare Ethics Agenda

1. **Develop** an understanding of the concept and scope of rural healthcare ethics.
2. **Increase** awareness and understanding of issues on rural healthcare ethics as perceived by rural residents and healthcare professionals, including the contextual influence on ethical issues and how the issues are different from non-rural settings.
3. **Increase** awareness and understanding of rural healthcare ethics decision making, including how living and working in regionally diverse rural communities affects the response to ethical issues.
4. **Collaborate** with rural healthcare professionals to draft guidelines for dealing with common, recurring ethical conflicts.
5. **Explore, assess and propose** models for “doing ethics” in small rural health facilities.
6. **Develop and implement** ethics training curriculums and other educational resources for and with rural clinicians, administrators and policy makers.
7. **Provide** an ethics perspective to administrators and policy makers charged with allocating healthcare resources, supported by empirical data on potential urban-rural healthcare disparities.
8. **Foster** a dialogue with the general healthcare ethics community regarding the unique nature of rural ethical issues.

From: Nelson, et al (2007)

# Case Situation

Marie is a recent MSW graduate 6 months into her first social work position at County Social Services. Aside from her supervisor, there are 2 other social workers on staff. To keep the workload balanced, new clients are assigned as they are received. Due to her newness to the profession, Marie sometimes asks that consumers in need of addictions treatment be reassigned to one of the other social workers because Marie doesn't feel she is skilled enough to be truly effective, having been largely educated in child and family services. This has created higher workloads for the more senior providers.

- Is she behaving ethically by referring consumers to others more skilled in this area?
- What might be the response of the more senior providers?
- How might the supervisor address the concerns being raised by the senior providers?
- What steps might be taken to better address this situation?

# Learning Objective #2 Check-In

LO #2: List at least 3 common ethical issues identified in rural social service practice that challenges service delivery.

Possible answers:

- Lack of available rural providers
- Limited access to culturally astute/competent behavioral health/social service providers
- Complications associated with transportation
- Negative impacts associated with poverty
- Lack of adequate agency resources
- Sub-cultural differences between rural and urban lifeways (socio-economic-political)
- Acceptability of receiving services even when they are available, accessible, & affordable
- Need for developing rural healthcare ethics agenda to guide practice



# Practice Considerations: How Does “Rural” Lead to Ethical Issues?

There are several considerations associated with rural practice that have potential to lead to ethical issues, such as:

- Too few practitioners may = limited resources, which may require more generalist approach, which could raise questions of competence & ability.
- Visibility of SWer in community due to involvement & activities creates potential for dual relationships and challenges associated with SWer self care.
- Small community population means possible “fishbowl” effect, which can lead to confidentiality challenges.

**How might we manage and address these questions?**



# Rural Practice Considerations in Detail

## Discussion Exercise

### The Problem: Workforce

- Due to lack of providers in rural areas, practitioners often need to be more generalists rather than specialists.
- Too few practitioners/generalist available for what may be deemed appropriate care.
- Therefore, consumers may not receive the highest level of care you feel they should receive.

In small groups, discuss how you approach this challenge, and how you might advise others so as to best respond to this most ethically as possible.

- Ask/address: Competence concerns? Allocating limited resources? How to make these determinations? Level of harm to consumer concerns?

**Select groups will be asked to report back to the larger group**





# Rural Practice Considerations in Detail

## The Problem: Overlapping & Dual Relationships

- Visibility/involvement of SWer in community – potential for multiple relationships with consumers
- Dual relationships in rural communities is real concern, and largely unavoidable.
- “Blurring” between public and private life and the need for self-care.

In small groups, discuss how to best address dual relationships.

- Ask/address: How do you manage professional & personal? What strategies have been found more effective?

Be prepared to report back to large group



# Rural Practice Considerations in Detail



## The Problem: “Fishbowl” Effect & Confidentiality

- Where do you run into consumers/former consumers? Can these encounters be mitigated?
- What is your ethical obligation when you see consumer outside of work?
- What is your obligation if you see something that doesn't fall under “mandated reporter” statutes?
- How do we respond when someone we know BECOMES a consumer?



Discuss as small group and prepare to report back

# Case Situation

John is the only school social worker in a small rural district. His daughter attends the same school. His daughter has asked if she may go to a sleepover at a friend's house. John knows that the friend's father has a history of violence and domestic abuse as a result of his position as a social worker. Though it has been several years since the violence was addressed, John is nervous about allowing his daughter to stay the night in the same house as the father.

- How does John address this concern while maintaining confidentiality?
- Is it ethical for John to not allow her to go to the sleepover?



# Learning Objective #3 Check-In

LO #3: Identify 3 rural practice considerations that complicate rural practice from an ethical perspective

Possible answers:

- Too few practitioners in rural areas
- Challenges associated with generalist practice approaches common in rural areas
- Visibility, involvement, “blurring” of social worker in rural places; self-care issues
- Dual/multiple relationships
- “Fishbowl” effect / Confidentiality issues
- Familiarity with those who BECOME consumers

# NASW Code of Ethics with a Rural Twist

- NASW Code of Ethics Standards – our “rules of the road.” From a rural perspective, these can sometimes present challenges...
- ...or not, depending on how one approaches the question.
- Two approaches to discuss:
- Ethical absolutism...
- Ethical relativism ...



# Ethics with a Rural Twist

- Ethical absolutism
- Ethical absolutism is an ethic approach considered unconditional and not subject interpretation. A rule is an absolute rule.
- e.g., Stealing is always wrong.



- Ethical relativism
- Ethical relativism is an ethical approach considered based on condition, situation, &/or context – often grounded in local customs/beliefs. A rule is interpretable based on relative information that informs the action in the context of local interpretation.
- e.g., Stealing is not necessarily always wrong, based on condition, situation, &/or context.

**Do social workers in rural practice encounter these questions? How do we approach rural ethical questions as professionally as possible?**

# Ethics with a Rural Twist

NASW Code of Ethics states:

- “Some of the standards...are enforceable guidelines for professional conduct, and some are aspirational”

*and*

- “The extent to which each standard is enforceable is a matter of professional judgement to be exercised by those responsible for reviewing alleged violations of ethical standards” (NASW CoE, 2008, p. 7).”
- Wait... what?
- Some of the standards are enforceable guidelines, but others are aspirational?
- Which ones? Who decides? How do we know?

**Answer: It depends.**



# Ethics with a Rural Twist

## A Case Study

It's late at night, snowing, cold, and your car breaks down. You don't have your cell phone and you are miles from the nearest house or other help. A car pulls up and offers assistance... Driving the car is a client of yours.

Your client wants to help and is in fact very mechanically inclined. After checking the engine and identifying the problem, they offer to drive you into town, help up buy the right fan belt that's broken, and drive you back and replace it for you.

They also offer to drive you to your house and drop you off as well. What do you do?

**Discuss in groups and prepare to report out**





# Ethics with a Rural Twist

NASW Ethical Standards:

- ❖ Social Workers' ethical responsibilities to clients
- ❖ Social Workers' ethical responsibilities to colleagues
- ❖ Social Workers' ethical responsibilities in practice settings
- ❖ Social Workers' ethical responsibilities as professionals
- ❖ Social Workers' ethical responsibilities to the social work profession
- ❖ Social Workers' ethical responsibilities to the broader society

**Let's discuss each...**



# Ethics with a Rural Twist

## NASW Ethical Standard #1: Ethical responsibilities to clients

- be committed to clients needs
- Respect and promote clients rights and self-determination
- Provide informed consent – inform clients of the purpose of services, risks, limitations of services, reasonable alternatives, right to withdraw from services, timeframes, costs
- Be competent within boundaries of education, training, license, professional experience
- Understand and practice cultural competence and have knowledge of consumer culture and lifeways
- Avoid conflicts of interest that interfere with professional discretion/impartial judgement
- No sexual relationships w/ clients, former clients, family of clients

**How might practice under ES1 look different in rural?**



# Ethics with a Rural Twist

## NASW Ethical Standard #2: Ethical responsibilities to colleagues

- Respect
- Avoid negative criticism of colleagues when communicating with clients or other professionals
- Keep confidentiality shared among colleagues
- Collaborate, consult with each other – referral when appropriate
- Don't take advantage of disputes between colleagues
- Supervisors/educators – no sex with subordinates or students
- Take adequate measures to address colleagues behaving unethically or showing incompetence

**How might practice under ES2 look different in rural?**



# Ethics with a Rural Twist

## NASW Ethical Standard #3: Ethical responsibilities in practice settings.

- Those providing supervision; have knowledge and skill to supervise appropriately
- For educators/field instructors, teach from competent knowledge, based on current information
- Keep good records and bill fairly/accurately
- Administrators: be good advocates and fair. Take reasonable steps to arrange for continuing education
- Employees: adhere to commitments made to employers. If unionized, consider impact of actions on clients in labor disputes

**How might practice under ES3 look different in rural?**



# Ethics with a Rural Twist

## NASW Ethical Standard #4

- Ethical responsibilities as professionals.
- Accept responsibility based on your competence or intention to develop competence
- Don't tolerate discrimination
- Don't allow your private life interfere with professional responsibilities
- Don't engage in dishonesty, fraud, or deception
- Don't allow personal problems (legal, addiction, etc) interfere with professional judgement
- Make clear distinctions between your actions as Social Worker and private citizen
- Take and share credit for your and others works

**How might practice under ES #4 look different in rural?**



# Ethics with a Rural Twist

## NASW Ethical Standard #5

- Ethical responsibilities to social work profession
- Promote high standards of practice
- Monitor & evaluate policies, programs, & interventions
- When conducting research - inform participants, develop protections
- When evaluation participants cannot give consent, provide appropriate explanation to participant or their proxy
- Employ sound research ethics always

**How might practice under ES #5 look different in rural?**



# Ethics with a Rural Twist

## NASW Ethical Standard #6

- Ethical responsibilities to broader society
- Promote general welfare of society – from local to global
- Facilitate informed participation in shaping public policies
- Provide services in times of public emergencies
- Engage in social and political action that focuses on equal access to resources, employment, services, and opportunities
- Promote conditions that encourage respect for cultural and social diversity. Act to prevent discrimination.

**How might practice under ES #6 look different in rural?**



# A Hierarchy of Ethical Rights

Lowewenberg & Dolgoff (1996) proposed a hierarchy of ethical principles with which to evaluate the potential course of action in any ethical dilemma, which are Principled Ethical Rights – People have the right to:

1. Life
2. Equality
3. Autonomy
4. Least Harm
5. Quality of Life
6. Privacy
7. Truthfulness





# Ethical Rights & Ranking Ethical Principles

- Reamer's (1990) guide to ethical decision making: Six ethical guidelines that rank one ethical principle against the other.
- Rules about basic survival supersede rules governing lesser actions
- One person's right to well-being supersedes another person's right to self-determination
- One person's right to self-determination supersedes that same person's right to well being
- Obeying rules you have agreed to support supersedes the right to freely break the rules
- People's right to well-being supersedes adherence to rules you have agreed to support
- Preventing harm and fulfilling basic needs supersedes withholding your own property. (Example: the poor have the right to receiving basic needs, even at the expense of wealthier people – e.g., taxation).



# An Ethical Decision-Making Model

Many ethical decision-making models exist, this is one:

- Identify the problem or dilemma
- Identify the potential issues involved
- Apply the ethics codes
- Know applicable laws and regulations
- Obtain consultation
- Consider possible courses of action
- Explore consequences of various decisions
- Decide on course of action

Are there rural issues we should consider?



# Case Situation

Expressions of suicide by a rural combat Veteran has been brought to the attention of the hospital social worker. The social worker contacted the Sheriff's department and requested a health & welfare check. The deputy reported later that the individual didn't appear suicidal, and assured the officer he wouldn't do such a thing. However, the social worker keeps hearing that he continues to threaten suicide among friends and family. He doesn't use the hospital for his health care, receiving care instead from the VA hospital located 2 hours away.

- Should the social worker continue to request health & welfare checks by the Sheriff's department?
- Should the social worker contact the VA hospital to alert them of the issue?
- What other issues may be of concern?



# Learning Objection #4 Check-In

Demonstrate two or more ways to address common ethical dilemmas to rural practice.

- Based on what we learned regarding the NASW Ethical Standards and differences between ethical absolutism and relativism, we should be able to demonstrate at least 2 ethical dilemmas in rural practice.

Possible answers include:

- The “snowy night” scenario example
- Ethical absolutism or relativism description
- Sexual relationships within a rural community
- Personal relationships within rural community
- Professional vs personal activities and behaviors in the community



# Wrapping Up

## Possible take-home messages from this presentation

- NASW ethical principles & standards apply to all practitioners.
- Rural practice often operates under different socio-cultural and lifeway assumptions compared to what we find in more populated places.
- While one must remain focused on practicing ethically, we must also understand that in rural areas, there are sometimes different considerations and concerns.
- Never underestimate the value of discussing your concerns with supervisors and colleagues to identify “rural best ethical practices.”

**WHEN IN DOUBT... THINK. STOP. ASK.**

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