

The Evolution of Social Work Ethics: Bearing Witness

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Abstract: *The evolution of ethical standards in social work, and conceptual frameworks for examining ethical issues, is among the most compelling developments in the history of the profession. Since the formal inauguration of social work in the late nineteenth century, the profession has moved from relatively simplistic and moralistic perspectives to conceptually rich analyses of ethical issues and ethical guidelines. This article examines the evolution of social work ethics from the profession's earliest days and speculates about future challenges and directions.*

Keywords: *Ethical standards, ethics, professional ethics, values*

Prologue

October, 1976. I remember it well. At the time I was a doctoral student at the University of Chicago, School of Social Service Administration, where I had enrolled in 1975. I entered the doctoral program with a reasonably well-defined, relatively narrow focus on issues related to criminal justice and corrections and their relationship to the social work profession. My longstanding professional interest and experience in criminal justice and corrections led me to social work somewhat by happenstance. I started my graduate school career at the University of Chicago in the social sciences, not in social work. Within a matter of weeks I realized that I would not be happy wrestling with relatively abstruse theory, the hallmark of social science education at the University of Chicago. My interests were more applied and practical. I quickly knew that I needed to spend time with colleagues and scholars who cared deeply about the human condition and were earnest about addressing vulnerable populations and promoting social justice.

In my tenacious attempt to climb down from intellectual clouds that seemed very far removed from real-world social problems and challenges, I began working part-time as a group worker at a federal prison in Illinois. I also scoured the University of Chicago in an effort to find kindred spirits. Knowing little about social work, I was intrigued by the range of courses offered by the university's School of Social Service Administration. My eyes widened as I read description after description of courses related to human behavior, poverty, crime, social policy, mental illness, addictions, aging, and so on. "This is where I need to be," I thought. "If only I had known about this program when I applied for admission to the university."

I began knocking on faculty members' doors at the School of Social Service Administration asking for the names of professors who were involved in research on issues related to criminal justice and corrections. I found them and, in short order, was hired to work as a research associate on a project evaluating services provided to Illinois prison inmates.

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For nearly a year I immersed myself in my social work entrée, with noteworthy side dishes related to my passionate interest in criminal justice and corrections. Getting back to October, 1976, I clearly recall sitting in the lobby of the School of Social Service Administration, looking north through the floor-to-ceiling picture window in the building designed by the renowned architect Mies van der Rohe. As I stared at the Gothic buildings that dominate the University of Chicago campus, I chatted earnestly with a fellow doctoral student. At the time we were working together on a research project evaluating the effectiveness of community-based services for juvenile offenders and discovered a shared interest in broad philosophical and moral issues, especially as they pertained to human and social services. During that conversation my doctoral student colleague and I mused about challenging ethical issues germane to the research in which we were engaged. I shared with my colleague my growing realization that embedded in the policy debate about the relative merits of community-based care of juvenile offenders and incarceration are a number of daunting philosophical and moral issues: Is it appropriate to hold juvenile offenders – minors – morally accountable for their misconduct? Under what circumstances, if any, are punishment and retribution warranted when human beings and, more specifically, minors misbehave? When is it appropriate to deprive people of their liberty? Is coercion ever acceptable when we provide social services to people? Are there times when it is morally permissible to interfere with clients' self-determination rights or lie to clients to protect them from themselves (what moral philosophers call paternalism)? What criteria should we use to allocate scarce resources (for example, agency funds, client benefits and services) when we try to assist people in need (philosophical issues of distributive justice)?

This was my “Ah-hah” moment. With only a modicum of insight, I realized for the first time that social work entailed complex ethical dilemmas. Certainly by then I had been exposed to discussions of social work's and social workers' core values, which at that point in the profession's history constituted what was known as social work ethics (Levy, 1976). But *ethical dilemmas* meant something quite different. Ethical dilemmas entailed far more than exploration of the profession's and practitioners' values; they involved complex analysis of ethical puzzles where social work's values, duties, and obligations conflict. And this, it seemed to me, required the application of ethical theory that was the province of moral philosophy, a discipline with which I was then vaguely familiar and which issued its siren song. I was not sure where my 1976 quest would take me, but I had a very strong sense that exploring and cultivating the connections between moral philosophy and social work would bear fruit.

My developing instincts were reinforced by my awareness of a nascent field that was then in its infancy: bioethics. By poking around the professional literature I discovered that a relatively small coterie of physicians and moral philosophers were engaged in a parallel effort to connect ethical dilemmas in medicine with moral philosophy. For a variety of complex reasons, this specialty was taking off and provided a helpful precedent for what I envisioned for social work: identify compelling ethical dilemmas in professional practice and view them through the conceptual lenses that moral philosophers have developed since the time of Socrates, Plato, and Aristotle.

So off I went and, with modest encouragement (and I suspect bewilderment) from my faculty advisors at the School of Social Service Administration, I devoted a significant portion of my doctoral coursework to seminars in moral philosophy, including theories of metaethics and normative ethics, and epistemology (philosophy of science). To be sure, I was out of my intellectual comfort zone, surrounded as I was with extraordinarily bright philosophy doctoral students. But I held on for the ride, challenging myself at every step to extract practical meaning from the stunningly abstract philosophical theories I was studying. There were virtually no kindred spirits or role models in these seminars, and I worked hard to explain to my philosophy instructors what I had in mind. I think they were intrigued to have a social work student in their midst, which may have been unprecedented.

By 1977 I had a much clearer vision of the ways in which moral theory and other philosophical questions connect to social work. By then I had immersed myself in classic and contemporary philosophy and my mind exploded with conceptual and practical applications to the day-to-day challenges faced by social workers. I found myself thinking outside the intellectual box that was so familiar to me: How might Immanuel Kant's (1795) eighteenth century ideas about moral duty and obligation pertain to social workers who contemplate whether to violate agency regulations or the law to benefit vulnerable clients? What are the implications of John Stuart Mill's (1859) nineteenth century reflections in his classic essay *On Liberty* for social workers who consider coercing or lying to clients with major mental illness to prevent them from engaging in self-harming behavior (a classic illustration of paternalism)? Can John Rawls' (1971) powerful analysis in his book *A Theory of Justice* guide social workers who are responsible for allocating scarce or otherwise limited resources, such as emergency shelter beds, agency funds, or subsidized housing units for people who are disabled?¹ The vexing questions seemed endless.

Fortuitously, at the very time I was exploring connections between moral philosophy and social work, the bioethics field – in which a number of scholars and practitioners were engaged in a similar pursuit with regard to the relationship between moral philosophy and medicine – was burgeoning. The lodestars during the 1970s were the Kennedy Institute at Georgetown University and The Hastings Center in New York. Without question, these two pioneering centers put professional and applied ethics on the map. They moved moral philosophy from the intellectual clouds to the practical challenges facing health care professionals, primarily concerning questions related to the end of life, genetic engineering, organ transplantation, reproductive rights, truth-telling in health care, allocation of limited health care resources, and a whole host of nagging and challenging bioethical issues.

Timing may not be everything, but it certainly can be vitally important. I completed my doctoral work in 1978 and by 1980 had taught two graduate student seminars on social work ethics at the University of Chicago. As I developed these courses I struggled mightily to find engaging, relevant, and accessible literature that would help students appreciate the nature of ethical dilemmas, ethical theory, and their relevance to social work. At the time very few social work programs were teaching in-depth ethics courses and there was very little social work literature on which to draw; nearly all of the extant

social work ethics literature focused on the nature of social work values and their implications for professional-client relationships. Social work's body of knowledge at that point in the profession's history lacked a critical mass of scholarly examinations of ethical dilemmas, moral theory, and ethical decision-making.

Fortunately, in 1980 The Hastings Center, with support from the Carnegie Corporation of America, formed a working group of faculty from a range of professions – engineering, law, business, medicine, the military, public policy, journalism, nursing, social work, and criminal justice – to identify compelling ethical issues in the respective professions, identify pedagogical goals for teaching ethics to practitioners, and develop curricular guides. Participants in this cutting-edge Hastings Center project published a series of monographs on teaching professional ethics, which included *The Teaching of Social Work Ethics* (Reamer & Abramson, 1982). In retrospect, these key developments provided the beginnings of a conceptual foundation that influenced the development of social work ethics for at least the next three decades.

The Evolution of Social Work Ethics

My own involvement with social work ethics has occurred within a much broader historical context, only some of which I have experienced firsthand. Although the theme of values and ethics has endured in the profession, social workers' conceptions of what these terms mean and of their influence on practice have changed over time. In my view, the evolution of social work values and ethics has occurred in five key stages: the *morality period*, *values period*, *ethical theory and decision making period*, *ethical standards and risk management period*, and, most recently, *digital period* (Reamer, 2013a).

The Morality Period

The first stage began in the late nineteenth century, when social work was formally inaugurated as a profession. During this period social work was much more concerned about the morality of the client than about the morality or ethics of the profession or its practitioners. Organizing relief and responding to the “curse of pauperism” (Paine, 1880) were the profession's principal missions. This preoccupation often took the form of paternalistic attempts to strengthen the morality or rectitude of the poor whose “wayward” lives had gotten the best of them.

The rise of the settlement house movement and Progressive era in the early twentieth century marked a time when the aims and value orientations of many social workers shifted from concern about the morality, or immorality, of the poor to the need for dramatic social reform designed to ameliorate a wide range of social problems, for example, those related to housing, health care, sanitation, employment, poverty, and education (Reamer, 1992). During the Great Depression especially, social workers promoted social reforms to address structural problems. Many social policies and programs created during the New Deal years in the United States (1933–1941) were shaped or influenced by social workers (McNutt, 2008).

The Values Period

Concern about the morality of the client continued to recede somewhat during the next several decades of the profession's life, as practitioners engaged in earnest attempts to establish and polish their intervention strategies and techniques, training programs, and schools of thought. Over time, concern about clients' morality was overshadowed by debate about the profession's future, that is, the extent to which social work would stress the cultivation of expertise in psychosocial and psychiatric casework, psychotherapy, social welfare policy and administration, community organization, or social reform. After a half century of development, the social work profession was moving into a phase characterized by several attempts to develop consensus about the profession's core values. Several prominent commentaries appeared during this period in which authors defined, explored, and critiqued the profession's core values and mission (Bartlett, 1970; Emmet, 1962; Gordon, 1965; Keith-Lucas, 1963; Levy, 1972, 1973, 1976; Lewis, 1972; Perlman, 1976; Pumphrey, 1959; Teicher, 1967; Towle, 1965; Varley, 1968; Vigilante, 1974; Younghusband, 1967).

In addition to exploring the profession's core values, some of the literature during this period (the 1960s and 1970s) reflects social workers' efforts to examine and clarify the relationship between their own personal values and professional practice (e.g., Hardman, 1975; Varley, 1968). In the context of this so-called values clarification movement, many social workers developed a keen understanding of the relationship between their personal views and their professional practice, especially when it came to controversial and divisive issues such as poverty, abortion, homosexuality, alcohol and drug use, and race relations.

Nearly half a century after its inauguration, the profession began to develop formal ethical guidelines, based on its core values, to enhance proper conduct among practitioners. In 1947, after several years of debate and discussion, the Delegate Conference of the American Association of Social Workers adopted a code of ethics. The profession's journals also began to publish articles on the subject with greater frequency (Hall, 1952; Pumphrey, 1959; Roy, 1954).

This is not to say, of course, that social workers neglected the subject until this period. Social workers have always espoused concern about a core group of central values that have served as the profession's ballast, such as the dignity, uniqueness, and worth of the person, self-determination, autonomy, respect, justice, equality, and individuation (Biestek, 1957; Cabot, 1973; Hamilton, 1951; Joseph, 1989; National Association of Social Workers, 1974; Richmond, 1917). In addition, there were several modest efforts earlier in the twentieth century to place ethics on social workers' agenda. As early as 1919 there were attempts to draft professional codes of ethics (Elliott, 1931). In 1922 the Family Welfare Association of America appointed an ethics committee in response to questions about ethical challenges in the field (Elliott, 1931; Joseph, 1989). However, the late 1940s and early 1950s rather clearly constituted a watershed period in social work when the subject of professional ethics became a subject of study and scholarship in its own right (Frankel, 1959; Reamer, 1980, 1982, 1987; Reamer & Abramson, 1982).

Not surprisingly, in the 1960s social workers shifted considerable attention toward the ethical constructs of social justice, rights, and reform. The public and political mood of this turbulent period infused social work training and practice with a prominent set of values focused on social equality, welfare rights, human rights, discrimination, and oppression (Emmet, 1962; Lewis, 1972; Plant, 1970; Reamer, 1994; Vigilante, 1974). The National Association of Social Workers (NASW) adopted its first code of ethics in 1960.

Perhaps the most visible expression of emerging concern about social work values and ethics was the 1976 publication of Levy's *Social Work Ethics*. Although the profession's journals had, by then, published a number of articles on social work values and ethics, Levy's book was the profession's most ambitious conceptual discussion of the subject. This had great symbolic significance. Since then, scholarship on social work ethics has blossomed. Levy's work, contained in *Social Work Ethics* and other publications (1972, 1973), helped to turn social workers' attention to the study of overarching values and ethical principles.

The Ethical Theory and Decision Making Period

Until the mid-to-late 1970s, the profession focused primarily on the nature of social workers' values and social work's core values and value base. At this point the profession underwent another significant transition in its concern about values and ethical issues. As I noted earlier, this is when I was privileged to join the discussion. The 1970s saw a dramatic surge of interest in the broad subject of applied and professional ethics (also known today as practical ethics). Professions as diverse as medicine, law, business, journalism, engineering, nursing, social work, psychology, and criminal justice began to devote sustained attention to the subject. Large numbers of undergraduate and graduate training programs added courses on applied and professional ethics to their curricula, professional conferences witnessed a substantial increase in presentations on the subject, and the number of publications on professional ethics increased dramatically (Callahan & Bok, 1980).

The proliferation of bioethics and professional ethics think tanks during this period is a major indicator of the rapid growth of interest in this subject. Today, in fact, the number of such ethics centers is so large that there is a national association, the Association for Practical and Professional Ethics. The field has also produced two prominent and influential encyclopedias: the *Encyclopedia of Bioethics* and *Encyclopedia of Applied Ethics*.

The growth of interest in professional ethics during this period was due to a variety of factors. Controversial technological developments in health care and other fields certainly helped to spark ethical debate involving such issues as termination of life support, organ transplantation, genetic engineering, psychopharmacological intervention, and test-tube babies. Key questions concerned, for example, the criteria that should be used to determine which medically needy patients should receive scarce organs, such as hearts and kidneys. Scholars and practitioners also debated when it is acceptable to terminate the life support that is keeping a comatose family member alive; to what extent it is

appropriate to influence, through laboratory intervention, the sex of a fetus; and whether it is ethically justifiable to implant an animal's heart into the body of an infant born with an impaired heart.

Widespread publicity about scandals in government also triggered considerable interest in professional ethics. Beginning especially with the Watergate scandal in the early 1970s, the public has become painfully aware of various professionals who have abused their clients and patients, emotionally, physically, or financially. The media have been filled with disturbing reports of physicians, psychologists, lawyers, clergy, social workers, nurses, teachers, pharmacists, and other professionals who have taken advantage of the people they are supposed to serve. Consequently, most professions take more seriously their responsibility to educate practitioners about potential abuse and ways to prevent it.

In addition, the introduction, beginning especially in the 1960s, of such terminology as patients' rights, welfare rights, women's rights, and prisoners' rights helped shape professionals' thinking about the need to attend to ethical concepts. Since the 1960s, members of many professions have been much more cognizant of the concept of rights, and this has led many training programs to broach questions about the nature of professionals' ethical duties to their clients and patients.

Contemporary professionals, including social workers, also have a much better appreciation of the limits of science and its ability to respond to the many complex questions professionals face. Although for some time, particularly since the 1930s, science has been placed on a pedestal and widely regarded as the key to many of life's mysteries, modern-day professionals acknowledge that science cannot answer a variety of questions that are, fundamentally, ethical in nature (Sloan, 1980).

Finally, greater awareness of social work malpractice litigation and licensing board complaints, along with publicity about unethical professionals, has forced the professions to take a closer look at their ethics traditions and training. As a result of these troubling phenomena, the professions, including social work, have enhanced their focus on ethics education (Congress, Black, & Strom-Gottfried, 2009; Houston-Vega, Nuehring, & Daguio, 1997; Reamer, 2001a, 2003, 2013a).

The emergence of the broad applied and professional ethics field clearly influenced the development of social work ethics (Banks, 2012; Barsky, 2009; Congress, 1999; Dolgoff, Loewenberg, & Harrington, 2009; Mattison, 2000; Reamer, 2013a). Beginning in the early 1980s, a small number of social work colleagues and I began writing about ethical issues and dilemmas, drawing in part on literature, concepts, and theories from moral philosophy in general and the newer field of applied and professional ethics. The net result of these developments was the emergence in the 1980s of a corpus of literature on social work ethics. For the first time in the profession's history, several books (Loewenberg & Dolgoff, 1982; Reamer, 1982, 1990; Rhodes, 1986) and a number of journal articles explored the intricate and complex relationship between ethical dilemmas in social work and ethical decision making. Interestingly, the 1987 edition of the *NASW Encyclopedia of Social Work* included for the first time an article directly exploring the relevance of philosophical and ethical concepts to social work ethics (Reamer, 1987).

Unlike the profession's earlier literature, several publications on social work ethics in the 1980s explored the relevance of moral philosophy and ethical theory to ethical dilemmas faced by social workers; similar developments occurred in nearly all the professions (Rachels & Rachels, 2011). Clearly, this was a key development, one that has dramatically changed social workers' understanding of and approach to ethical issues.

The Ethical Standards and Risk Management Period

And then the winds shifted yet again. In 1990 I received my first telephone call from an attorney who sought my opinion about ethical issues related to litigation. The attorney who called me was representing a social worker who provided services to a young man who committed suicide. Only then did I begin to discover the complex connections between ethical standards in social work and risk management, including professional malpractice and liability. This added a new challenge to my ethics-related work and, as a result, I had to learn a great deal about pertinent legal concepts, including negligence, malpractice, standards of care, acts of commission and omission, misfeasance, malfeasance, nonfeasance, evidentiary rules and procedures, legal discovery, burdens of proof, regulatory law, statutory law, common law, and Constitutional law, among others. I also began to understand that social workers needed much more guidance than was available in the existing NASW Code of Ethics. Social work ethics had become much more complex, in part because of increasing litigation and licensing board complaints and, especially, because of the dramatic growth of the professional and applied ethics field generally and social workers' expanding grasp of complex ethical issues unique to the profession.

This stage in the evolution of social work ethics is characterized mainly by the significant expansion of ethical standards to guide practitioners' conduct and by increased knowledge concerning professional negligence and liability. More specifically, this period included the development of a much more comprehensive code of ethics for the profession, the emergence of a significant body of literature focusing on ethics-related malpractice and liability risks, and risk-management strategies designed to protect clients and prevent ethics complaints and ethics-related lawsuits (Barker and Branson, 2000; Barsky, 2009; Houston-Vega, Nuehring, and Daguio, 1997; Jayaratne, Croxton, & Mattison, 1997; Madden, 2003; NASW, 2008; Reamer, 2001b, 2003, 2009, 2013a, in press). Many ethics complaints and litigation against social workers allege some kind of ethics violation related to such issues as confidential and privileged information, informed consent, conflicts of interest, dual relationships and boundary issues, use of nontraditional and unorthodox interventions, termination of services, impairment, and documentation (Reamer, 2003, 2013a).

Dramatic changes in the NASW Code of Ethics during this period are instructive. The first NASW code was published in 1960, five years after the organization was formed. The 1960 *Code of Ethics* was very brief and consisted of a series of fourteen proclamations concerning, for example, every social worker's duty to give precedence to professional responsibility over personal interests; respect the privacy of clients; give appropriate professional service in public emergencies; and contribute knowledge, skills, and support to programs of human welfare. Brief first-person statements (such as "I give

precedence to my professional responsibility over my personal interests” and “I respect the privacy of the people I serve”) were preceded by a preamble that set forth social workers’ responsibility to uphold humanitarian ideals, maintain and improve social work service, and develop the philosophy and skills of the profession. In 1967 a principle pledging nondiscrimination was added to the proclamations.

However, over time some NASW members began to express concern about the code's vagueness, its scope and usefulness in resolving ethical dilemmas, and its provisions for handling ethics complaints about practitioners and agencies. In 1977 the NASW Delegate Assembly established a task force to revise the profession’s code of ethics and to enhance its relevance to practice. The revised code, ratified in 1979, was much more detailed; it included six sections of brief principles preceded by a preamble setting forth the general purpose of the code, the enduring social work values upon which it was based, and a declaration that the code’s principles provide standards for the enforcement of ethical practices among social workers. The 1979 code set forth principles related to social workers' conduct and comportment, and to ethical responsibility to clients, colleagues, employers and employing organizations, the social work profession, and society.

In 1992 the president of NASW appointed a national task force, which I was asked to chair, to suggest several specific revisions of the code. In 1993, based on the task force recommendations, the NASW Delegate Assembly voted to amend the code to include several new principles related to the problem of social worker impairment and the problem of inappropriate boundaries between social workers and clients, colleagues, students, and so on.

Because of growing dissatisfaction with the 1979 NASW code, and because of dramatic developments in the field of applied and professional ethics since the ratification of the 1979 code, the 1993 NASW Delegate Assembly also passed a resolution to establish a task force to draft an entirely new code of ethics for submission to the 1996 Delegate Assembly. The task force, which I was privileged to chair, was established in an effort to develop an entirely new code of ethics that would be far more comprehensive in scope and relevant to contemporary practice.

Development of this new code represented a fundamental shift in social work’s approach to ethics. The code contains the most comprehensive contemporary statement of ethical standards in social work. The first section, “Preamble,” summarizes the mission and core values of social work, the first ever sanctioned by NASW for its code of ethics. The second section, “Purpose of the NASW Code of Ethics,” provides an overview of the code’s main functions and a brief guide for dealing with ethical issues or dilemmas in social work practice. The brief guide in this section of the code to dealing with ethical issues highlights various resources social workers should consider when faced with difficult ethical decisions. Such resources include ethical theory and decision making, social work practice theory and research, laws, regulations, agency policies, and other relevant codes of ethics. The guide encourages social workers to obtain ethics consultation when appropriate, perhaps from an agency-based or social work

organization's ethics committee, regulatory bodies (for example, a state licensing board), knowledgeable colleagues, supervisors, or legal counsel.

An important feature of this section of the code is its explicit acknowledgment that instances sometimes arise in social work in which the code's values, principles, and standards conflict. Moreover, at times the code's provisions can conflict with agency policies, relevant laws or regulations, and ethical standards in allied professions (such as psychology and counseling). The code does not provide a formula for resolving such conflicts and "does not specify which values, principles, and standards are most important and ought to outweigh others in instances when they conflict." (National Association of Social Workers, 2008:3)

The code's third section, "Ethical Principles," presents six broad ethical principles that inform social work practice, one for each of the six core values cited in the preamble. The principles are presented at a fairly high level of abstraction to provide a conceptual base for the profession's more specific ethical standards. The code also includes a brief annotation for each of the principles.

The code's final section, "Ethical Standards," includes 155 specific ethical standards to guide social workers' conduct and provide a basis for adjudication of ethics complaints filed against NASW members – a radical departure from the one-page code, including only fourteen principles, adopted by NASW in 1960. The standards fall into six categories concerning social workers' ethical responsibilities to clients, to colleagues, in practice settings, as professionals, to the profession, and to society at large. The introduction to this section of the code states explicitly that some standards are enforceable guidelines for professional conduct and some are standards to which social workers should aspire. Furthermore, the code states, "The extent to which each standard is enforceable is a matter of professional judgment to be exercised by those responsible for reviewing alleged violations of ethical standards" (NASW, 2008:7).

The Digital Period

I think it is fair to say that the newest period in the evolution of social work ethics has taken nearly all of us by surprise. I know I certainly did not anticipate that in the current era, beginning in the mid 2000s, we would face enormously complex issues related to social workers' use of digital and other "distance" or remote technology to serve clients.

Social work services emerged on the Internet as early as 1982 in the form of online self-help support groups (Kanani & Regehr, 2003). The first known fee-based Internet mental health services emerged in the mid 1990s; by the late 1990s, groups of clinicians were forming companies and e-clinics that offered online counseling services to the public using secure Web sites (Grant & Grobman, 1998; Martinez & Clark, 2000; Reamer, 2012a, 2013b; Schoech, 1999).

In contrast, today's social work services include a much wider range of digital and electronic options, including a large number of tools for the delivery of services to clients (Chester & Glass, 2006; Kanani & Regehr, 2003; Lamendola, 2010; Menon & Miller-Cribbs, 2002). Key examples include online counseling, video counseling, email therapy,

avatar therapy, telephone therapy, social networking, and text-message-based intervention. These new forms of social work intervention raise a wide range of novel and unprecedented ethical issues.

Significantly, for the first time in social work's history, the current NASW Code of Ethics includes explicit references to social workers' use of electronic media to deliver services to clients, particularly with respect to issues of informed consent, privacy, and confidentiality. However, these standards were ratified in 1996, long before the invention of many forms of digital technology social workers currently use. For example, Facebook, the most popular electronic social network site, was created in 2004; LinkedIn, Skype, and Second Life (software that enables clinical social workers to provide avatar therapy and other online services to individual and groups of clients) launched in 2003.

In addition to pertinent ethical standards, NASW and the Association of Social Work Boards (ASWB) have collaborated on standards for social workers' use of technology, a number of which focus on ethical concerns (NASW & ASWB, 2005).ⁱⁱ These standards address such issues as cultural competence, technical competence, privacy and confidentiality, confirmation of client identity, documentation, and risk management.

A number of compelling ethical issues are emerging as social workers make increasing use of a wide range of digital and other electronic technology. Key issues include practitioner competence, client privacy and confidentiality, informed consent, conflicts of interest, boundaries and dual relationships, consultation and client referral, termination and interruption of services, documentation, provision of social work services electronically across jurisdictional lines, and research evidence concerning the effectiveness and impact of distance services.

Social workers' use of digital and other electronic technology raises particularly challenging issues related to client privacy and confidentiality. For decades, social workers have understood their obligation to protect client privacy and confidentiality and to be familiar with exceptions (for example, when mandatory reporting laws concerning abuse and neglect require disclosure of information without client consent or when laws or court orders require disclosure without client consent to protect a third party from harm). However, the rapid emergence of digital technology and other electronic media used by social workers to deliver services has added a new layer of challenging privacy and confidentiality issues. For example, social workers who deliver services using e-mail, avatars, live chat, and video counseling must be sure to use sophisticated encryption technology to prevent confidentiality breaches (hacking) by unauthorized parties and comply with relevant privacy laws and regulations (Morgan & Polowy, 2011). According to the *NASW Code of Ethics*, "social workers should take precautions to ensure and maintain the confidentiality of information transmitted to other parties through the use of computers, electronic mail, facsimile machines, telephones and telephone answering machines, and other electronic or computer technology. Disclosure of identifying information should be avoided whenever possible" (p. 12, standard 1.07[m]). The NASW and ASWB (2005) standards on practitioners' use of technology state, "Social workers shall protect client privacy when using technology in

their practice and document all services, taking special safeguards to protect client information in the electronic record” (p. 10).

Social workers who use digital and online technology to deliver services must also pay close attention to complex and novel informed consent issues (Berg, Appelbaum, Lidz, & Parker, 2001). The recent advent of distance counseling and other social services delivered electronically has enhanced social workers’ ethical duty to ensure that clients fully understand the nature of these services and their potential benefits and risks (see NASW *Code of Ethics*, standards 1.03[a–f]). This can be difficult when social workers never meet their clients in person or have the opportunity to speak with clients about informed consent. Special challenges arise when minors contact social workers and request electronic services, particularly when social workers offer free services and do not require credit card information; laws vary considerably regarding minors’ right to obtain mental health services without parental consent (Madden, 2003; Recupero & Rainey, 2005).

Novel forms of distance counseling and other social work services may introduce conflicts of interest that were previously unknown in social work. For example, some video counseling sites offer free services to social workers and their clients; the Web sites’ sponsors pay for their development and maintenance. In return, sponsors post electronic links on the consultation screen that take users to their Web sites that include information about their products and services. Clients may believe that their social workers endorse these products and services.

Digital technology also introduces unprecedented boundary issues (Reamer, 2012b). For example, social workers face several challenges involving their use of social networking sites such as Facebook. First, many social workers receive requests from current and former clients – either delivered electronically or in person – asking to be social networking “friends” or contacts. Electronic contact with clients and former clients on social networking sites can lead to boundary confusion and compromise clients’ privacy and confidentiality. Clients who have access to social workers’ social networking sites may learn a great deal of personal information about their social worker (such as information about the social worker’s family and relationships, political views, social activities, and religion), which may introduce complex transference and countertransference issues in the professional-client relationship.

Moreover, clients’ postings on social networking sites may lead to inadvertent or harmful disclosure of private and confidential details. In addition, social workers who choose not to accept a client’s “friend” request on a social networking site may inadvertently cause the client to feel a deep sense of rejection.

Social workers who provide online and electronic services also face unique and unprecedented risks related to what lawyers refer to as *abandonment*. Abandonment occurs when a social worker-client relationship is terminated or interrupted and the social worker fails to make reasonable arrangements for the continuation of services, when needed. Online and electronic services could be terminated for a variety of reasons. Clients may terminate services abruptly, “disappear,” or otherwise fail to respond to a social worker’s e-mail, text messages, or telephone messages. Social workers may

terminate or interrupt services, perhaps inadvertently, because of computer or other electronic equipment failure or because a social worker fails to respond to a client's e-mail, text, or telephone message in a timely fashion.

Social workers' use of online and other electronic services also poses new documentation challenges. Social workers must develop strict protocols to ensure that clinically relevant e-mail, text, social networking (for example, Facebook), and telephone exchanges are documented properly in case records (see *NASW Code of Ethics*, standards 3.04[a][b]). These are new expectations that are not reflected in social work's long-standing literature on documentation guidelines (Sidell, 2011).

Epilogue

Life is full of surprises. My initial career goals did not include immersing myself in matters related to professional and social work ethics. I bumped into these issues unexpectedly during my doctoral-student ruminations about criminal justice issues and their relationship to social work.

I suspect this sort of nonlinear path is common in our profession. I suppose many, if not most of us develop new interests as we travel our career paths and discover challenging and compelling issues of which we were previously unaware. This sort of inquisitive meandering is one of the joyful byproducts of being a professional, especially as a member of a profession that is as diverse as social work.

Over the years I have come to understand two key phenomena pertaining to social work and professional ethics. First, this is an enormously complex subject that requires considerable study in order to grasp its broad range of conceptual challenges. Rarely does a week pass when I have not learned, or have needed to learn, something that I did not know and that is essential to my understanding of ethical issues, especially concerning such matters as ethical theory and moral reasoning, ethical standards, and legal concepts that intersect with professional ethics. I relish the opportunity to continue learning this deep into my career.

Further, I am humbled by my chronic inability to forecast the sorts of ethical challenges that arise in social work. Certainly, many ethical issues have endured over time and, at their core, are not likely to disappear. Examples include fundamental ethical issues pertaining to informed consent, client confidentiality and privacy, professional boundaries, and conflicts of interest. Particular details and challenges may change over time as cultural and social trends, ethical standards, and relevant laws and regulations emerge (for example, new laws pertaining to clients' confidentiality rights and their exceptions). But many overarching issues are not new and are likely to endure.

In contrast, I am stunned by the breadth and depth of ethical challenges in contemporary social work that I could not have anticipated earlier in my career. When I became a social worker, Facebook, video counseling software, and text messaging did not exist. Now I am consulted frequently about ethical and risk-management issues arising out of social workers' use of this digital and related technology. When I became a social worker in the 1970s no one had ever heard of HIV or AIDS. By the early 1980s,

however, I was starting to consult on cases involving the limits of social workers' clients' right to confidentiality, for example, when a client's sexual partner did not know that the client was HIV positive. And there are other examples, too, including healthcare social workers' involvement in daunting ethical decisions about the allocation of scarce organs for lifesaving transplants and end-of-life decisions involving clients who live in states that permit physician assisted suicide. I have been so humbled by my limited ability to predict new ethical challenges that I resist offering strong predictions. In my view, our best bet is for social workers to develop and refine the core knowledge and conceptual skills required to address whatever issues emerge in the future.

The burgeoning of social workers' interest in professional values and ethics, especially since the late 1970s, is remarkable. Today's practitioners have an unusually rich appreciation of the complex challenges associated with professional and personal values, ethical dilemmas, ethical decisions, and ethics risk management. Ethical theories, concepts, decision-making protocols, and related legal guidelines have changed dramatically since social work's nineteenth century origins.

I dare say that these developments are among the most profound and compelling in social work's history. We now know that mastery of these subjects requires in-depth and sustained education and training. Superficial knowledge will not suffice. In fact, I would argue that social workers' preoccupation with professional values and ethics must be the centerpiece of practitioners' education and training. After all, social work is a profession rooted in action, and this action must be anchored in a deep sense of moral mission and ethics. As the social work pioneer Jane Addams (1902) said soon after the profession's formal inauguration, "Action indeed is the sole medium of expression for ethics" (p. 273).

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ⁱ The potential links between philosophical inquiry and social work seemed limitless. In my book *The Philosophical Foundations of Social Work* (1993), I broadened the lens to explore the ways in which a range of core philosophical questions – including epistemology, political philosophy, aesthetics, and logic, in addition to moral philosophy – apply to social work.

ⁱⁱ I am currently chairing an international task force, sponsored by ASWB, that is developing model practice standards and regulations pertaining to social workers' use of digital, online, and other technology.