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Clinical Social Work Practice in America: Has it Maintained its Ethical Core?

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Clinical Social Work Practice in America: Has it Maintained its Ethical Core?

Submitted by Lawrence A. Ribel, LSW
May, 2012

MSW Clinical Research Paper

This Clinical Research Project is a graduation requirement for MSW students At St. Catherine University/University of St. Thomas School of social Work In St. Paul Minnesota and is conducted within a nine-month time frame to Demonstrate facility with basic social research methods. Students must Independently conceptualize a research problem, formulate a research design That is approved by a research committee and the university Institutional Review Board, implemented the project, and publicly present their findings. This project is neither a Master's thesis nor a dissertation.

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Abstract

The purpose of this study was to identify if there is an ongoing dilemma relating to the ethical core values of the current practice of clinical social work in America. The conceptual framework for this study is based on a qualitative paradigm consisting of a synthesis of existing research and the subjective data that was collected and analyzed for the purpose of this research study. This study reveals an ongoing polarized view of the perceived priorities of the ethical constructs of clinical social work as practiced in America over the last 40 years. This study reflects the need for clarification, as well as further research on the part of the National Association of Social Workers, as the NASW hopefully moves forward and provides a more comprehensive and clearly defined national policy regarding the current construct of the ethical model of clinical social work practice.

Acknowledgments

First and foremost, I would like to acknowledge my parents, Frank A. Ribel, age 93, and my mother, Ann J. Ribel, age 86. Without their continuous sustaining enthusiasm and nonjudgmental support, my participation in a university program at this stage of my life would have never been possible.

There is no one person more responsible for my being engaged in the pursuit of a career in social work than my son Bill. Bill has enriched my life in enumerable ways, as he has opened my eyes and strengthened my heart. Ultimately, Bill has empowered me to go forward in my goal of making a positive difference in the lives of those that might benefit from my care. This research project, as well the remainder of my professional career is dedicated to my son, Bill.

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Introduction

The literature reviewed here focuses on the continued evolution of American social work practice in the field of mental health care, as it reports on the parallel development and acceptance of the medical model. Many of the studies reviewed here present the argument that clinical social work has departed from the basic tenets of social work practice by accepting and employing the medical model as it applies to mental health care, (Kutchins and Kirk, 1988; Davis, 1987; Devereux, 1987; Klienmann, 1988; Cohen, 1989; Rabinowitz, 1993; Warner, 1994; Morley, 2003). While some of the studies reviewed here bring forward the benefits of the medical model, as well as reporting on how the medical model better facilitates clinical social work practice (Kane, 1982; Harkness, 2010).

This report presents some of the origins, historical influences, and basic tenets of social work practice in the United States, with the inclusion of the development of the National Association of Social Workers (NASW, 1955), and the NASW Code of Ethics (NASW, 1999) as a means of demonstrating the basis of the potential conflict between the basic tenets of social work practice, clinical social work, and the medical model. Some of the literature presented here makes a distinction between a best practice and client centered model for clinical social work, and what is referred to as the biomedical model of mental health diagnosis and treatment (Engel, 1977; Karapanagiotidis and Kilkeary, 1997).

In the same manner, the research presented here informs the reader of the definition and the history of the medical model in general, and more specifically the

medical model as it relates to mental health care (Gabe, 2004; Shah and Mountain, 2007). The American Psychiatric Association's Diagnostic and Statistics Manual of Mental Disorders (A.P.A., DSM-IV-TR, 2000) is described here by several authors as being a major influence on the clinical progression and acceptance of the medical model in the field of mental health care, (Kutchins and Kirk, 1988; Follette & Houts, 1996; Wampold, Ahn, and Coleman, 2001; Ishisbashi, 2005; Harkness, 2010; Black and Andersen, 2011).

Literature Review

Background: The Formation and Basic Tenants of American Social Work

Since its formative stages, social work has done the work of caring for disadvantaged, vulnerable, and powerless populations (Dore, 1990), while historically observing a focus on the “person-in-situation” (Anderson 1988). This literature reports that social work evolved in the United States from the work of many pioneers. This list of pioneers includes; The Reverend Humphries Gurteen and his establishment of the Charity Organization Societies in Buffalo New York in 1877; the work of Mary Ellen Richmond (1861-1928) with the Charity Organization Society of Baltimore in 1888; and through the efforts of Jane Addams (1860-1935) in bringing the English Settlement House Movement to America (Wenocur and Reich, 2001).

Over the course of its evolution, social work practice has both recognized and emphasized the importance of strengths based models of intervention (NASW, 1999; Carpenter, 2002). With the development and incorporation of Systems Theory, the concept of the Holon and its emphasis on the person in their environment or P.I.E., social work has become synonymous with personal empowerment, (Weick, 1983; Dore, 1990; Carpenter, 2002; Dewees 2003; Hitchens, 2011).

The Formation of the National Association of Social Workers

The evolution of social work in America was enhanced through the formation of a series of national membership associations. These seven separate membership associations combined on October 1, 1955 to become the National Association of Social Workers (NASW). These associations consisted of five professional organizations: the American

Association of Social Workers (ASW), the American Association of Medical Social Workers (AAMSW), the American Association (AAPSW), the National Association of School Social Workers (NASSW), and the American Association of Group Workers (AAGW). The other two membership associations: the Association for the Study of Community Organizations (ASCO), and the Social Work Research Group (SWRG) were at the time, considered to be informal study groups (Wenocur & Reich, 2001).

Core Values of Social Work Practice: the NASW Code of Ethics

Social work as a matter of its ethical core of practice has traditionally emphasized, client centered, strengths based, and least restrictive models of intervention (NASW, 1999; Brill, 2001). The National Association of Social Workers Code of Ethics (NASW, 1999) represents its core values as pertaining to all aspects of social work practice “The code is relevant to all social workers and social work students, regardless of their professional functions, the settings in which they work, or the populations they serve” (p. 2).

Tracing the Progression of Social Works Role in Mental Health Care

1900 -1939: Foundations of American Psychiatric Social Work

From the mid 1880s until her death, Dorothea Dix (1802-1887) worked as an early social work pioneer in her attempts to have the state and federal government take responsibility for the care of the “indigent mentally ill” (Day, 2009, p. 182). In 1917 Mary Richmond published her book *Social Diagnosis*, which was considered as the first major text used to teach practicing social workers (Wenocur & Reich, 1989). In this book Richmond suggests ways to approach people with special needs, including those individuals referred to as “retarded”. Richmond stated that “*diagnosis* is a better word

than *investigation*; though in the strict use the former belongs to the end of the process" (Specht and Courtney 1994, p. 78). The literature reports that the term diagnosis, which was incorporated into Richmond's model of study-diagnosis-treatment, as over time being related to, and becoming synonymous with what became known as the "medical model" (Germain, 1969; Dore, 1990).

In 1919 at the National Conference of Social Work in Atlantic City, Jessie Taft and Mary Jarrett identify a psychiatric base for all social work practice; they called for incorporation of "mental hygiene" in all social work training programs (Dore, 1990). Clifford Beers, a Wall Street financial expert and ex-mental patient is credited with founding the "Mental Hygiene Movement" in the context of writing his autobiography, *A Mind That Found Itself* 1908 (Edwards 2009). According to Day (2009) the Mental Hygiene Movement changed the concept of psychological problems from being seen as systemically biological in nature, to now being thought of as a disease.

Wenocur and Reisch (1989) report that from approximately 1917 through 1929 psychiatric social workers and family case workers were in contention as to which was the dominant model of social work practice. As the result s of a series of meetings conducted between by various social service agencies between 1923 and 1928, the Milford Conference of 1929 consolidates the focus of social work practice with the adoption of a generic case work model.

1940s-1960s: The Impact of World War II: Psychiatric Social Workers Move Toward Private Practice

Various researchers report that World War II increased America's awareness of the need for more mental health professionals, including the need for psychiatric social workers, (Wenocur and Reisch, 1989; Specht and Courtney, 1994; Day, 2009). In 1948 the prospect of private practice for mental health social workers became more obtainable with the offering of America's first interdisciplinary psychoanalysis and psychotherapy program, the Post Graduate Center for Mental Health in New York City (Phillips, 2008). Phillips goes on to report that private practice social work in the field of mental health was enhanced by a number of states "enacting certification and licensing laws which would offer support and recognition for the profession of social work, and in many cases, to the independent practice of clinical social work"(p. 4).

1970s-1980s: The Formation of Clinical Social Work

"According to Simpson, Williams, and Segall, (2007) clinical social work formed as a specialty in the field of social work practice in the 1970s as a response to a renewed interest in social work providing direct service." The field of clinical social work was supported by the formation of the Clinical Social Work Association in 1971, and the publication of the Clinical Social Work Journal in 1972. Simpson et al. goes on to report that the "NASAW followed by forming a task force on clinical social work in 1978 and a National Invitational Forum on Clinical Social Work in 1979" (p. 4).

1980s-2000s: America Embraces Clinical Social Work & Evidenced Based Practice

Researchers report that over the past 30 years clinical social work has surpassed psychiatry and has now become America's number one contact for mental health services (Phillips, 2008; Harkness, 2010). Mechanic (1999) reports that managed health care practices helped to create more opportunities for less expensive therapy as provided by clinical social workers. Currently clinical social work is being impacted, and in some instances reframed in the context of evidence based practice (Thyer, 2002; Caddigan and Pozzuto, 2010)

What Constitutes Clinical Social Work?

Definitions of clinical social work vary in their areas of emphasis. In defining clinical social work Simpson (2007) references the Clinical Social Work Association; National Association of Social workers; American Board of Examiners in Clinical Social Work; The National Academy of Practice in Social Work; and the Association of Social Work Boards. Simpson reports that these agencies agree in principle that clinical social work involves the restoration of individual or group biopsychosocial functioning "through prevention, diagnosis, and treatment" (p. 4). Simpson goes on to state that all of these agencies are in agreement that clinical social work "Must include professional ethics and values, biopsychosocial development, psychopathology, psychodynamics, interpersonal relationships, environmental determinates, and clinical methods" (p. 4).

Biggerstaff (2000) gives this description of the functions of clinical social work practice:

- application of social work, theory, knowledge, methods, ethics, and the professional use of self

- restoration or enhancement of social, psychosocial, or biopsychosocial functions of individuals, couples, families, groups, organizations, and communities
- application of specialized clinical knowledge and advanced clinical skills in the areas of assessment and diagnosis of mental and emotional disorders and conditions; treatment methods, including the provision of individual, marital, couple, family, and group psychotherapy; counseling, teaching, research, community organization, and the development, implementation, and administration of policies, programs, and activities. (pp. 110-111).

Basic Tenants of the Medical Model

The medical model has been referred to as the biomedical model, (Engel, 1977; Follette and Houts, 1996; Bandura, 1997) and is reported as having been developed by medical scientists for the study of diseases, (Weick, 1982; Pardeck & Murphy, 1993; Beecher, 2009). The medical model has been described as a scientific process in that it systematically proceeds through the steps of observation, differential diagnosis, and specific medical treatment (Shah and Mountain, 2007). According to a number of researchers, the medical model is considered to be the dominant model of diagnosis and treatment employed in mental health practice, (Kutchins and Kirk, 1988; Morley, 2003; Gabe, 2004; Beecher, 2009).

Researchers report that the evolution and acceptance of the medical model brought with it the *Medicalization* of social problems (Specht and Courtney, 1994; Mechanic, 1999). Medicalization has been described as a process by which non-medical

problems become defined and treated as medical problems (Gabe, 2004; Hitchens, 2011). Some research suggests that Medicalization does not necessarily carry a negative connotation; as in instances when alcoholism is defined as a medical condition, reframing a personal character issue now viewed as a medical problem (Hitchens, 2011).

The DSM Impacting the Medical Model of Mental Health Care, and Clinical Social Work

Research has reported that the application of the Diagnostic and Statistical Manual of Mental Disorders (DSM) as being a major link joining the medical model, psychiatric practice, and mental health social workers (Mechanic, 1999; Dewees, 2002). Follette and Houts report “the DSM is an organ of the American Psychiatric association and, as such, reflects the underlying model of traditional medicine” (1996, p.1121).

Largely as a result of WWII, it became apparent that there was an obvious difference in the training backgrounds of psychiatrists across America. In an attempt to better facilitate a common standard of diagnosis in the psychiatric profession, the American Psychiatric Association (APA) formed a committee that produced and published the DSM-I in 1952 (Black and Andreasen, 2011). The DSM presents a multiaxial system that identifies mental and personality disorders by clusters of symptoms, and classifies them by assigning each disorder a diagnostic code number, (American Psychiatric Association, 1994; Mechanic, 1999; DSM-IV-TR, 2000).

According to a number of researchers, the DSM has the potential to initiate labeling and stigmatization of individuals seeking help from a mental health professional, (Patten et al., 1989; Dewees, 2003; Ishibashi, 2005). While Harkness (2010) reports that the DSM is essential to the practice of clinical social work. Harkness informs

the reader that social work is now the primary contact for consumers dealing with mental health issues, and as such schools of social work have a responsibility to teach the DSM. Harkness goes on to assert that clinical social workers would be engaging in less than competent practice if they are not familiar with the diagnostic criteria presented in the DSM. In the Recommendations section of their study Neumann, Clemmons, & Dannenfelser (2007) suggest that the DSM will continue to be more relevant for clinical social work, and as such, “clinical social workers should advocate for DSM classifications that are more compatible with social work’s mission and goals” (p. 306).

Social Work and the Medical Model

A number of researchers report areas of conflict in mental health care models between the client centered, biopsychosocial model of social work, and the biomedical diagnosis and medical treatment employed by the medical model, (Engel, 1977; Weick, 1983; Davis, 1987; Cohen, 1989; Segal, 1993; Dewees, 2002; McLaughlin, 2002). The biomedical approach to mental health care is seen as being based on pathology and classification of one’s disease, by comparison traditional social work practice focuses more on the biosocial, and more recently on the biopsychosocial model of mental health assessment, (Simons and Aigner, 1985; Bandura, 1997; Mechanic, 1999). Various researchers suggest social work may have deviated from its original model of intervention in its efforts to gain a foothold in the field of mental health care, (Segal, 1993; Specht and Courtney, 1994; Tower, 1994; McLaughlin, 2002; Morley, 2003). In a related report, Dore (1990) suggests “Adopting a scientific approach to its work by

emulating the medical model was one way in which social work could gain the recognition it sought" (p. 359).

Morley (2003) reports on questions arising as to the ethics of social workers embracing the medical model of mental health care:

The literature overviewed indicates that the majority of social work practice conducted in mental health settings reflects an uncritical embrace of the medical model of psychiatric illness, and therefore largely neglects social work approaches which utilize critical principles. The following article explores the possibilities for applying a critical model of social work practice to the mental health field, and argues the necessity for social workers to actively engage with critical practice, even in medically dominated settings, to effectively work towards the espoused social justice ethics and mission of the social work profession (Morley 2003).

Assessments versus Diagnosis

Simon and Aigner (1985) suggest the application of, and even the very use of the term diagnosis, as having the potential to confuse and distract social workers from accurately and effectively assessing the client's needs. Simons and Aigner go on to argue against the use of diagnosis in social work practice; "Finally, the term diagnosis, a medical term, connotes an exercise in which an active expert examines and identifies the problem of a passive patient. This type of relationship contradicts the values of social work that stress client self determination" (pp. 40-42). The literature goes on to suggest that a mental health diagnosis commonly labels the client with having a disease, followed by a medical intervention often involving a psychiatrist's care, (Engel; 1977; Link and Phelan, 1999; Mechanic, 1999; Ishibashi, 2005).

Kristine Hitchens (2011) presented a mixed-methods study consisting of a partial replication of a quantitative study conducted by Kutchins and Kirk (1988), and

qualitative analysis of interviews that she conducted with individual social workers. Hitchens study found that current social worker's report feeling more conflicted than their colleagues in 1988 with attaching a diagnosis to what may be a social issue. "According to Hutchins, social workers were currently in favor of a different form of mental health assessment that would be more aligned with the original tenets and mission of social work practice" (p. 48). This same study reports on social researcher Dennis Saleeby presenting an alternative to the American Psychiatric Associations version of the DSM, with his own DSM: *The Diagnostic Strengths Manual*. Saleeby describes his model as a new tool for clinician's to "leave the intense preoccupation with symptoms and labeling with an equally intense preoccupation with understanding life's real problems and the virtues of the people who suffer with them" (p. 49).

Managed Health Care and its Impact on Mental Health Social Work

According to Craighead and Nemeroff (2001) "Managed health care is any health care delivery method in which an entity other than the health care provider actively manages both financial and medical aspects of health care" (p. 1). Models of managed health care have continued to evolve in the United states from the post WW II era to the current day. The incentive for managed health care centered on the growing awareness of the need to manage escalating health care costs (Mechanic, 1999). Mechanic goes on to suggest that mental health social workers have seen increased case loads with the onset of managed health care.

Mechanic attributes this increased case load to cost savings for managed health care providers, as therapy with a social worker has traditionally been billed at a lesser rate than that of other mental health professionals.

Conversely, in their mixed -method quantitative/qualitative study, Turney, and Conway (2001) bring to light several areas where managed health care is seen as being both a detrimental to, and in conflict with mental health social work. Turney and Conway report that managed mental health care presents social workers with dilemmas concerning such issues as ; “(a) the clients rights to self determination, (b) confidentiality and privacy (c), primacy of client’s interest, and (d), the clients right s to access services (NASW Code of Ethics, 1993), (Turney and Conway, p. 8). Similarly, Dewees (2003) suggests that “managed mental health care as seen in the current era of psychopathology, with its requirement of a diagnosis as a prerequisite for access to services , as placing the social worker in the paradoxical situation of engaging in illness-centered practice” (p. 74).

Social Work Education: The Impact on Clinical Practice

In reviewing various studies on the role of education in social work practice, it is reported here that the increased demand for clinical social work is changing the content, as well as the context of social work education (Turney and Conway, 2001; Harkins, 2010). Simpson, Williams, and Segall (2007), report that clinical social work education should include a greater emphasis on medical issues dealing with pathology. While the NASW Code of Ethics (1999) and Casstevens (2010) contend that the basic tenets of social work practice, such as client centered and personally empowering

models of health and recovery, should be taught and applied to all fields of social work practice.

Here again a number of researchers report on the impact of the DSM on clinical social work. In their report Newman, Clemmons, and Dannenfelser, (2007) conduct a longitudinal study comparing the attitudes of MSW programs regarding their view of the importance and relevance of including DSM coursework. To observe the comparison, Newman et al. sent out questioners to schools offering MSW programs in 1986 (57 schools), and again in 2006 (104 schools). These questioners were sent to program administrators, and the study covered issues of the inclusion of DSM course work, and the perceived advantages and disadvantages of DSM use in social work practice. Newman, et al. reported that “The data from our survey suggests that in the last 20 years, schools of social work have increasingly considered DSM content as essential and necessary for preparation for clinical practice” (p. 306).

“According to Simpson, Williams, and Segall (2007) clinical social work is a specialty within the profession of social work. And as such, clinical social should be seen as synonymous and aligned with the ethics, beliefs, values, and educational institutions associated with the social work profession” (p. 4). This report goes on to point out that the Council on Social Work Education has placed more recent emphasis on competencies for clinical practice, and that this has impacted the content of social work education. Simpson et al. go on to suggest “that clinical content has always been a part of social work education in that it takes into account both the person-in-situation perspective and the concept of relationship” (p. 12).

In contrast to Simpson et al., Casstevens (2010) informs the reader that there are questions regarding the usefulness of teaching the DSM to MSW students as there are “ongoing professional concerns about the validity as well as the reliability of DSM diagnostic categories” (p. 387). Casstevens emphasizes the need for social work education to continue to promote alternative, social, and environmentally informed models of mental health assessment, even in the current era of a medical model that promotes mental “illness” and symptom management.

Currently More Questions than Answers

The researched reviewed here has been consistent in that it has presented a polarized picture of the practice methods and ethical underpinnings of clinical social work in America. For every ringing endorsement of clinical social work (Phillips, 2008), there has been a corresponding call to alarm (McLaughlin, 2002) concerning the Medicalization of social and emotional issues. As we read Thyer (2002) report on the positive impact and hopeful implications of evidenced based practice, Caddigan & Pozzuto (2010) present a study suggesting that evidenced base practice is conflicted in that it is currently too closely aligned with the medical model and the DSM to be an appropriate model for social work practice.

This research has been equally conflicted and polarized regarding appropriate curriculum for schools of social work. Research presented by Wampold, Ahn, and Coleman (2001) and Simpson, Williams, and Segall (2007) report that familiarity with the DSM model of diagnosis is an essential component of a comprehensive MSW program. While conversely, Casstevens (2010) asserts that it is not culturally sensitive,

environmentally sound, or ethically appropriate for schools of social work to emphasize the use of the DSM as it exists in its current format.

Questions Include

Has clinical social work compromised its core values, those values based on the NASW Code of Ethics? Has the National Association of Social Workers as a matter of policy, changed its view as to what it considers to be client centered and strengths based practice? Or is clinical social works adoption of the jargon and diagnostic format of the medical model an honest attempt at presenting a new model of “best practice” in the field of mental health care? Are clinical social workers currently practicing in the field experiencing an ethical debate within their mode of practice? How can new research provide a more consolidated view of the current model of clinical social work? The need for the consumers of mental health services to make informed choices provided the impetus for going forward with this study.

Conceptual Framework

Theoretical Lenses

The conceptual framework for this study is based on a qualitative paradigm consisting of the synthesis of the literature reviewed, and the subjective data that was collected and analyzed for the purpose of this research study. The use of a narrative concept map was employed as a means of clarifying and then organizing the areas of study that were considered essential to the validity of this research project. This narrative concept map delineated such issues as existing theories, new research, assumptions, beliefs, expectations, and the ethical issues associated with this topic. The coding and synthesis of the information represents an attempt to present a comprehensive picture, and to look for common themes that run through both the literature and data. It is hoped that a thorough and comprehensive analysis of the research literature and data will realistically reduce, if not completely eliminate the issue of research bias.

The goal of this study was to put together a valid and realistic presentation of the perceptions, as well as the realities of the ethical constructs attributed to the current practice of clinical social work. In the course of the study I found it essential to identify both the founding models of American social work, with the inclusion of social works ethical core principles. The conceptual framework consisted of a parallel process which involved showing the evolution of clinical social work and its ethical traditions, while also presenting the history of the medical model and its evolution as the model for mental health care in America. A good deal of this study was done by way of

comparing opposed constructs, and it is reported in the format of contrast and comparison.

Professional Lenses

This researcher feels that his Bachelor of Social work degree as well as his current Master of Social Work curriculum has influenced both the topic and the construction of this current research.

Personal Lenses

Originally it had been the intent of this researcher to construct a study on a different topic than the one that will be presented here. But as the research of existing studies was examined, the picture of a polarized vision of the ethical constructs of clinical social work became both predominant, as well as preeminent. With it being the intent of this researcher to spend the rest of his professional career in the field of clinical social work, this current study became infused with both passion, and a sense of moral responsibility.

As this research project was undertaken as a requirement for a Master of Social Work program, and given that the topic included issues involving potential ethical conflicts in social work practice, there was an intense awareness of the potential for close scrutiny fueling this research effort.

Methods

Research Design

The basic design of the research was formatted on a qualitative paradigm consisting of the synthesis of existing theory and new data. Qualitative research

supports the reporting of information which is both subjective and descriptive. The researcher gathered the existing theory from the extensive review of reports, textbooks, and study's. The research data was obtained through surveys and interviews, both of which were ethnographic in nature, and viewed from an etic perspective. Ethnographic interpreted as "The researcher attempts to describe and interpret social expressions between people and groups" (Berg 2009, p.208). The Etic perspective being described as "Understandings are the products and interpretations of meanings, theoretical and analytical explanations in understandings of symbols as mediated through the researcher (an outsider)" (Berg 2009, p. 192).

The data was coded for relevant themes (See Data Analysis). The coding and synthesis of the information represents an attempt to present a more comprehensive picture of current beliefs regarding the state of the ethics of clinical social work practice.

Sample

The sample consisted of 8 licensed independent clinical social workers who are currently licensed to practice in the state of Minnesota and who practice in the Twin cities area. The researcher conducted 4 one-on-one interviews, and the remaining 4 participants were drawn from those respondents that consented to participate in my email survey question format.

Protection of Participants

Recruitment process

Both the interview participants and survey subjects were randomly selected from a list of Twin Cities Licensed Clinical Social Workers as found on the National

Association of Social Workers, Minnesota Chapter website. All potential participants were contacted via email with a letter of introduction and recruitment, a letter of informed consent, and the same list of questions for both interview and survey participants.

Protocol for ensuring Informed consent

This researcher considers it essential to provide an informed and appropriate format in which the respondents were free to give thoughtful and straightforward responses to some rather candid questions. As such, each potential survey and interview participant was emailed a letter of introduction/recruitment, a list of survey questions, and a consent form that has been approved by the University of St. Thomas Internal Review Board. The letter explained the purpose of this proposed study, and it came with the assurance of the complete anonymity of the participants. The letter of consent needed to be completed, signed, and returned before the research process was allowed to proceed.

Data Collection and Instrument

The data was collected through live in-person interviews, and from responses gathered from an email survey (Appendix D). The interviews were audio taped and field notes were taken in order to add to the accuracy and rigor of the analysis of the data. The primary and only researcher for this project was the instrument of the data collection and analysis.

Both the interview and survey questions for this research were formulated by the researcher. The research questions in this study were both open and closed-ended, and the interviews were conducted in a semi structured format. It was hoped that a semi-structured interview format would allow for the inclusion of additional relevant responses that might add to the validity and inclusiveness of the data collected. After a thorough review of existing research, this researcher felt that there were relevant questions regarding this research topic that had as of yet not been addressed thoroughly, if at all. Such questions as: 'What is the basis of your ethical model in your current practice of clinical social work?' 'Do you feel that clinical social workers should consider themselves as members of the medical profession?'

Data Analysis Plan

The research data was analyzed in an inductive process, coding the transcripts in a process known as grounded theory, using analytic induction. "Grounded theory being a research method where the theory develops from information that is "grounded" in the data (Monette, Sullivan, & DeJong, 2011, p. 225). The data analysis would be considered inductive in that the raw data was first open coded to look for possible relevant concepts. The inductive process of coding was then funneled down, identifying words and terms that helped to identify themes. According to Monette et al. "Content analysis refers to a method of transforming the symbolic content of document such as words or other images from a qualitative systematic form to a quantitative systematic form" (pp. 208, 209). With the idea being to look for themes in the data; the coding process allowed for the synthesis of the data and the literature reviewed for this study.

This process of combining existing theory and thematically relevant data hopefully enhanced both the rigor and the validity of this research.

Strengths and Limitations

It is hoped that this process of synthesizing real-time data gleaned from clinical social workers currently working in the field, with an extensive review of existing theory and research will contribute to both the rigor and the relevance of this research study. This researcher believes an additional strength of this study is its emphasis on the anonymity of the participants. The researcher considered it more valid to avoid the potential bias of peer pressure that might have been experienced in a focus group setting.

This researcher found it difficult to research and address the topic question to his satisfaction given the potential implications of this topic, the parameters of the time limit for this project, and that the expectation for this project was that the research was not meant to be exhaustive. With the addition of more time, this researcher would have liked to have conducted a national survey of licensed clinical social workers, licensed clinical psychologists, administrators of schools of social work, and most importantly, consumers of mental health services. This researcher believes that both the relevance and the importance of this topic merit that type of study.

Findings

The findings of this research are being presented in the format of the synthesis of the data gathered from the survey/interview questions obtained for this study, as these responses addressed the topics that were brought forward in the literature reviewed for this study. As the literature for this study as well as the responses to the survey/interview questions both revealed a polarized view of the central question under examination, it is the intent of this researcher to present these findings by means of contrast and comparison whenever applicable.

The Ethical Model of Social Work Practice

The first survey/interview question asked the respondents to consider what the ethical foundation of their clinical social work practice was based on. This question is addressed in the portion of the literature that considered the core values of social work practice, those values being put forth in the National Association of Social Workers Code of Ethics (NASW 1999). Of the eight participants that responded to the question regarding the ethical base of their clinical practice of social work, seven of those respondents stated that core as being the NASW code of ethics. The eighth respondent was a survey participant who had been in practice for some 50-plus years, and that respondent's ethical core for practice was stated as being agency policy.

The literature reviewed for this research study corroborated the data obtained as it suggested that social work as a matter of its ethical core of practice has traditionally emphasized client centered, strength based, and least restrictive models of intervention

(NASW, 1999; Brill, 2001). The literature goes on to unequivocally state the importance of the NSAW code of ethics as representing the core value of ethical social work practice "The code is relevant to all social workers and social work students, regardless of their professional functions, the settings in which they work, or the populations they serve" (p. 2).

Clinical Social Work: An Evolving Practice.

The next survey/interview question asked the participants if they had noticed or experienced changes in the practice of clinical social work over the course of their careers. This question was relevant to the section of the literature review that addressed the question: *What Constitutes Clinical Social Work?*

It is essential to this study to present a clear definition of clinical social work practice as presented in the existing literature in order to compare and contrast the literature with the data gathered in the course of this study. One comprehensive definition of clinical social work as presented by Simpson (2007) who reports that clinical social work involves the restoration of individual or group bio psychosocial functioning "through prevention, *diagnosis*, and treatment" (p. 4). Simpson goes on to state that clinical social work "must include professional ethics and values, biopsychosocial development, psychopathology, psychodynamics, interpersonal relations, environmental determinants, and clinical methods" (p. 4). Biggerstaff (2000) brought forward that clinical social work includes "the application of social work theory, knowledge, methods, ethics, and the professional use of self (pp. 110 – 111).

Survey/interview participant data regarding how they have seen clinical social work change over the course of their careers can be viewed as somewhat consistent with the literature. The theme of the respondent data consisted of issues of a progression over the years in clinical social work involving more supervision, more education, more emphasis on casework, and that over the years we have now adopted a broader definition of what constitutes clinical social work. The data reports that the current definition of clinical social has expanded to include more behavioral modalities. The consensus of the data reported that clinical social work has evolved in the direction of having a more relevant and significant role in mental health care in America.

The Medical Model and Clinical Social Work Practice

The next survey/interview question that shared a common theme with the literature presented here asked the question if clinical social work should be considered part of the medical profession. The respondents replies to the question consisted of five answering no, two answering yes, and one response of "it depends on the setting". The theme of the two "yes" responses consisted of "since I have the training to *diagnose* and assess mental health disorders I should be considered a member of the medical profession." The "no" responses were more emphatic, as the predominant theme of the "no" answers expressed the view that as clinical social workers we are not members of the medical profession because we are not trained to be medical professionals, and that

as social workers we play an important complementary role to medicine, we have a different role and responsibility with the client.

In the section of the literature titled *Basic Tenets of the Medical Model*, a view of the medical model and its effect on mental health care being in opposition with traditional social work practice is addressed from several different perspectives. A number of researchers in the literature for this study stated that the medical model is considered to be the dominant model of *diagnosis* and treatment employed mental health practice, (Kutchins and Kirk, 1988; Morley, 2003; Gabe, 2004; Beecher, 2009). The literature goes on to report that the application of the Diagnostic and Statistic Manual of Mental Disorders (DSM) is seen as being a major link joining the medical model, psychiatric, and mental health social workers (Mechanic, 1999; Dewees, 2002). The DSM is a prominent feature of the literature reviewed for this study as it is referred to in the sections titled *The DSM Impacting the Medical Model of Mental Health Care, and Clinical Social Work*, as well as being a major emphasis in this section titled, *Social Work Education: The Impact on Clinical Practice*.

While some of the studies reviewed here extol the benefits of the medical model as well as reporting on how the medical model benefits social work practice (Kane, 1982; Harkness, 2010), a number of other studies reviewed here present the argument that clinical social work has departed from the basic tenets of social work practice by accepting and applying the medical model as it applies to mental health care, (Kutchins and Kirk, 1988; Davis, 1987; Devereux, 1987; Klienmann, 1988; Conan, 1989; Rabinowitz, 1993; Warner, 1994; Morley, 2003).

The Relevance of Teaching the DSM in Schools of Social Work

The fifth and sixth of ten survey/interview questions put forth in this research asked the participants about the relevance of teaching the DSM in schools of social work. These two questions directly involved the DSM as it relates to clinical social work practice and the relative value and need, as well as the ethical authority to teach the DSM in Masters of social work programs. The predominant theme of the responses to the question of how the DSM increased competence in clinical social workers stated that teaching the DSM in Masters level social work courses was “essential.” The respondent’s emphasis being that the DSM is the common accepted way of communicating amongst mental health professional in America, and that knowledge of the DSM allows clinical social workers to be relevant in the area of mental health care. Five of the eight responses to the question of how the DSM might be *detrimental* to the practice of clinical social work were “not at all.” The remaining three responses brought up the concerns of the DSM taking clinical social workers away from traditional social work methods and values, those values being more clients centered and relational than might be found in a DSM *diagnosis*.

Here again in addressing the question of the validity of teaching the DSM in schools of social work, we find that the literature presents a polarized view. Newman, Clements, and Dannenfelser, (2007) conducted a longitudinal study looking at the attitudes of MSW programs view of the importance and relevance of including DSM coursework. Newman, et al. reported that "the data from our survey suggests that in the last 20 years, schools of social work has increasingly considered DSM content as

essential and necessary for preparation for clinical practice" (p. 306). The theme of the literature regarding the DSM and social work education is developed further by Harkness (2010). Harkness suggests that as social work is now the primary initial point of service in America for individuals dealing with mental health issues, it is *essential* for schools of social work to teach the DSM. Conversely, a number of researchers suggest that the DSM inherently carries with it the potential to initiate labeling and stigmatization. Casstevens (2010) suggests that there are questions regarding the usefulness of teaching the DSM to MSW students as there are "ongoing professional concerns about the validity as well as the reliability of DSM diagnostic categories" (p. 387).

Six of the eight survey/interview participant's offered a positive response to the question of the DSM being taught in Masters of social work programs. The predominant theme reflected in those six responses was that it was "*essential*" for clinical social workers currently in the field to be versed in the DSM. One respondent stated that they "used the DSM for billing purposes only", and one respondent referred to the DSM as a "stepping stone, a place where clinical social workers start."

Managed Health Care Impacts Clinical Work

When asked to consider how managed health care has impacted clinical social work, five of the respondents reported that managed health care was *detrimental* to good social work practice. The predominant themes expressed by these five respondents dealt with the issue of managed health care's emphasis on containing costs over and above client needs such as *self determination* and client centered

interventions. These five respondents universally expressed concern that managed health care put too much emphasis on producing a *diagnosis*, and that this diagnosis was required prematurely in the therapeutic process. Two of the respondents said they were not aware of managed health care's impact on clinical social work, and the one remaining respondent stated that managed health care "had opened the door wider to clinical social workers due to our systematic view."

The literature brings forward several of the themes that came to light in the data. Turney and Conway (2001) report several areas where managed health care is seen as being both *detrimental* to, and in conflict with mental health social work. Turney and Conway go on to suggest that managed health care presents social workers with additional challenges in dealing with issues such as; the clients right to *self determination*, confidentiality, primacy of client's interests, and the clients right to access services. Dewees (2003) suggests that "managed health care as seen in current era psychopathology, with its requirement of a *diagnosis* as a prerequisite for access, as placing the social worker in the paradoxical situation of engaging in illness-centered practice" (p. 74).

The NASW and Clinical Social Work: A Matter of Priorities

When participants were asked to consider the greater priority of the NASW over the last 30 years, concern for client self-determination, or increased acceptance in the field of psychotherapy, respondents appeared to become more cautious with their responses. Four of

the eight participants responded to this question with an “I don’t know” or I am not sure.” There were three responses that stated that the profession took precedent over the client, and there was one response that thought the NASW was more concerned with the client self-determination than the promotion of clinical social work.

Here again in answering this question the respondents expressed their belief that the NASW has not done a good enough job of presenting the public with a clear picture of how it defines the practice of clinical social work. Other themes that emerged in the data dealt with the respondent’s assertions that the NASW was more of a policy making organization that spent most of its focus as well as its resources on lobbying for legislation. Several replies indicated a concern that there is too much emphasis on clinical Masters programs and not enough emphasis on generalist practice, and that in this manner social work education sells short all the other good work that social workers do.

The literature reviewed for this study briefly addresses the NASW in direct relation to clinical social work practice, and the literature does not address the issue of the greater emphasis of the NASW. The literature reports that clinical social work formed as a specialty in the field of social work in the 1970s as a response to a renewed interest in social work providing direct service. Regarding the concern expressed in the data related to the issue of the NASW not properly *defining* clinical social work practice, as presented by McLaughlin (2002) the literature argues that further study is needed to help *define* not only the current model of social work practice, but that further research is also needed to help chart a best practice model of for clinical social work going of

care required *too much documentation*, and that the medical model had been adopted by clinical social work in order to be accepted into the field of mental health care.

Another respondent offered the opinion that if you don't practice the criteria of the medical model, you make less money.

Once again the literature is divided here in its reporting on the ethics of mental health social work as it has been practiced before and after the advent of the acceptance of the medical model. Many authors reviewed here have presented information detailing their concerns that social works adaptation of the medical model of *diagnosis* and medical treatment for social problems may be deleterious to both clients and the profession of social work, (Engel, 1977; Weick 1983; Davis, 1987; Cohen 1989; Siegel, 1983; Dewees, 2002; McLaughlin, 2002).

As previously cited in literature reviewed in this study, Morley (2003) states here the predominant theme of the literature that expresses some of the concern regarding social work embracing the medical model:

The literature overviewed indicates that the majority of social work practice conducted in mental health settings reflects and critical embrace of the medical model of psychiatric illness, and therefore largely neglects social work approaches which utilize critical principles. The following article explores the possibilities for applying a critical model of social work practice to the mental health field, and argues the necessity for social workers to actively engage with critical practice, even in medically dominated settings, to effectively work towards the espouse social Justice ethics and missions of the work per session (p. 61).

The previously documented study of Hitchens (2011) reported current social workers feeling more conflicted than their colleagues reported in 1988 with attaching a *diagnosis* to a *social issue*.

There was literature found in the course of this study that reported being in favor of social workers adopting an ethical practice that was more aligned with the medical model (Kane, 1982; Harkness, 2010). Hitchens (2001) suggested that the Medicalization of some of what have been previously considered to be medical problems, such as alcoholism might unload some guilt from individuals dealing with addictions.

The Social Work Profession and Psychotherapy, a Matter of Ethics

The final survey question of this study asked respondents to consider the question: *Do you think clinical social work has compromised any of its ethical core values in its attempts to gain a larger presence in the field of mental health care?*

The responses to this seminal question of the survey/interview were divided by a very specific demographic. As all of the survey participants were anonymous in their responses, three of those respondents replied with “no” to this apparently sensitive question dealing with the priorities of the practice of social work. With the one survey respondent that answered “yes” to that question adding “I think a person generally goes into the social work to help people and generally are big hearted and really want to do all they can to help, but money and cost is running the show now. I am lucky because I can do what I feel is *ethical practice*, but not sure that will be available in the way I hoped it would be for new social workers who will replace me, and I wish it was. I hope I am wrong.”

Conversely, interview respondents gave much more in-depth answers than those who participated in the anonymous survey, and three of the four answered “yes” to this

question. One of the interview participants said directly "There has been a loss of a larger social work perspective, as too much emphasis has been put towards clinical social work and not enough invested in macro issues." This respondent went on to say that "Clinical social work has concentrated their emphasis on working to the format and the constraints of the medical model."

Another interview participant that responded yes to this question added "Social workers have had to conform to get *paid*; I jump through hoops of insurance companies. Old-school practitioners try to take their ethics and practice methods within into the current medical era of practice."

The third of the four interview participants that answered yes to this question had somewhat of a different reply to the question regarding clinical social worker compromising any of its ethical core to gain a larger presence in the field of mental health care. This respondent replied that "There was a potential for that to be there." The respondent went on to say that "Social work values are having a subtle impact. Clinical mental health care is moving more towards social work values and importance, the medical model is moving more towards social work values without acknowledging it." The one interview participant that had negative response to this question offered "Ultimately, no. Clinical social work concepts have made us better clinicians."

A great deal of the previous research that was reviewed for this study reported on the ethical issues involving clinical social work in America as it has progressed since the 1970s , through and including 2011.

Whereas four of the eight participants in this current study responded with a “no” when asked if they thought the ethical core values of social work have been compromised in order to gain a greater presence in the field of mental health care, in many instances the predominant theme of the research concerns itself with the relevance of these very concerns. Some of the research goes on to consider whether or not clinical social workers have carried these core ethical tenants forward with them into the current practice of clinical social work. The research suggests social work may have *deviated* from its original model of intervention in its efforts to *gain a foothold* in the field of mental health care, (Siegel, 1993; Specht and Courtney, 1994; Tower, 1994; McLaughlin, 2002; Morley, 2003). In a similar report, Dore (1990) suggests "Adopting a scientific approach to its work by emulating the medical model was one way in which social work could gain the *recognition* it sought" (p. 359). Simon and Aigner (1985) find the medical term *diagnosis* as being in conflict with social work values "Finally, the term *diagnosis*, a medical term, connotes an exercise in which an active expert examines and identifies the problem of a passive patient. This type of relationship contradicts the values of social work that stress client self-determination" (p.42).

Conversely, the literature brings forward a study by Simpson, Williams, and Segall (2007) that suggests that clinical work is a *specialty* within social work. And that as such, clinical social work inherently brings with it the *values* and *ethics* that have always *traditionally* associated with the social work profession.

Discussion

The purpose of this study was to explore whether or not there is an ongoing dilemma and a potential conflict between the current model of clinical social work practice in America and the traditional ethical core base of social work practice. Literature reviewed for this study involved existing research from the early 1970s up to and including 2011. The extensive literature review of some 50 sources was condensed down to approximately 30 cited sources, and the results of the review presented a polarized picture of what constitutes clinical social work. The literature was found to offer a polarized view of such questions as where clinical social work should be in the future, and whether or not social works ethical core values have been brought forward in the field of clinical social work.

In an attempt to get current insight into whether or not a conflict actually existed, opinions were solicited from licensed independent clinical solutions social workers (LICSW's) currently practicing in the field. Data was gathered from eight respondents who answered a series of 10 questions relating to their own ethical model of practice. Survey/interview participants were asked to consider such topics as clinical social work as a relates to the medical model, effects of managed health care, what type of educational emphasis should be taught in schools of social work, and did these clinical practitioners feel any conflict existed between clinical social work practice and the traditional ethical core of social work.

There was a very interesting demographic breakdown in the literature reviewed for this study. Research that dated from the 1970s up to approximately 2012 reflected

much more concern over the course of clinical social work in America relevant to its losing its core ethical soul. These concerns centered on the issue of clinical social work having to adopt a medical model of care in order to be paid for services, and the that medical model was based on a biomedical of diagnosis of a disease. The theme of the existing research also reported that clinical social work practice has felt, and continues to feel pressured to adopt the medical model in order to be recognized in the field of psychotherapy. The literature went on to suggest that clinical social work has responded to the pressure, and in some cases the concern for recognition as practicing medical professionals. The concern expressed in this research considered that in adopting the medical model of mental health care that social work has also adopted the Medicalization of common human emotions. This research also posited that as clinical social work continues to move towards a more medical model, that this model may not be carrying forward some of the core ethical considerations of traditional social work practice. Those traditions and values including such things as client self-determination, and strength-based practice.

Conversely, existing research dating from approximately 2002 through 2011 seemed much more conciliatory in its attitude towards the validity of the ethical foundation of clinical social work as currently practiced in America. This more recent research brought forward clinical social work as being a specialty within the framework of social work itself, and that clinical social work inherently carries with it all of social works traditional client centered ethics and values.

The data gathered for this study was also polarized, but in this case it presented as being polarized in relation to the length of time the practitioner had actually been working out in the field. There was about a 50-50 breakdown in the survey interview respondents regarding those in practice for five years or less, and practitioners practicing for more than 10 years, including one practitioner in the field practicing for over 50 years. The synthesis of the literature and the data obtained showed that the older more longtime practitioners showed more concern regarding their perception of the evolution of clinical social work practice. The data echoed those issues expressed in the literature that social work may not be addressing client needs, and with the adaptation of the medical model in clinical social, the emphasis of client centered practice was being gradually phased out.

The data revealed that there was a correlation in the tone of the response by the age of the respondents, with the newer practitioners, those in the field five years or less often having no response to some of the more controversial NASW policy questions. These newer practitioners most often commented that they did not feel they had enough background information to respond to those questions about issues that had evolved over a longer period of time. The responses that were obtained from those practitioners that were new to the field often correlated with the more recent existing research that put forward that clinical social work was a viable and healthy format that was ultimately concerned with the best interests of the client.

The correlation between the timeframe of the research gathered for this study and the length of time the respondents had been in practice was not found to be as

significant in the area of the relevance of teaching the Diagnostic and Statistical Manual of Mental Disorders (DSM) in schools of social work. The majority of the existing research corroborated the opinion of the participants that responded to this study in believing that the teaching of (DSM) in schools of social work was *essential*. The consensus being that the DSM keeps clinical social workers relevant, as well as giving clinical social workers a common language and format to interact with in dealings with other mental health and medical professionals. Ultimately, it was considered by the majority of both the existing research and the data that teaching the DSM within the format of clinical Masters level social work programs was ultimately in the *best interest of serving the clients*.

Implications

Social Work Practice

As the subject matter of this research paper is totally involved in the field of social work, the implications for practice are found throughout. This research is relevant to social work students, professors, university administrators, currently licensed clinical social work practitioners, as well as the National Association of Social Workers. This research challenges all social workers to consider whether or not social work is engaging in a model of best practice in the way it currently serves the mental health population, as it asks us to consider where clinical social work needs to go in the future.

This research has revealed that the area of managed health care has far reaching implications for the field of clinical health care practice. Both the literature and the data in this research reflect frustration and concern over the additional time spent in

administering managed health care versus the ensuing loss of client self determination as a result of the impact of managed health care on clinical social work practice.

Another area of concern for clinical social work revealed in this research involves the medical modal as it applies to mental health care in America. The concern being expressed in both the existing research and the current data that the medical model brings with it the Medicalization of everyday feelings and normal emotional challenges. And that this idea of Medicalization is contrary to some of the basic core tenets and ethical constructs of social work such as client centered and strengths based practice. The apparent dilemma being; client self efficacy has traditionally been a primary consideration of social work practice in America, this research suggests that the issue of client self efficacy is not seen as a major determinant in the medical model of mental heal care. This research implies that the NASW needs to more clearly identify and promote the current ethical constructs of clinical social work practice.

Policy

This current research looks directly at the issue of social work policy from the micro, mezzo, and macro levels. The micro application of policy involves what each individual clinical practitioner considers his ethical basis of practice, and how that individual practitioner integrates and incorporates that ethical base into their practice policies.

From the mezzo perspective, this study considered the question of whether or not clinical practitioners in an agency setting should follow agency policy regarding the agency's ethical model of practice. Or should social work practitioners working for an

agency employee their own ethical constructs regardless of agency policy? The literature reviewed for this study revealed that the NASW code of ethics states that all social workers need to engage in those policies as outlined in the NASW code of ethics, regardless of the setting in which they practice. The data collected for this current study suggested that some social workers feel obligated out of the necessity to maintain employment to follow agency policy, regardless of their own personal ethical constructs.

The macro implications for social work as presented in this current research are both significant and far reaching. This research challenges the very motives of the National Association of Social Workers regarding their policy on the nature, as well as the relative importance of defining and implementing the ethical constructs of traditional social work, versus the NASW's desire to promote clinical social work practice. This study also questions issues facing the NASW in setting its policy when recommending the type of course work it considers both relevant and essential in Masters of social work programs

Research

The current study presented here indicates that there is as yet no definitive answer to the topic question. This study indicates that there is currently no clear definition of what constitutes clinical social work in America. And this study goes on to illustrate that there is a need among clinicians and clients alike to have a definitive understanding of the ethical constructs that guide the practice of clinical social work.

The literature reviewed for this study illustrated several examples of how and why social work practice in general, and more specifically clinical social work practice

would benefit from additional research on the topic examined in this current study. McLaughlin (2002) suggests that the ongoing debate in social work between clinical social work and social justice is valuable in that it reminds social work of its obligation to participate in the work of self-correction in what should be an ongoing effort to engage in client-centered methods of best practice. Morley (2003) suggests the social work has a responsibility to continually do the work of actively engaging in looking for, and implementing an appropriate model of mental health care.

Response data obtained for this study indicated that participants are looking for answers regarding the NASW's stance on the adaptation of the medical model into clinical social work practice. Some respondents suggested that the NASW needed to gather the pulse of its members regarding clinical practice in an attempt to make better informed policy decisions. With the predominant theme of the participant responses being that more research was needed by the NASW in order to allow for more uniform clinical social work policy and practice, with the ultimate goal resulting in clinical social workers being able to better serve their clients.

Strengths and Limitations

Strengths of this study would include the format in which it was constructed and carried out. As this study was predominantly concerned with the opinions and practical implications of the topic question, a qualitative rather than a quantitative study format was considered to be the better choice. The utilization of focus groups was originally planned as the method of obtaining data from the research participants. Upon further consideration of the potentially sensitive topic area that was at the center of this

research, it was considered that survey/interview respondents might be more comfortable, as well as more willing to disclose their actual opinions if they were responding in an anonymous setting, as opposed to a setting which placed them amongst their peers. The formulation of the research strategy for this project was greatly facilitated by the input and collaborative efforts the committee team involved in the organization and construction of this project.

The integrity and the rigor of this research was greatly enhanced by the relevance of the data collected, that data being collected from licensed independent clinical social workers currently practicing in the field in the Twin Cities Minnesota Metropolitan area. The relevance of the study topic itself produced a set of unanimously enthusiastic responses from all participants to the survey/interview portion of this research study.

Another area of strength regarding this research study was in the composition, construction, and order of the survey/interview questions. After identifying the predominant themes that were presented in the existing literature reviewed for this study, the survey questions were then constructed and presented in such a manner that they would be congruent with those predominant themes found in the literature. This type of format allowed for an easier and more accurate and representative synthesis of the existing research and the data obtained.

One of the limitations of this research study involved its criteria, that being the expectation that the research was not to be completely exhaustive or conclusive. It was considered that this study would have been much more thorough and better

accommodated if it had been broadened from a local to a national format. The study would have also benefited greatly if it had included the opinions of mental health practitioners of all disciplines, including psychiatrists, psychologists, and nurses practitioners. Most importantly, it has been considered that both the rigor and the validity of this study would have been greatly enhanced by the inclusion of the input of the mental health consumers, whose lives are directly impacted by current clinical social work practice and ethics.

Conclusion

As stated previously in the context of this study, the synthesis of the existing research with the data obtained in the course of this project have presented a polarized picture of the current ethical model of clinical social work in America. This project finds that there appears to be a line of demarcation relating to the timeframe of expressed concern in the social work community regarding whether or not clinical social work has abandoned its ethical core in its attempts to be recognized in the field of mental health care.

From the 1970s through the early 2000s this study has found that the literature of that era, as well as the opinions of clinical social workers that practiced during that same time period as having expressed concern regarding the ethical constructs of clinical social work practice. This current research revealed an ongoing concern moving forward from the 1970s that the National Association of Social Workers might well be more invested in promoting the professional image of clinical social workers being seen

as psychotherapists, over and above the potential implications of clinical social work moving away from its ethical core. Part of the concern here being that with the adaptation of the Diagnostic and Statistical Manual and the perceived Medicalization of "everyday" human emotions, clinical social work was moving towards a model of disease, diagnosis, and treatment, and away from the more traditional social work model of strengths based health and self empowered treatment and care.

By comparison, literature from the mid to early 2000s going forward was found to be closely aligned with the opinions of clinical social workers in practice for 10 years or less regarding their views on the state of clinical social work ethics. More recent research as well as the current data showed a noticeable swing in the amount of awareness and energy that the National Association of Social Workers has invested in presenting clinical social work as having always been centered in traditional NASW core values. Correspondingly, this research was able to report on a definite theme relating to a lessening of awareness or concern in the field social work over the last 10 years that any conflict might exist regarding the ethical constructs of clinical social work practice. This new research has brought forward an expressed concern and an apparent need for the National Association of Social Workers to more clearly define the role of clinical social work practice. There would appear to be some confusion in the perception of the general public, as well as in the minds of some current licensed clinical practitioners as to whether the *emphasis* of the NASW has been so invested in promoting the field of clinical social work that it may have lost sight of the original core concepts of what constitutes good social work practice. One crucial topic of concern being; is the in NASW

currently trying to project clinical social work as more of a medical practice as opposed to a purely social practice model? It is hoped that this current study, while not conclusive, will help to promote both the current conversation as well as further research among all social workers, including the NASW regarding the ethical constructs of the current model of clinical social work practice in America.

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Appendix A:

Consent Form

Project Name Clinical social work practice in America: Has it remained faithful to the ethical core values of social work?

IRB Tracking Number 295990-1

General Information Statement about the study:

This study is being conducted as part of requirement for graduation from a Master of Social Work program.

You are invited to participate in this research.

You were selected as a possible participant for this study because:

You were invited to participate in this research as you are currently practicing as a licensed clinical social worker in the Twin Cities metropolitan area.

Study is being conducted by: Lawrence A. Ribel, LSW Research Advisor : Keith DeRaad, PhD
Department Affiliation: Social Work

Background Information

The purpose of the study is:

The purpose of this study is an attempt to clarify the parameters of the current debate between traditional mental health social workers; those social workers being seen as opposed to the Medicalization of social and biological problems, and those clinical social workers seen as more aligned with the ethical constructs of the current medical model of mental health diagnosis and treatment. Is there truly a need for such a debate, or are these two models of mental health care both equally based in the ethical core values of the NASW Code of Ethics?

Procedures

If you agree to be in the study, you will be asked to do the following:

State specifically what the subjects will be doing, including if they will be performing any tasks. Include any information about assignment to study groups, length of time for participation, frequency of procedures, audio taping, etc. Interview participants will be asked 11 questions by the primary researcher in a setting of their choice. This one-time interview will be audio taped on a small digital recording device, and the length of the interview session should be conducted in one hour or less. The interview session will be semi structured in that the participant should feel free to interject any additional information relevant to the study topic. Participants responding via email will be asked the same 11 questions as those presented to the interview participants. If the email survey participants do not have the capacity to sign a consent form electronically, this researcher will offer to send a hard copy of the consent form to the survey participants preferred address. All of the participants in this study are unequivocally entitled to not answer any of the questions presented to them by this researcher. All participant responses gathered in the course of this study will be erased, and or destroyed no later than May 30, 2012.

Risks and Benefits of being in the study

The risks involved for participating in the study are: There are no known or perceived risks associated with this study. The direct benefits you will receive from participating in the study are: There are no direct benefits from participating in this study.

Compensation

Details of compensation (if and when disbursement will occur and conditions of compensation) include: No compensation stated or implied in connection with this study.

Note: In the event that this research activity results in an injury, treatment will be available, including first aid, emergency treatment and follow-up care as needed. Payment for any such treatment must be provided by you or your third party payer if any (such as health insurance, Medicare, etc.). There is no compensation associated with this study.

Confidentiality

The records of this study will be kept confidential. In any sort of report published, information will not be provided that will make it possible to identify you in any way. The types of records, who will have access to records and when they will be destroyed as a result of this study include: The audiotapes of the interview sessions will be erased upon the presentation of this study in May of 2012. Any transcripts or field notes taken during the course of the interviews (with the exception of the information that will be included in the context of the presentation) will also be destroyed after the presentation of this project in May of 2012. Any and all survey results including any written analytical interpretation or coding of these survey results (with the exception of the survey results as included as part of this study presentation) will be destroyed after the presentation of the study in May 2012. Information received from the participants as a part of this study that is subsequently incorporated into and presented as part of this study, will be presented with complete and. anonymity and the complete confidentiality of all participants will be maintained before, during, and after the conclusion of this research project

Voluntary Nature of the Study

Your participation in this study is entirely voluntary. Your decision whether or not to participate will not affect your current or future relations with any cooperating agencies or institutions or the University of St. Thomas. If you decide to participate, you are free to withdraw at any time up to and until the date\time specified in the study. You are also free to skip any questions that may be asked unless there is an exception(s) to this rule listed below with its rationale for the exception(s). Participants are unconditionally free to skip or not answered any of the questions presented to them by this researcher. Should you decide to withdraw, data collected about you will NOT be used in the study

Contacts and Questions

You may contact any of the resources listed below with questions or concerns about the study.

Researcher name Lawrence (Larry) A Ribel

Researcher email

Researcher phone

Research Advisor name Keith DeRaad

Research Advisor email

Research Advisor phone

UST IRB Office 651.962.5341

Statement of Consent

I have read the above information. My questions have been answered to my satisfaction and I am at least 18 years old. I consent to participate in the study. By checking the electronic signature box, I am stating that I understand what is being asked of me and I give my full consent to participate in the study.

Signature of Study Participant

Date

Print Name of Study Participant

Signature of Researcher

Date

Print Name of Researcher Lawrence A Ribel, LSW

Appendix B
Interview and Survey Questions

Clinical Social Work Practice in America: Has it Maintained its Ethical Core?

1. What is the foundation of your ethical model in your current practice of clinical social work?
2. In what ways have you seen the practice of clinical social work change over the course of your career?
3. How might your interventions with mental health clients change if you worked in a private practice setting?
4. Do you feel that clinical social workers should consider themselves as members of the medical profession?
5. How has the increased emphasis on teaching the Diagnostic and Statistical Manual of Mental Disorders in schools of social work increased the competence of clinical social work practice?
6. How might the increased emphasis on teaching the Diagnostic and Statistical Manual of Mental Disorders in schools of social work be detrimental to the practice of clinical social work?
7. Which do you believe to be the greater emphasis of the National Association of Social Workers since the 1980s: concern for client self-determination in their mental health care choices, or increased acceptance of social work in the field of psychotherapy?

8. Briefly, how do you believe managed health care has influenced clinical social work practice?
9. Do you see any difference between the ethics of current clinical social work practice, and mental health social work as it was practiced before the emphasis on the medical model of mental health diagnosis and treatment? Follow: Could you please explain your reasoning?
10. Do you think that clinical social work has compromised any of its ethical core values in its attempt to gain a larger presence in the field of mental health care?

Thank you very much. Your time and input have contributed greatly to the validity and integrity of this study.

Primary Researcher: Lawrence A. Ribel, LSW
St. Catherine University/The University of St. Thomas
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