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Renewing the Ethics of Care for Social Work under the Trump Administration

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Under the Trump administration, social workers across the United States are facing frequent and fundamental ethical dilemmas about the treatment of marginalized and oppressed people. This is evident in many practice and policy domains, but one particularly stark example is social workers tasked with providing clinical care for undocumented youths separated from guardians in detention facilities. These social workers are typically isolated in their practice, often supported only by workers who may have no formal social work training or understanding of the National Association of Social Workers (NASW, 2017) *Code of Ethics* as a framework for practice.

The *Code of Ethics* was designed to provide guidance and accountability in precisely these moments and places of stress for social workers regardless of their personal perspectives on current political debates. To give a few examples, standard 1.01, “Commitment to Clients,” clarifies that “clients’ interests are primary”; section D of standard 3.09 states that “social workers should not allow an employing organization’s policies, procedures, regulations, or administrative orders to interfere with their ethical practice of social work”; and standard 4.02 states that “social workers should not practice, condone, facilitate, or collaborate with any form of discrimination,” including discrimination based on race, ethnicity, national origin, or immigration status. Yet under pressure and without support, social workers in compromised and compromising settings may begin to imagine the *Code of Ethics* as unrealistic and out of touch— aspirational rather than imperative.

A crucial problem arises for ethical practice when social workers are both under stress and working within a climate that does not expressly support ethical norms of the profession (Ulrich et al., 2007). Social workers may experience *moral distress*—negative feelings associated with the inability to address dilemmas with ethical coherence (Fantus, Greenberg,

Muskat, & Katz, 2017; Weinberg, 2009). In such situations, renewing and maintaining an ethical orientation may mean reframing ethical practice as a more active form of reflective engagement about ethical reasoning and emotional processes (Gibson, 2014; Ruch, 2011). This would entail not just adherence to ethical standards but also attention to caring.

Reamer (2016) has offered a useful summary of the “ethics of care” for social work—a movement to balance reliance on universal standards with a focus on the caregiving relationship. Attending to care within the relationship, from this perspective, offers an additional and vital ethical guide. Our emotional valences, if we can keep attentive, calibrated, and connected to them and each other, can provide essential clinical and ethical feedback. Caring may indeed be integral to the *Code of Ethics*, but how is this possible for clinicians working in the context of an administration that seems rooted in animus toward many already marginalized and oppressed communities?

It would be simplest to say that social workers should not work within troubled or potentially oppressive agencies. But while many social workers practice within well-resourced schools, hospitals, community-based agencies, and their own private practices, clinicians aiming to work with the most vulnerable and stigmatized people must often contend with severely depleted government, nonprofit, and increasingly for-profit systems. With regard to federal government services, this can mean programs under the auspices of Veterans Affairs, the Federal Bureau of Prisons, and the Department of Health and Human Services (HHS), including programs run by the Office of Refugee Resettlement. Every day social workers manage to conduct high-quality individualized psychotherapy, run innovative programs, and advocate for and with their clients within challenging and sometimes hostile settings in the United States and globally. Since the earliest settlement houses, social workers have practiced within complex and

imperfect systems, all the while forging a robust and enduring social justice orientation for social work practice (McNutt, 2013; Reamer, 2013).

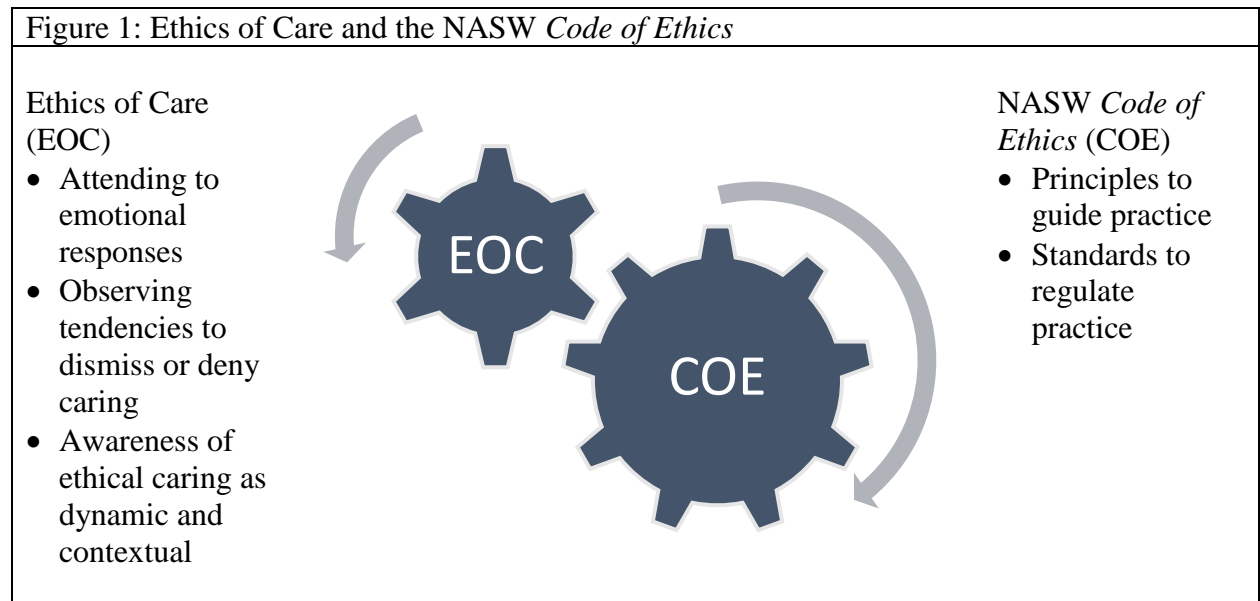
Social workers have not always found ways to transcend the moral failures of government and other institutions, and sometimes they have been integral, either passively or actively, to the implementation of unjust policies. Along with psychiatrists and other helping professionals, social workers have in some cases upheld and advanced racist state violence, often through practices framed at the time as ethical, benevolent, or necessary. As the field of social work was just beginning to be professionalized in the early 20th century, case workers often reinforced theories of race science, or eugenics, as shown by Chávez-García's (2012) study of the treatment of Mexican and Mexican-American youths in the California juvenile justice system. Park (2008) has traced the role of social workers in the internment of Japanese Americans during World War II, both in relocating people to camps and providing treatment and services once there, including family counseling. As Park noted, many families were counseled to move into camps voluntarily to avoid being split apart. Torpy (2000) documented social workers' roles in the involuntary sterilization of 3,406 Native American women during the 1970s, often compelling them to endure these procedures by threatening to otherwise remove their children or welfare benefits. Some of the social workers Torpy documents were ultimately sued or held accountable, yet they provide a clear example of harm committed while presumably attempting to work within oppressive systems. Recent reporting alleges that confidential clinical assessments of undocumented children by social workers and clinical psychologists working for the Office of Refugee Resettlement are being used by the Trump administration to justify longer and higher levels of detention (Nilsen, 2018).

Cases of active complicity with state violence, like the ones we have described, should be distinguished from the far more common situation of social workers striving to practice ethically within agencies in which they may witness or play a role, either directly or indirectly, in pervasive neglect and abuse. Still, treatment today with undocumented children and families shows that this line between complicity and working within the system can grow blurry. For undocumented youths, separation from their parents or guardians can constitute a traumatic experience (NASW, 2018; Zucker & Greene, 2018), especially following an uncertain journey from their country of origin, that may have long-lasting and negative impacts on their health and mental health. Holding these youths in detention without adequate care adds to this trauma and may constitute the type of toxic stress shown to negatively affect the developing brain and stress response system (Cozolino, 2014; McEwen, 2017; National Scientific Council on the Developing Child, 2014; Shapiro & Applegate, 2018). On the one hand, if social workers meet with some of these children they may help to mitigate some harm. On the other hand, the presence of licensed social workers can serve as a fig leaf, obscuring larger institutional neglect and abuse. In a facility in McAllen, Texas, in June 2018, there were allegedly only four licensed social workers assigned to work with 1,129 children who had been separated from their parents (NBC Nightly News, 2018). In another example of profound neglect, a 2016 Senate oversight report noted that HHS placed unaccompanied “alien” children with sponsors without first visiting the homes in 95.7 percent of cases (U.S. Senate Permanent Subcommittee on Investigations, 2016). They also did not properly screen potential sponsors, leading HHS in one known example to allegedly place dozens of children with human traffickers. These examples of systemic negligence are not addressed by social workers practicing in isolation.

The aim is a critical and pragmatic balance—caring, providing treatment, and advocating for and with clients within the system, and at the same time resisting and working to reform the system. But another central challenge to achieving and maintaining this balance is that working in the context of extreme injustice can also be traumatizing for social workers, who may in turn experience symptoms of secondary traumatic stress. Some of these symptoms, such as feelings of hopelessness, feeling deskilled, and either hyperarousal or numbing may impede the ability to engage in caring relationships attuned to clients’ needs and infused with ethical reasoning. At an intuitive level, when caring does not feel productive, social workers may begin to dismiss its importance and role in the lived experiences of their clients. When this happens, the *Code of Ethics*—both its principles and standards—may similarly begin to feel less relevant.

Where we teach, at Bryn Mawr College’s Graduate School of Social Work and Social Research, students are not training in settings like the detention facilities we have discussed here. Many, however, are working directly with children and families affected by Trump’s “zero tolerance” policies. We often hear our students’ anguish as they come to class after facing their clients. Sometimes we also hear a fleeting hint of resignation, even jadedness, surprising among our students usually filled with hope and creativity. They might receive a message somewhere that continuing to *care* in the face of injustice is a sign of naïveté, or they might be experiencing a protective disengagement in response to secondary trauma. The current crisis highlights that ethics education needs to attend to factors that support the capacity for attuned caring and ethical principles and standards. Students and seasoned social workers need each other to recalibrate their emotions and expectations, to notice a tendency to disregard or dismiss their own and each other’s emotional responses, and to reassert the organization of social work around values.

In this way, we suggest that the ethics of care is essential to maintaining the *Code of Ethics* (see Figure 1). Allowing ourselves to care about our clients and about ethical engagement itself might make it possible to maintain focus on the *Code of Ethics* even in dire times and circumstances. We are a profession organized by our value of caring, but individuals cannot maintain micro- or macro-level care (or ethical principles or standards) in times like these without support. What we are calling for is renewed attention—through trainings and consultation groups—to the ethics of care as applied to micro-level work and the macro ethical organization of our profession.



Professional organizations and schools of social work can take an active, productive, and affirmative stance to support ethical practice today through facilitating consultation groups that make room for feelings and our tendencies to dismiss and defend against them, and also principles and standards. Social workers today must persist working within frayed and sometimes failing systems, but also find new ways to join together to sustain a more active ethical engagement in the face of injustice.

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