CHAPTER 11

ETHICS IN PRACTICE

KEY ISSUES

Ethics, values, and morals
Overview of ethical guidelines related to mental health, addictions, and medical treatment
Confidentiality and consent to treatment
Proper boundaries with clients and how to avoid ethical pitfalls and slippery slopes
Conflicts of interest not just about money
Common ethical conflicts in the field
Ethical standards related to documentation and report writing
Skills to write effective case notes, assessments, and discharge summaries

OVERVIEW

Working with people is interlaced with our values, and with the values of the people we work with and of society. In order to work respectfully with others we need to be aware of the many ways that value systems influence what we do and how we do things. A discussion about the rights and wrongs of how we behave is important because our individual value system and ethical beliefs influence everything that we do. While ethics deals with what is good and bad about behavior, it is also about human respect—one person’s respect for another. Ethics is about our self-awareness of the rightness and wrongness of our behavior and is based on values of the dignity and worth of human beings. Right and wrong are not universal absolutes—that
is, they are not precisely the same in all countries and cultures. They are influenced by religious and philosophical beliefs as well as by whether a society has a group or individual orientation towards its worldview and lifestyle. But we concentrate here on what is considered as the norm within North American society, which has primarily an individual orientation: the rights of the individual are the first order of consideration.

In society, ethical behavior encompasses respect for the individual, a person’s right of self-determination, and the sacredness of life. These values should always be at the forefront of any interactions we have with those we want to help. To be aware of and sensitive to the importance of values in our work we need to look once again at what life’s struggles and challenges are like for a person who is homeless. Being homeless places a person in a very vulnerable position—disadvantaged, and often disparaged and misunderstood. Most have few resources to handle many of the financial, legal, and practical life challenges they face. Working with vulnerable people thus demands that we take care to ensure their safety and respect their human rights, that we not abuse the power that we have as a result of our jobs, and that we seek to empower them. Working with homeless people also often means being at the edges of the law (for both worker and client) and having our basic morals, values, and ethical practices challenged on a daily basis.

We first explore why and how ethical issues became important in services delivery and, although there may be similarities, we distinguish between ethical issues of the workplace and ethical issues with clients. Then we explore the major ethical principles that underlie the way most decisions are made. Through case examples we look at common ethical dilemmas and the importance of developing an agency culture that understands and accommodates both personal and professional issues. The case examples also look at common ethical dilemmas faced by service providers and by homeless persons, and ways to address those dilemmas.

WHAT ARE SOME ETHICAL ISSUES IN WORKING WITH HOMELESS PERSONS?

The first and most obvious questions are these:

- Is it ethical to tolerate anyone being homeless?
- Does everyone have a right to housing?
Are homeless shelters an acceptable way to house people who have no income?

Are homeless shelters any better than the poorhouses of the eighteenth century?

In what way do these questions look at respect of individuals and a person’s right to self-determination?

As a worker there are some important considerations: What is your reaction when you come across a homeless person panhandling on a busy street?

Are you offended by this behavior, or uncomfortable in crossing paths with someone who needs to beg for food?

Do you condemn the woman who prostitutes herself in order to pay for shelter and food for her kids? Her behavior may in many places be illegal, but is it unethical?

How do you react to words often used to describe homeless people: shiftless, irresponsible, dope fiends, bums, vagrants, street workers, hookers, derelicts, bag ladies, homeless waifs?

Do some of these words evoke your compassion, discomfort, disgust, or pity?

Are any of these reactions not ethical?

Are you proud of your work because you are helping ‘‘some poor unfortunate soul’’ to get a better life, even if you have to tell her what to do?

Is your attitude and way of helping ethical?

Do you worry about buying a homeless person a Big Mac, or do you not want to spend the extra money on a sandwich?

Do you ask what the person would like to eat, or not?

Do you think that all sex trade workers stay on the streets because they like the money, or because it lets them get drugs?

Is it ethical to arrest someone for loitering or vagrancy because he looks as if he is homeless?

Is it ethical to discharge a patient from the hospital to the shelter system, knowing that there is no adequate follow up, care, and diet for their condition?
The above questions are but a small fraction of the numerous ethical and moral dilemmas that workers and their clients face on a daily basis. They raise a host of issues about what we consider to be fair, appropriate, acceptable, and morally just ways of addressing the lifestyles and behaviors of those who are unhoused or marginally housed. Behind each question lies the issue of what is ethical behavior and to what extent we tolerate rather than confront the amoral and unethical aspects of these lives. Before addressing these questions we will take a quick look at the world of ethics and how we can apply its principles in daily practice.

**Ethics: What Are They, and Where Did They Come from?**

The formal description of ethics includes the understanding that they are beliefs about behavior based on moral and value judgments that have been accepted by a group as the right way for members to conduct themselves. In our society, these beliefs begin with acknowledgment of the dignity and worth of individual human beings, which then provides guidelines for what a group considers to be acceptable rules of conduct. Beliefs and values also influence the extent to which individual rights are given priority over those of the group when there are contentious decisions that need to be made. While some principles are universal, such as the sacredness of human life, some are placed in order of relative importance according to social, religious, cultural, and ethnic custom. One example is the right of women to equal opportunities in education and employment; this is a principle accepted in fact, if not always in practice, in North America but not in place in many other countries. Ethics are often in harmony with the law but may at times depart from the law. That is why the common phrase in textbox 11.1 is often quoted.

**Textbox 11.1. The Paradox of What Is Right**

A maxim of ethics: You may have the right to do something, but that does not mean it is the right thing to do.

In human services there are several important areas where most of the common and difficult ethical issues are likely to come up. They involve the right of self-determination, due diligence in the performance of one’s responsibilities, equal treatment for all, the avoidance of harm, the obligation to be truthful and respectful of the trusting (helping) relationship, the right
of confidentiality, and, concomitantly, the respect for the helping relationship so that there is no abuse of power. The area of professional relationships can be among the most tricky on a daily basis because these relationships involve professional boundaries (the fine line between personal, social, and professional) as well as prohibitions against intimate or sexual relationships with clients. While many ethics conversations take place in academia with regard to conducting research, the most important fact to keep in mind is that, in the world of the homeless, people are part of a vulnerable population, often unable to protect themselves; they need to have their rights vigorously guarded. Before discussing specific ethical issues, we briefly look at the process of ethical decision making and the reasoning behind the principles used to make these determinations.

Health-care and social services professionals learn the code of ethics of their respective professions during their education and training. The values embedded in these codes, and the priority given to them, generally help to define how persons from different professions evaluate and react to dilemmas that arise in the course of trying to help people. For example, physicians “first do no harm” and nurses are taught that “patient safety is first.” Social workers place respect for the dignity and worth of the individual and pursuit of social justice as first ethical principles that lead to empowerment of the individual. In contrast, psychologists place respect for the dignity of the individual as most important, followed by responsible caring, and police follow either a code of ethics or code of conduct, depending on the jurisdiction in which they work. The police code generally includes the responsibility to protect lives and property, preserve the peace, enforce the law, prevent crime, detect and apprehend offenders, and protect the rights and freedoms of all persons. On the other hand, lawyers have a code of conduct rather than a code of ethics, and this code places integrity of practice as primary and states that a lawyer should be above reproach. These examples show that some professions are more inclined to promote self-protection and self-interest while others are more concerned with care for others. As we explored in chapter 4, these values have a direct influence on how different professions make decisions when helping others.

All professional codes of conduct have some reference to preserving and respecting individual rights, including those of privacy and confidentiality. For workers who have not had the exposure to professional codes of ethics, the most common way to become aware of issues of confidentiality, client privilege, duty to warn, and other concerns is through daily work and,
at times, in-service training. In this way, we increase our awareness of the need to protect individuals, especially vulnerable individuals.

**BASIC ETHICAL PRINCIPLES**

Ethical principles consist of a set of statements that guide decision making and involve issues of morals or values. These principles set the standards for discussions about how best to understand ethical problems and potentially offer answers. We have used the writings of some academics to guide this presentation about ethical principles and practices that face human services workers. As ethical issues have various nuances, they are best explored through case examples where the principles of practice can be illustrated and discussed. Following this discussion of basic principles, we will look at some of the numerous issues with ethical overtones that face homeless persons and their workers. The italicized English words in the following emphasize the essence of each principle. Basic ethical principles are as follows: nonmaleficence, beneficence, justice, autonomy, confidentiality, fidelity and veracity, utilitarianism, egoism, and formalism.

**Nonmaleficence**

The basic principle of medical and most other care of humans is to “do no harm.” This principle is enshrined in the Hippocratic Oath taken by all physicians. It is recognized by all of the helping professions as a basic principle in caregiving. The primary principle is to do nothing that would ultimately hurt the patient or client. It is frequently applied in medical settings where the treatment options have varying degrees of risk and recovery potential. On the streets this principle may apply to simple acts that disrespect people.

For example, if a homeless family of two adult caregivers and two children, one of whom is an adolescent, requests shelter, do you send the adults to shelters and place the children in child welfare care? Or do you send the adolescent to a youth shelter? Or do you place them all together, even if this means two motel rooms because the adolescent is not allowed to sleep in the same bedroom as the parents? How important is family cohesion in this instance? What harms may there be to the adolescent or to the younger
child if the family members are separated? What other ethical issues may be involved?

**Beneficence**

Beneficence addresses the attempt to do things that are of benefit to another or will promote the good of others. Situations that call on the principle of beneficence include those where the other person is incapacitated, cannot decide for himself, or is deemed incompetent. Homeless people are vulnerable and often at the mercy of others. It is tempting to want to be seen as “the doer of good deeds” for them. Many actions are done on behalf of others under this principle of beneficence. However, in many instances the good done is for the benefit of the doer and not the receiver.

For example, a town councilor who has been volunteering occasionally at the local soup kitchen is running for reelection. She wants to have the press take her picture while serving food, and wants to include some of those being served. In turn she promises to lobby for increased funding for the program. Whose interests are being served and what principles are in jeopardy?

**Justice**

Based on the principle of fair and equal treatment for all people, regardless of any distinguishing characteristics, justice refers to the distribution of goods and benefits. This distribution is not only for physical or tangible goods and benefits, but also for social, emotional, or relationship benefits. This principle is one of the thorniest that ethicists encounter; it often arises in situations where there are scarce resources. That is, when something is either very expensive or very scarce, who should receive it? The person most able to pay? Most able to return the benefit in future service? Likely to live the longest? Following are some troublesome examples:

- Should a premature baby born to a woman who is an active crack user have the same neonatal intensive care as a premature baby born to a woman who has no substance-abuse history? Does it make a difference if the care is paid under universal health care or if one woman has health-care coverage and the other’s care is paid by government programs such as Medicaid or Medicare?
Should undocumented people from other countries (that is, not in a country legally) be entitled to the same health-care benefits as citizens? How should their medical care be handled in an emergency when they can’t afford the treatment?

In a publicly funded treatment program, should a homeless cocaine-dependent person have the same access to residential treatment (publicly paid) as a business executive who must go to treatment or be fired from her job?

Should a man who has custody of two children under the age of six be entitled to the same assistance as a woman with children of similar ages? Should he be given access to a homeless shelter for domestic abuse? Should he be offered alternatives?

**Autonomy**

We live in a democratic society, one that places a high value on *individual right to self-determination*. The freedom to choose, act on that choice, and live with the consequences are of premier importance; these freedoms are embodied in the Canadian Charter of Rights and Freedoms and in the US Constitution. As citizens of those countries we cherish our autonomy and relinquish it only reluctantly in critical situations involving health, life, and death.

For example, homeless people have had much of their autonomy stripped away. They have few choices about what, where, and when to eat; next to whom they will eat or sleep; what they will wear; and where they can keep their few possessions safe. Because of this major erosion in their autonomy, it is incumbent on workers to offer as much opportunity for choice as is feasible. In a small shelter, is it appropriate to require ‘‘lights out’’ so that staff can have free time?

**Confidentiality**

Confidentiality is a fundamental tenet in working with homeless persons. We all encounter issues of confidentiality, especially as this principle applies to our health, financial, and legal records. The *right to privacy* has led to the establishment of laws and regulations that affect all of us as individuals as well as the ways in which we work with vulnerable people. Workers should
note that the attitudes and laws in Canada are different from those in the United States with regard to privacy and confidentiality. For example, in a client-worker relationship the duty to warn a person if they are in danger because of threats from another is different in the two countries and also in different jurisdictions in the United States (Felthous, O’Shaughnessay, Kuten, Francois-Purcel, & Medrano, 2007). Furthermore, laws regarding individual right to privacy also differ. Canada has adopted practices in line with stringent European Union requirements that focus on individual protections, whereas American laws favor business over individual concerns (Levin & Nicholson, 2005). We also need to distinguish between the statements of confidentiality in codes of ethics of individual professions, and the laws and regulations put forward by government and legal authorities that protect an individual’s right to privacy.

In the real world of the streets, confidentiality can have some interesting implications. When a person seeks refuge in a homeless shelter, everyone who works and receives services there will know that this person is homeless—a fact with widespread ramifications. The example in textbox 11.2 provides a dramatic illustration of how far-reaching this knowledge can inadvertently become.

**Textbox 11.2. Case Example**

As a faculty advisor to social work students, the school’s liaison was expected to meet regularly with students and their supervisors at the agency where their practicum occurred. On one such occasion the supervisor went to a secondary shelter for domestic violence. She encountered a student in the social work program on a temporary absence from her studies who was a resident of the shelter.

The dilemma: Should the liaison acknowledge the fact that she knew this person to the woman herself? To others in the same room? Should she report this to the school?

Alternative situation: If the location had been a psychiatric unit of the local general hospital, would the relevant issues be the same? Would there have been additional issues?

What are the ethical principles underlying practice that are in conflict here?

Along with autonomy, confidentiality is one of the rights that often gets neglected or minimized when it is urgent to get a job done. All of us have a right to privacy about our personal lives and businesses. However, we cannot guarantee that we will not be recognized in a location where we would
not want to be seen: in a preoperation waiting room, a cancer clinic, or perhaps at a food bank program or shelter. In small cities and towns, the probability that a person will be recognized by friends or acquaintances is much higher. For the totally homeless, there is no privacy in a shelter when you sleep thirty inches from the next person, stand in line for food with sixty others, or are seen in line at the local social services office.

**Fidelity and Veracity**

The importance of promising only what you can deliver has previously been mentioned as critical to establishing a working relationship with your (prospective) clients. Fidelity speaks to loyalty and commitment as essential to helping another. Veracity goes along with fidelity in that it addresses the need to be truthful at all times. This can be difficult, especially when we all have a tendency to shy away from difficult discussions, painful truths, and bad news. However, if another person cannot rely on your word as honest and truthful, then there cannot be any relationship that either of you can count on. We recognize that clients are also not comfortable with telling the truth at all times, as some information may make them more vulnerable to exploitation, legal action, and surveillance. It falls to the workers to set a standard of honesty and truth as nonnegotiable because without those fundamental elements there can be no trust, and trust glues relationships together.

Sometimes it is necessary to shelter a person from the complete truth—at least temporarily, to help the other to process information in stages rather than all at once. One example may be in the event of an unexpected and/or violent death of a family member, when news of the death may be sufficient and details left to another time. This does not mean that one avoids reality, but that the emotional processing should take place in stages and not all at once. Sometimes “found dead” may be the best place to stop, and to add later that the injury was self-inflicted. Veracity does mean that you do not tell the person that it was from “natural causes” or an accident when that was clearly not the case. You also need to decide when the answer “I don’t know” is legitimate and when it is an avoidance of an unpleasant issue. People will find out if you have lied rather than revealing the truth when you knew it, and the repercussions will be hard to overcome for a long time.
**Utilitarianism**

Utilitarianism is a prime example where the importance of *what is best for the group* is more important than the rights and needs of the individual. That is, utilitarianism is “the greatest good for the greatest number.” It is by itself not very helpful when a situation is relatively unique and does not affect the larger group except perhaps indirectly in monetary ways (such as a costly intervention that tax dollars have to pay for). For example, if a pandemic—a large-scale outbreak of a highly infectious disease—were to happen, public officials would be forced to make difficult decisions about who could be admitted to local shelters that had specialized quarantine areas, and who would have to be sent elsewhere. This may be an extra hardship for those shelter dwellers who need to live in a specific area where there are medical services they need. However, the decision would be made to accommodate the greatest good for the greatest number of people.

**Textbox 11.3. Utilitarianism**

Based on the philosophy expounded by John Stuart Mill (1806–73).

**Individualism**

Individualism, on the other hand, places *the rights of individuals over those of the group or society at large*. Individual rights and freedoms are closely aligned with the value of autonomy. These rights value independence and self-determination, but individualism faces challenges when the needs of one person are countered by opposing needs of a larger group of citizens. An example would be the provision of extremely expensive medical procedures, or very costly medicines, to save the life of a child when the cost is at public expense. When is this expense justified? Does it make a difference if the individual is an adult or has additional disabilities?

**Egoism**

Egoism, by contrast, refers to a situation where the needs and rights of the individual making a decision win out over what is in the best interests for the common good. It implies that “the self” is most important. This situation
Textbox 11.4. Individualism

Individualism, often associated with the existential school of thought that includes Sartre, Kant, and Nietzsche, is a twentieth-century development and is more espoused in Eurocentric countries than in societies with a communal value system such as China.

Individualism is likely to occur in instances where one person is the decision maker and that person is more interested in personal safety and financial gain than in the good of the group, program, or agency. This person also has the power and control to make the decision. Drug dealers and unscrupulous landlords are examples of egoism.

**Formalism**

Formalism, on the other hand, promotes *the even application of a rule across all situations*, as though equity (things being equal) is built on the equal treatment of all in all situations. This view comes from the words, “Do unto others as you would have them do unto you,” attributed to Jesus in the Sermon on the Mount (Luke 6:31 and Matthew 7:12). It rarely takes into account unique or extenuating circumstances and instead uses a simple rule applied to everyone. Most people who work with people realize that life is filled with ambiguous situations where no single principle or rule can be applied to all people in all circumstances. Thus formalism has little relevance for the multiple times when there are fine shades of gray that nuance an ethical dilemma in people’s lives. The formalism of government regulations often gets in the way of sensitive and appropriate services.

An example would be the custodial father of young girls whose mother is a substance abuser, but who cannot obtain help in parenting because he is a man and domestic violence programs serve only women.

**WAYS OF APPLYING ETHICAL PRINCIPLES**

Which of the above principles apply in any given situation is a source of considerable debate. This discussion has to also include consideration of times when the law may conflict with basic rights and principles, with professional ethics, and with your personal values and moral codes. This debate expands our views of human rights and needs to include the rights and
needs of the individual as opposed to those of the group, those of the workers and agency, and those of society at large (figure 11.1). It also considers which rights and needs should take precedence. When working with the homeless there is a commitment to protect, care, and enhance the well-being of human beings. Thus we must

- understand their vulnerability;
- understand whether current practices “do no harm”;

**Figure 11.1. Multiple Contexts of Ethical Conduct**
understand the impact of staff attitudes and behavior, agency policy, and governmental policy and regulation; and

understand challenging conflicts in the core values and standards of care.

A perfect example is the issue of panhandling. Should people be deprived of the opportunity to ask for money because they are not properly dressed, or may create a public nuisance, or be an embarrassment to the town as an example of need in an affluent society? On the other hand, does the scenario change if the panhandler is looking for money for drugs or alcohol? Is this panhandler any different from the well-heeled businessman who cheats his clients and then arranges for a cocaine supply for his next party?

What do these basic ethical principles have to do with the ethical issues that face workers and clients who are deprived of adequate housing? Where do you place your own values and attitudes using these theories? Table 11.1 gives a starting point to consider the implications of each school of thought on something as basic as shelter and housing.

**Codes of Ethics**

Professional codes of ethics delineate the standards by which members of a specific group should behave. While generally based on one or more of the decision-making principles described above, these codes are intended to ensure that all members of the group avoid practices that are considered illegal and/or immoral by the group. These codes classify the professional practice issues that may lead to abuse of power and harm to an individual or group. Each profession organizes the priorities of these values in somewhat different ways, although all follow a mandate to do no harm. A wide range of behaviors fall under this mandate and concern themselves with the range from physical harm and abuse; to psychological and sexual exploitation; and to conflict of interest, abuse of power, and influence. These issues are of particular importance for homeless persons who are most often vulnerable, without resources to adequately protect themselves, and without the ability to readily escape from problematic situations (McDermott, 2011). They risk further ostracism when they try to advocate for respectful and equal treatment for themselves and family and friends, as this assertiveness threatens their ability to obtain the food, shelter, and benefits that sustain them and
### Table 11.1. Values and Ethics in Helping Homeless People

<table>
<thead>
<tr>
<th>Theory</th>
<th>Argument to Support This Theory</th>
<th>Rebuttal</th>
</tr>
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<tbody>
<tr>
<td>Utilitarianism</td>
<td>Give housing resources to all people needing housing, regardless of other issues, because doing so meets the greatest need.</td>
<td>What happens to those who have multiple and complex needs?</td>
</tr>
<tr>
<td>Individualism</td>
<td>We must meet the individualized needs of each person and household uniquely with whatever is required.</td>
<td>Who pays for this highly personalized service? Can government afford it?</td>
</tr>
<tr>
<td>Egoism</td>
<td>“My needs are taken care of and others should take care of themselves.”</td>
<td>This leaves the disabled and unfortunate with no adequate means of survival.</td>
</tr>
<tr>
<td>Formalism</td>
<td>The government makes rules for the circumstances under which a person receives help.</td>
<td>Not everyone falls under these rules. There is no accounting for ethnicity or culture or individual disabilities.</td>
</tr>
<tr>
<td>Justice</td>
<td>All people should be treated equally, thus it is a human right for every person to have food, water, housing, and clothing, and the government needs to provide for those who can’t provide this for themselves.</td>
<td>“The world is not fair” and “each person should look out for himself.”</td>
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<tr>
<td></td>
<td></td>
<td>“People will not want to work if they can get a handout.”</td>
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may lift them out of homelessness. Following are some behaviors that are unethical because they are or can be interpreted as an abuse of power:

- Breaking client confidentiality without significant legal cause is an abuse of power.
- Wearing sexually provocative dress and displaying inappropriate sexual behavior (including that inappropriate to the client’s cultural context) is an abuse of power.
- Any type of sexual contact is an abuse of power.
- Social interactions with a client that disadvantage the client are an abuse of power.
Behavior that discriminates based on sex is an abuse of power.

Actions that expect a reward or “payback” are an abuse of power.

Engaging in legal or financial transactions with clients is an abuse of power.

Threatened or actual legal action as a consequence for failure to follow demands that are not part of a court mandate is an abuse of power. This situation can be very subtle or very obvious, and is a frequent abuse of power among those connected with child welfare agencies and agencies serving those with mental illness. An example is if a worker says, “Do what I say [or want] or I will have the children removed . . . or make sure the children do not get returned to your care.”

Conflict of interest is using your knowledge, power, or influence to advantage one person or group of people over another and having yourself, friends, or family benefit from the result. Conflicts can be financial, psychological, or social, among others. An example of this would be the case worker who asks a client with landscaping skills to provide these services at his home at a major discount because he knows the homeless person has no income and few choices. This is also an abuse of power.

An abuse of power is the act of threatening a person who has a mental disorder with hospitalization if he does not comply with worker demands that he take prescribed medication for his mental disorder.

An abuse of power is threatening a newly housed person with eviction if she is seen in a local bar.

Common situations that have ethical implications when working with homeless persons are

- meeting with youths in nontraditional settings;
- mistaking friendship for appropriate trust building;
- not keeping confidentiality;
- not reporting abuse and neglect;
- not reporting runaways;
- not addressing risky behaviors;
- giving money, taking people home, leaving people in unsafe settings; and
- failing to report or to act on information shared.
Applying personal values and beliefs in decisions regarding clients. For example, a worker who values families staying together may encourage a runaway youth to return home, even though the parents are abusive, physically and emotionally.

ETHICAL BOUNDARIES

While there are certain universally accepted principles, such as the immorality of taking a life when self-protection is not involved, the territory between what is ethically right and ethically wrong can best be described by various shades of gray. War and acts of self-defense are a good example of where the sanctity of life is tempered by other circumstances. In this area there are often no clear-cut answers and what is right may be nuanced by the context of the situation. This leaves considerable judgment in the hands of the worker, which is one reason why we devote considerable space to this topic. Ethical boundaries are concrete—easily described physically—and occur in the realm of feelings and relationships. Concrete boundaries take various shapes, such as the recognition of personal space, that distance from another that each of us treats as a comfort zone around ourselves. When we come too close to another for our comfort or that of the other person, we have entered someone’s personal space without permission. In unavoidable places such as crowded elevators most people turn inwards and make little eye or body contact with surrounding strangers. Similarly, in an interview or other interaction with a homeless person, the signals about personal space are clear and indicate that the other person normally wants more rather than less space. Any move to reduce the space between you is often viewed as aggressive or confrontational behavior.

Boundaries also exist around social interactions. Clients do not become social friends who drop in at your home. You do not ask them out to dinner, but may share a couple of burgers. While having coffee together is common, sharing a bottle of wine is way outside of appropriate socializing regardless of the circumstances. Doing favors also violates professional or social boundaries, as does the lending of money—for any reason. The same applies to a worker providing a place to stay for a client or potential client who is suddenly left homeless. There may be unusual or extreme circumstances where a worker may provide shelter or go beyond customary boundaries, such as in extreme weather conditions, during a natural disaster, or in remote and
rural areas when no other resources are accessible. But these are exceptions. The ethical principles for these rules come from the recognition that there is an inherent power imbalance between the worker and the homeless client. The power balance leads quickly to feelings of coercion or manipulation on the part of the client. Even when workers are not accustomed to the idea that they have some type of power over clients, they must recognize its existence and they should be vigilant to not misuse their power in any way.

Boundaries are also important in order to avoid situations where vulnerable clients may be subject to harm. Clients may confuse extra effort with romantic or personal interest, which may tap into latent dependency issues. Limits provide clients and workers with a sense of predictability and safety and thus define the extent to which a worker can and cannot do something. It allows the worker to avoid situations that encourage dependence of clients that leads to doing too much for clients. Sometimes doing too much can be as detrimental as doing too little. Thus, boundaries cannot always be absolute, but must be guidelines to appropriate roles and expectations.

These guidelines are not meant, however, to be so rigid that they stunt normal human interactions. There needs to be some flexibility in interpersonal boundaries, to include accepting and recognizing ambiguity. This flexibility acknowledges the changing needs of clients so that what is essential in one instance may not meet their requirements at another time. That is, a hug during a crisis situation may be permissible, but a hug at each meeting is not. This flexibility recognizes that each client is unique and has different needs for support. That means that the worker needs to be responsive and adaptive in finding informal solutions to pressing needs. Finally, boundaries are often set by paid work hours, but client needs may extend well beyond that. How does a worker balance client needs with personal needs?

For those working with homeless people, boundaries created by the workplace are usually not helpful or responsive to the behavior expected on the streets. Most references to boundaries imply that a person is interacting in an office environment that provides behavior guidelines and control over what is said and done. These guidelines do not exist in the open spaces of the street. Entering a person's place of sleep or rest, whether it is a tenting area or a shelter's sleeping hall, or coming close to the minimal structure that someone calls theirs, already touches the margins between public and private, and the boundaries that implies. Often, those who work on the streets find themselves exposed to inappropriate sexual language and behavior that would not be seen or tolerated in office settings. There are no rule
books that explicitly guide a worker on what to do or not do (Fisk, Rakfeldt, Heffernan, & Rowe, 1999). Frequent discussions in groups and individually with managers and supervisors are important to being sensitive to and finding ways to respond to many of the boundary issues that workers confront on the streets. The opportunity to discuss daily events allows for examination of the details that are critical to determining ethical issues of boundaries, power, and control. This level of support is also helpful in preventing undue stress and burnout for workers.

**ETHICAL DECISION-MAKING MAP**

Ethical principles, as previously discussed, can be the basis for guidelines as to which principles should take priority. The following list, with items ordered in ethical priority, is one such approach (Dolgoff, Harrington, & Loewenberg, 2011). In prioritizing or ranking ethical principles, a higher-level principle is more compelling than one based on a lower-ranked principle:

1. The principle of protection of life
2. The principle of equality and inequality
3. The principle of autonomy and freedom
4. The principle of least harm
5. The principle of quality of life
6. The principle of privacy and confidentiality
7. The principle of truthfulness and full disclosure

While there are no fixed rules for what is right or wrong in the many ethical dilemmas that workers encounter, these principles can be applied in developing a decision map that can guide the worker. We suggest the following steps as an aid to identifying issues and determining a course of action.

**Essential Steps for Ethical Problem Solving: A Frontline Worker’s Toolbox**

1. Evaluate the situation to determine if it may involve competing values and ways of acting.
2. Determine if there is a potential ethical issue and/or dilemma:
   a. Is there a conflict of values or rights or professional responsibilities?
   b. Are individual rights in conflict with agency or legal protocols or mandates?
   c. Are there boundary issues?
   d. Is confidentiality at risk?
   e. Is there an issue of self-determination of a woman versus the well-being of her child(ren)?

3. Identify the key values and principles involved:
   a. Should a homeless teen who has just given birth be allowed to keep her child or should it be placed in protective custody?

4. Rank the values or ethical principles that, in your professional judgment, are most relevant to the issue or dilemma. What reasons can you provide for prioritizing one competing value or principle over another? This process will allow the worker to step back from immediate and personal reactions and analyze the situation with some objectivity.

5. Develop an action plan that is consistent with the ethical priorities that you have determined are central to the situation.

6. Meet with colleagues and supervisors about potential risks and consequences of alternative courses of action. Be able to clearly describe the pros and cons of each alternative, and your reasoning for them. Can you support or justify your action plan with values or principles on which the plan is based?

7. Implement your plan, utilizing the most appropriate practice skills and competencies. How will you use core skills such as sensitive communication, skillful negotiation, and cultural competence? For example, skillful colleague or supervisory communication and negotiation may enable an impaired colleague to see his impact on clients and to take appropriate action.

8. Clearly document in case notes for each client any ethical issues that you have identified; current ethical practices, concerns, and conflicts; and any actions taken to address them, even if you were able to go no farther than supervisory consultation. In the event that there
is any future formal or legal action, you will have clearly indicated what you have done, which is important protection for you as the worker as well as for the client and the agency.

9. Reflect on the outcome of this ethical decision-making process. How would you evaluate the consequences of this process for those involved: clients, professionals, agencies?

For ongoing work with clients, it would be most helpful to develop with the program manager or supervisor an ethical decision map for specific issues with clients. This map should include and identify agency policies, practices, and procedures, as well as any relevant professional code of conduct.

**BOUNDARY CROSSING OR VIOLATION**

Some examples of boundaries can help to increase a worker’s sensitivity and awareness of possible boundary crossing or violation. Boundaries recognize differences and the personal domains that exist between people. While a boundary crossing can be seen as an action or behavior that deviates from a recognized boundary such as not having physical contact with a client (i.e., hugging), if the deviation is by mutual consent it is not per se unethical. However, mutual consent does not negate the relationship differences and how any action could be perceived by either person or by onlookers. In other words, even a hug may be problematic under some circumstances. It is up to the worker to be aware of this possibility. In moments of extreme distress, calamity, and trauma, the comfort of human touch such as a hug is not in and of itself a boundary violation—in fact it may be the most therapeutic thing you can do. But in less-dramatic situations a hug could easily be misconstrued. Any action that abuses that personal space and takes advantage by force, intrusion, use of power, or intimidation, or that meets one’s own needs at the expense of the client’s needs (e.g., for emotional appreciation) can be viewed as a boundary violation. The same applies to emotional extortion or blackmail, which is often used when workers feel frustrated and out of their comfort zone. “If you don’t move from this area I will throw you in jail.” The previous examples do not refer to crossing major boundaries of social, financial, or sexual conduct. These boundary crossings are always unethical and may also be illegal in many circumstances.
Additional guidelines for workers include the following:

- Consider being friendly and real rather than being a friend.
- Do a weekly check-in with yourself and review if you have the right balance between being overinvolved and underinvolved with clients. It is normal to quickly get involved in situations of high need and high emotion.
- Include in the check-in reflective questions: Is this something that I would want others to know that I am doing? Is this an abuse of power or position? Am I looking for an ultimate reward?
- Form a work group or peer group or other professional relationship where you can do a quick review of troubling issues.
- Work in a team or in pairs whenever possible so that there is opportunity to share responsibility as well as deal with problematic situations.

There are additional basic guidelines that outreach workers should follow. They follow the premise that boundaries are necessary for both job performance and to reduce the possibilities of burnout from overinvolvement (Strike, O’Grady, Myers, & Millson, 2004).

- Do not give your home address or phone number to clients.
- Do not answer your work cell phone 24/7. It is best to have a personal cell for nonwork use.
- Do not involve yourself with client conflicts on the street.
- Do not engage with clients by talking, conducting home visits, and so on in off hours.
- Do not give or lend money to clients.
- Do not make decisions for clients.
- Do not drink, date, or socialize with clients.
- Do not involve yourself in activities that change your role and relationship such as that of employer or colleague.

If we look carefully at these guidelines it is quickly apparent that they speak primarily to role violations—crossing the line between being a helper and being a friend. They also include care around the use of the power
inherent in any situation where the other person is disadvantaged, and where money and availability are equated with power.

**BOUNDARIES IN RURAL AND REMOTE AREAS**

Client confidentiality and client-worker interactions outside of formal service provision are more common in rural settings. In cities and suburban areas there is far less likelihood of meeting a client in another setting, whether on the street, in a shop, at a restaurant, or at a social event in someone’s home. Small towns and rural areas do not provide as much opportunity to fade into the crowd, since places to go for anything are greatly reduced. The probability is also that you personally may wear several different hats or play several roles in the community. Most people know or know about those who live locally, and they are also privy to the people talk that fuels the local gossip mills. This challenges the guidelines around boundaries that usually guide the urban worker. Rural areas also have far fewer resources than cities, which means that any referral a worker makes could well be to someone the client knows, or is related to (Galambos, Watt, Anderson, & Danis, 2006). These issues are especially acute for native (Aboriginal) people living on reserves, and those in town who seek culturally aware services (staffed often by extended family and relatives of relatives). Family and friends make anonymity almost impossible in Native circles.

How does one handle boundaries in rural areas where your role is well known, and those you interact with are also known? Recognition and acceptance of your position and potential dilemmas paves the way for you to address this issue directly with clients and potential clients at the first meeting. As the issue of lack of anonymity faces both of you, it also addresses a concern that your client faces with you. In urban settings the decision to acknowledge a personal acquaintanceship in public should be mutual, but also should be based on the understanding that questions like, “Where do you know each other from?” or “How did you meet?” can be handled in general ways such as “I can’t remember who introduced us” or by indicating the meeting was through church, school, bingo, and so on. The adage “to be forewarned is to be fore armed” is highly applicable in these instances. In rural settings such strategies may not be possible. You may already know or know of the individual. There may be family, church, or school ties. You may find yourself working on the same project through a local organization.
In that event, knowing nothing but the most obvious information—such as that a person is single or has children—should be the extent of any public recognition of each other. In public, let the client lead the way, but be careful not to step into personal areas as this may compromise your ability to help in your other role. As a worker, you need to be proactive and aware of the constant possibility that the next client could be someone you know that you will need to discuss the reality of your previous interactions/relationship at the onset of any work with that person. These are the situations where you need to have a direct and clear discussion with that person about the boundaries, and your varying roles should not cross over on each other. Your boundaries around them should be clear for the benefit of all concerned.

While the foregoing philosophies and values form the basis for making ethical decisions, the real challenge is in their recognition and application in real-life situations. Some examples from potential situations can be found in *Ragged Company* (Wagamese, 2008): a group of homeless persons tries to go to the movies to escape bitterly cold weather, and one of them finds a winning lottery ticket. In the process, they encounter a number of situations that challenge respectful and ethical treatment by Main Street movie attendants and lottery officials. They also become involved with a lawyer and a journalist, each of whom reminds them of the ethical issues of showing autonomy and respect for all the individuals in this situation.

**ETHICS IN THE WORKPLACE**

The application of ethical principles to individual situations is one of many in which workers find themselves and you will see in figure 11.2 some of the additional factors involved in ethical decision making. The workplace presents another wide range of booby traps that place individual and group needs in competition with those of the organization, its internal staff needs and demands, its overseers, and its funders. Workplace practices that are blatantly illegal—such as fraud, misrepresentation of services, illegal billing, misuse of agency property, charging the organization for personal expenses, and misappropriation of funds—are also clearly unethical. But in instances where there is no apparent violation of the law, ethical conflicts can still pose significant challenges.
Figure 11.2. Influences on Ethical Conduct

- Law and Minimum Standards under the Law
- Professional Code of Ethics and Standards
- Ethical Decision-Making Map for Client
- Agency Policy and Procedures
- What are the legal considerations with this plan? For this client?
- Are professional ethics and agency policy in conflict?
- Do my own personal values conflict with legal, agency, or professional standards?

Ethical Conduct Outcome
Boundary violations can as easily occur between a supervisor and staff member as they can between a worker and a client because the same problems of power imbalance and potential coercion can arise in both situations. This poses a dilemma for you, as a coworker, who becomes aware of the fact that a violation is occurring between two workers in your organization, or between a manager/supervisor and a coworker. For example, boundary violations may be inadvertent as in the case of coworkers who are both in substance-abuse recovery and meet at an AA meeting or attend the same meeting because there are no alternatives. If the issue of recovery is known by each person, then there may be no conflict, but if the issue is not known, then this personal information can become a source of power and could be used inappropriately. If one worker discloses a relapse in drug use at an AA meeting the other person is placed in an additional jeopardy—the confidentiality of AA meetings versus the need to protect clients in the workplace. It could also lead one or the other person to make compromising decisions in order for this information to remain hidden from employers.

**The Unqualified or Impaired Worker**

The competence and impairment of the worker are issues that have begun to receive more attention; they are serious issues that violate practice standards. While both issues are related, each has its own set of performance implications. Most professional codes of ethics expect that a person bound by that code will not undertake work or responsibilities that they are not competent to perform and that are outside of their training and experience (Corey, Corey, & Callanan, 2010). We do not accept a family physician as competent or qualified to perform neurosurgery, unless it is a circumstance involving life and death. Likewise, a substance-abuse counselor is usually not trained to provide intensive treatment for PTSD, and a domestic violence worker is usually not qualified to use specialized techniques such as Eye Movement Desensitization and Reprocessing approaches in clients (Davidson & Parker, 2001). Some recently trained individuals may attempt to practice outside their scope of training and experience. If you were to be working with someone who violates these boundaries, what would you do? Are there channels of complaint through your agency or a professional organization that can be used to alert authorities to persons unauthorized to practice in specific areas and interventions? If there is no national accreditation body to oversee competence with certain interventions, what recourse do you have? Is it ethical to remain silent in these situations?
How Do You Handle the Worker’s Impairment?

The impaired worker poses many ethical difficulties in the office and in the community. Human service workers are not any more immune from the problems and difficulties of life than other people. Sometimes we may have a better understanding of how to respond—but not always. We have relationships that may be conflicted, children who act out, personal histories of maltreatment and abuse, mental health or addiction problems, psychosocial distress, or job burnout. Any and all of these can impact a person’s ability to perform patiently, nonjudgmentally, and competently in helping others. Views and impressions of others’ problems may be clouded and biased through how we are handling our own situations. In other words, we are impaired in the performance of our work. The extent of this impairment will affect job performance and may lead us to biased and unhealthy actions at work, violating the first rule of ethical conduct: “Do no harm.”

The classic example of the impaired worker is one who has an addiction problem that has been under control until recently but now threatens the person’s sobriety. Do you confront your impaired colleague? Do you present this matter to senior staff? What do you do if the senior staff or head of the organization is the person who has lost her sobriety? Do you wait to see if this will be harmful to the organization or to clients? What do you do if you hear of instances of public intoxication while the person is on professional business at a conference? To what extent do you risk becoming the whistle-blower at the potential expense of your own employment? In both Canada and the United States whistle-blower laws aim to protect public employees and not those in private and nonprofit organizations, thus your addressing the problematic behavior of a coworker may put you at risk. Does it make a difference if the agency is a substance treatment facility? These are questions that point to dilemmas between your own values and interests and those of the agency that employs you.

Impairment does not refer only to addictions. A person who is involved in a difficult and contentious marital breakup may be unable to put these concerns aside when attempting to deal with clients, especially if the clients are also persons involved in domestic disputes or child welfare supervision. A person who has recently lost a child or significant other may need extra time to grieve before being able to handle the caregiving involved in many social service jobs. A person who is the sole wage earner in the family may be working two or more jobs, and may consequently not be able to perform
adequately in his primary job. The ethical concerns in these situations involve the ability to make decisions regarding the harm that may be done by not being able to fully and completely attend to the needs of a client and family, especially if there are competing emotional ties or reduced energy to deal with clients.

**RECORD-KEEPING AND CONFIDENTIALITY**

The relationship between ethical behavior and keeping records may not be obvious at first glance. Many workers assume that record-keeping is aimed only at documenting client and worker activities. It is also a testament to the delivery of appropriate, accountable, respectful services in a confidential and professional manner. Despite the fact that record-keeping may seem to be taking time away from direct service with clients, it is a vital component for delivering appropriate service. The documentation of what services are necessary, when and how they are to be delivered, and the result of service provision on client welfare are all important aspects of doing the best we can. Documentation addresses the accountability of workers for their job performance. The record provides evidence that the worker has competently assessed the situation, documented key facts, drawn appropriate conclusions, and acted accordingly. It also means that each item or progress note written into the record becomes an indication of whether or not the worker has done her job.

The burden of providing evidence to justify the need for specific services falls directly on the worker. Documentation is both a way of demonstrating competence and a means of accountability. The accountability may involve individual situations of client welfare, or organizational issues of proof of services provided for funders. It also has a legal aspect in that it provides evidence in the event that court action is required, such as child welfare custody situations as well as any potential lawsuits for malpractice. Service records should both be shared with and signed off by your supervisor, who remains ultimately responsible for their timely recording. This is a support and protection for workers; it signifies that you have not acted without supervisory knowledge and support.

Record-keeping involves writing skills and the ability to put information in logical and appropriate order. For many workers who have emerged as
peer supporters from the ranks of the homeless, especially those for whom writing has been a challenge in the past, this can be a daunting task. Record-keeping taps immediately into fears about one’s adequacy about being able to do the job, as reading and language skills come under scrutiny, especially if training and supervision have been light to nonexistent. Fortunately, present-day software can relieve some of the burden of grammatical and spelling errors, and typing hides poor writing skills. However, these advances are often not sufficient to overcome the fear of writing.

Some tips for record-keeping will be of help in providing structure. Three fundamental rules follow:

1. Separate fact from personal opinion, putting the facts first and leaving opinion, if stated at all, in a separate section.

2. Put information into logical, time-ordered facts. Short specific sentences suffice to convey the information that covers the *when* (day/time), *where* (the location of the interaction or service or incident), *what it was* (the issue or event), *what happened* (specific action), and *who* (was involved). Note that none of the above information includes the worker’s observations or impressions. That belongs in a separate section, followed by *follow-up—next steps* (by who and when).

3. Clearly indicate the source of information—directly from clients, from a third party, or from other written material.

If the case notes or records state the facts, reported and observed, without personal commentary by the worker, a clear and focused report will be the result. While this may sound simple, most of us often intertwine fact and opinion; keeping these two apart will require a bit of practice. Some people are also accustomed to weaving related material into the account of an event in a way that shifts the logical and time sequence of what is being reported. As challenging as it may be, it is important, within mainstream service provision, to report information in a sequential manner as it is invaluable in situations where the record may be requested for legal action (criminal, child welfare, litigation, etc.).

Record-keeping also involves the ethical principle of nonmaleficence—do no harm. Potential harm in records stems from documenting information that you have acquired by hearsay, that is attributed to sources
you cannot verify, or that is the opinion of yourself or another person, regardless of the authority or credentials that person may hold. Many examples come from the mental health and addictions fields, where labeling can be stigmatizing. Early in treatment a person may be given a preliminary diagnosis or a diagnostic impression. Unfortunately, when the label is transferred into the record as the diagnosis, a person may be labeled and thus stigmatized. When this diagnosis is an error the legacy may have long-lasting harmful effects. Such examples abound in the field of psychiatry where labels of schizophrenia and personality disorders, especially that of borderline personality disorder, are used when not accurately determined by a qualified professional. The result, in this instance, is that a person comes to be regarded as someone who is not amenable to treatment. When child welfare is involved, the consequences for parent and child may be irreparable if the parent is judged unfit for the responsibility of parenting.

The unintentional use of power can also occur in the handling of client records. Even if people have a right to see their records, clients who are homeless rarely make this request of an agency providing service as they are often fearful that any upset of the established order or questioning of authority may result in recriminations (denial of service, protracted waiting for services, being labeled as a troublemaker). They may not completely understand what is written, especially if there are literacy or English language problems. These situations can easily become coercive as service providers try to push realistic concerns aside for lack of time or fear of problems.

The provision of any help to others is always accompanied by ethical issues. These may be centered around decisions that workers and supervisors need to make or around the daily interactions that take place in the context of delivering services. They may involve using principles such as nonmaleficence (do no harm) or utilitarianism (the greatest good for the greatest number), or they may be concerned with issues of confidentiality, client empowerment, and the use of coercion in obtaining client cooperation. They may involve behaviors such as exploitation of clients, or written acts such as careless and inaccurate report writing. Whatever the situation, it is incumbent on the worker to be vigilant about the numerous ways in which ethical challenges present themselves. In the final section on exercises we have presented a number of examples to further your thinking on complex issues.
CODE OF ETHICS FOR FRONTLINE WORKERS

The following list presents a code of ethics for frontline workers. It borrows heavily from professional bodies such as social work, nursing, and psychology but recognizes and provides details on some of the specific ways workers can deal with ethical issues that arise in this field of work.

1. Respect the dignity and worth of all people.
   a. In all forms of communication, use language that is respectful of people.
   b. Avoid all derogatory comments, including jokes, sarcasm, or double meanings that are based on racial, ethnic, and cultural backgrounds; sex or gender preference; physical or mental disabilities; or other differences. Avoid any type of verbal harassment.
   c. Avoid activities that are disrespectful of others.

2. Have the highest regard for confidentiality.
   a. Treat all information and all interactions with the strictest of confidence.
   b. Share client names and identities only with client permission.
   c. Share client information only with those who have a need to know.
   d. Have discussions with and about clients only in private places.
   e. Keep written information in a secure place, not accessible to other clients or to the public, at all times.
   f. Inform clients about their rights to confidentiality when they first agree to participate in a service plan.
   g. Obtain written consents before releasing any information.

3. Recognize that the helping relationship is inherently an uneven one.
   a. Minimize all actions that emphasize this imbalance.
   b. Do not dictate days and times of meetings unless mandated by a legal authority to do so. Clients should determine where and when they will meet with or engage with a worker.
4. Respect cultural diversity.
   a. Workers should be trained in the recognition and respect for the values, attitudes, and expectations of different cultures and special interest groups.
   b. Be sure your helping expectations always consider the cultural context of the client.
   c. Respect the clients’ cultural diversity in planning and intervention preferences: the customs, beliefs, rituals, and ceremonies that are fundamental to different groups of persons.

5. Respect the right to self-determination.
   a. Respect the right of individuals and families to make decisions about their own welfare and life circumstances.
   b. Do not use your status or power to directly or subtly coerce clients. This includes the ability to give or withhold services or other benefits that the client needs for successful independent living.
   c. Do not use guilt or other ways of influencing client behavior.

6. Respect the helping relationship.
   a. Accept that clients determine the extent to which they will accept interventions.
   b. Distinguish between helping and social relationships, and do not engage in social relationships or contact with clients.
   c. Do not seek any personal services or benefits from those who are clients. This includes providing employment that is below the acceptable wage for the specified activity.

7. Practice competence.
   a. Seek to obtain the knowledge and skills necessary for respectful practice.
   b. Seek regular opportunities to improve and expand your knowledge and experience through training and mentoring.
   c. Accept supervision of practice as an important aspect of responsible work.
   d. Be aware of your skills and their limitations. Do not provide services or practice interventions that you are not trained to perform.
e. Maintain complete and accurate records of worker and client activities; this is a primary responsibility. Records should be factual and avoid negative value statements.

8. Understand the implications of working in a helping organization.
   a. Understand the mission and aims of the organization in which you work.
   b. Respect and value collegial relationships.
   c. Do not exploit or use for personal gain any relationships with coworkers.
   d. Look for and advocate for ways that the organization can improve its work with clients.

**EXERCISES**

**Case Examples**

1. Marnie is a woman, age thirty-two, with two children, ages three and seven, who moved into a domestic violence shelter three weeks ago to escape from an abusive relationship with her common-law partner of eight years. She denies any history of alcohol abuse but admits to regular marijuana use, usually during the day, but never on the shelter premises. The children are in her care when she is using. They do not appear distressed or neglected.

   Do you report Marnie to child welfare authorities for child endangerment? Would you report a woman of Marnie’s description who lives in her own home to child welfare? What would your response be if Marnie had a prescription for medical use of marijuana?

2. An older woman who has no family and who has some health issues but insists that she can function independently is adamant that she move from her shelter for the elderly into her own independent apartment. She cites the *housing first* philosophy as her right. The shelter staff are divided. As her continuing-care worker you would be responsible for monitoring her status and need for further care. It will be more difficult to get her placed into a retirement residence if she is living in her own apartment. What would you do? What would be in the client’s best interest?
3. A program that helps victims of domestic violence has been forced to find a new office and program location. It has succeeded beyond its wildest dreams. The new location is central, in an office building, close to transportation and other services, and in a business neighborhood that caters to a large variety of people. Moreover, it is affordable and is in move-in condition, thus sparing the organization remodeling costs that it can ill afford. The only problem is that the landlord does not want program staff and participants using the main entrance, which is in an interior lobby, but instead wants them to use an outside doorway as the main program entrance. The landlord states that his position is nonnegotiable.

What is the ethical issue? Is it a legal issue? What are the implications of resolution of this for each outcome?

4. Frank, a young man of about twenty-six, was referred by the local homeless shelter for men where he has been living for the past three months to a job skills training program for warehouse personnel. He has gradually struck up a good rapport with you, his primary counselor. He has confided that he has had several psychiatric hospitalizations for confused thinking and depression. Over the past few days he has become more silent and preoccupied. Today he arrived looking distressed and was speaking in a rambling way. Upon speaking with him you find out that he is very depressed, possibly thinking of suicide. He agrees to let you call the emergency mental health team who will come out to do an assessment.

Do you tell the mental health team about Frank’s past psychiatric history? What is the reason for your decision?

5. You are a contract supervisor in a small agency that provides substance-abuse programs. One program serves seniors. The program head recently went on a crash diet and has lost a sizable amount of weight in a few months. You learn that she is abusing alcohol every evening and is also deliberately starving herself to reduce her weight. Clients are concerned that she has a terminal illness and is not disclosing this. During supervision she has told you that she suffers from PTSD as a result of several traumatic experiences. She is depressed but continues to come to work daily. You advise her to take time off and she refuses. Her agency management supervisor will not deal with the problem.
What can you do? What may be the consequences? Ethically, what are the issues?

6. A local drop-in program that helps those with mental health and dual disorders is financed through health-care dollars on a per person basis. A recently enacted rule by the funder states that the person rate will be paid only for identified services users. This means that from now on people coming into the facility will be required to sign in with their health-card number (or Medicaid or Medicare card/number). Some people who have been attending regularly are reluctant to reveal their number and their use of medical services, claiming that this is confidential.

What are the issues? What ethical principles are involved? How do you deal with the problem?

7. Tom is a young man, age twenty-two, who recently left home and came looking for work in an area booming with oil company projects. He didn’t realize that the cost of hotels and food was as high as the local wages, and found himself with no money for a motel within three days of arriving. He went to seek help at a local drop-in program and was greeted by a young shelter worker whose winning smile had more nuances of a social welcome than he felt comfortable with. However, he had nowhere else to go and thus had to deal with the touch of her hands on his arms as she commiserated with him, her doe-like eyes, and her subtle glances.

Is this provocative behavior unethical? How would you respond if you were her coworker?

8. A homeless American Indian/First Nations man, age thirty-eight, with a previous history of alcohol abuse and depression, has diabetes and is experiencing kidney failure. He is in recovery from his substance use, has a girlfriend, and is making many efforts at self-improvement. He will need a kidney transplant within the next two years if he is to live. Should he be placed on the transplant waiting list? Would there be a different decision if he has a history of a psychosis?

9. Max is a single senior who has been homeless since his landlord sold the SRO house where he was living three years ago. Fiercely independent, he has refused housing in a supportive living arrangement and continues to sleep at a local shelter. Occasionally he volunteers for an organization he has been involved with for the past
decade. On volunteer nights the shelter staff allow for his late return and keep his assigned bed for him. The rules that are relaxed for him provide some degree of individualism and autonomy and help Max keep his self-respect.

What do you do if a new supervisor decides to enforce strict rules about bed assignments and late entries into the shelter?

10. You work for an agency that provides street-level intervention for high-risk youths. Some of the youths are housed in your agency’s emergency shelter. There have been a number of job changes in your agency and staff have had to adjust to new supervisors and new enforcement of agency rules. This has created stress for all staff. One of the staff you work with is especially anxious and jumpy. You learn that he has just broken up with his girlfriend whom he lived with. His mother, who lives alone in another city eight hundred miles away, has been diagnosed with breast cancer. He has started drinking excessively and is also smoking marijuana daily. He needs to work because he has no savings and has no earned sick leave from the job.

What do you do? What would you do if you were the supervisor? What would you do if you were the director of the agency? What ethical principles are involved in this situation?

11. A middle-aged professional woman who is in charge of a child-care program falls down a set of stairs, hits her head hard several times, and suffers an obvious broken nose. She refuses to have staff call an ambulance and insists on driving herself to the hospital. She is dressed casually because of the nature of her job. At the emergency room she registers and is asked to sit and wait. She notices people gradually moving away from her seat until she is all by herself. She looks disheveled, has blood on her face, and appears groggy from the fall. She is not seen until all others in the room have been attended to. She is eventually diagnosed with a broken nose, lacerations, and a severe concussion. Is this a situation of stigmatization? Is this an ethical problem?

12. Suzette, age about thirteen, is one of the street kids that regularly shows up at the only youth drop-in program in town, which you run. She lives at home—but barely, as she is on poor terms with her mother and stepfather. She has recently become sexually active and
has access to the condoms that are left out for the kids to use—no questions asked. She has asked for help in getting birth control pills. One issue, besides her age, is that her family belongs to an evangelical religious group and does not believe in any kind of birth control. What do you do? Would the issues be different if her parents were not devoutly religious with strong beliefs about sexual taboos?

The following are some additional exercises:

1. Illicit drug use is a reality of street life. Should workers adopt a harm reduction approach or demand total abstinence in order to receive help? What help would you withhold from someone who refuses to stop using? Respond in a class debate or reflective writing.

2. In *Ragged Company* Richard Wagamese (2008) presents a number of ethical dilemmas that the main characters face. They range from boundary recognition to harm reduction approaches. Can you identify at least five such instances?

3. Create a toolbox of forms and information that will guide your work. Include a copy of the “Essential Steps for Ethical Problem Solving: A Frontline Worker’s Tool Box” that was presented in this chapter.

**JOURNALING**

1. Identify an ethical conflict at work in your agency. What issues are involved? How much is the argument clouded by moral judgments?

2. Identify a potential ethical conflict with a client. What issues are involved? How much is the argument clouded by moral judgments?