Ethical Dilemmas of Practicing Social Workers Around Psychiatric Medication: Results of a National Study.

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Abstract:

It is acknowledged that social workers in mental health and other settings routinely experience client-related ethical dilemmas. Further, there is wide recognition of the potential impact of ethical dilemmas on social work practice with clients who use psychotropic medication. Little is know empirically, however, about the experiences of practitioners with these dilemmas. This article describes the results of a national survey of practicing social workers regarding the nature of ethical dilemmas they face related to their work with clients on medication issues. The results make it clear that social workers regularly confront a variety of ethical dilemmas in this type of practice. Many of these dilemmas are related to ambiguities around the knowledge base of practice, appropriate roles of providers, and basic personal and professional values. The authors present implications of these findings for social work practice and further research.

Keywords: ethical dilemas | social work | psychiatric medication | confidentiality | mental health

Article:

Ethical dilemmas are a regular part of daily practice for social workers in mental health and other settings (Congress, 1999). Some state licensing boards are beginning to require continuing education on ethical issues, and concerns are being raised by ethical scholars in social work about such things as managed care (Reamer, 1997) and the "the demise of confidentiality" (Davidson & Davidson, 1996). Taylor (2002) argues that social workers' abilities to deal with "professional dissonance" caused by many ethical dilemmas have implications for the future of the profession. Yet, while there is a growing recognition of the importance and impact of ethical dilemmas, little is known empirically about the experience of practitioners who face these situations. This article attempts to address these issues by describing the results of a national study of ethical dilemmas faced by practicing social workers in medication management.

Social work practitioners who carry out a range of roles and activities in helping clients obtain, learn about, think about, adhere to, and manage their psychiatric medications do so in a complex

professional context. Factors that influence social work's roles in psychopharmacology include (a) ambiguities around the pharmacological knowledge base of medications, (b) differing ideas about the adequacy of research, (c) the influence of drug companies on research and marketing, (d) questions about the validity of ideas about the biological etiology of mental illness, and (e) the priority of certain professional values and ethics with clients who use psychiatric medication.

While knowledge and values are both meant to guide a general approach to practice as well as provide specific direction in situational decision- making, the reality is that ambiguities and uncertainties in these areas lead to practice dilemmas and role confusion. Key issues that seem to relate to ethical conflict with respect to social work practice and psychiatric medication include:

- The preeminence of the medical model, managed care, and the authority of physicians,
- The conundrum of the historic role of social workers to be both handmaidens to physicians and vocal advocates for clients' "best interest,"
- The sometimes tenuous balance between the short term "costs" (adverse physical and psychological effects) and "benefits" (symptom reduction) of medications,
- The lack of clear knowledge about potential long-term adverse effects of medications,
- Debates about the relative effectiveness of medical and biological interventions versus psychosocial ones,
- The lack of a full understanding of the placebo effect,
- Social and cultural pressures for people to take, or not take, psychiatric medication,
- The controversial testing and use of medications with children and adolescents,
- Differing views of self-determination, paternalism, client competence, and the desirability and ability of clients' full participation in pharmacological decision-making.

The purpose of this paper is to move from conceptual notions about *potential* ethical dilemmas to a report of data collected on *actual* ethical dilemmas experienced by social workers carrying out a range of roles and activities related to psychiatric medication management. It is an attempt to respond to the call by scholars to conduct empirical investigation into how values are operationalized in practice (e.g., Rothman, Smith, Nakashima, Patterson, & Mustin, 1996). While few in number, recent studies have documented high levels of conflict in practice. For example, Motlong (1997) found that 60% of respondents experienced conflict in their practice around self-determination. Taylor (2002) likewise noted the existence of "professional dissonance" among practicing social workers in mental health settings, defined as conflict and anxiety associated with the collision between job tasks and professional values. A full understanding of dissonance, according to Taylor, may help social workers better understand barriers to excellence in practice and prevent burnout.

In the present study social workers were asked how often they experienced a specific ethical dilemma and then to subjectively rate how bothersome the dilemma was to them. The authors' hope is that gaining an accurate and full description of ethical dilemmas in medication management might be a first step in formulating "best practices" for addressing them. This may

help social workers gain confidence and competence in carrying out expanding roles and tasks in psychopharmacology (Bentley & Walsh, 2002; 2001). Results of the larger study of more general social work tasks and activities in medication management are presented elsewhere (Bentley, Walsh, & Farmer, 2003). Ethical dilemmas in this study included social workers' dealing with clients, families, and physicians, negotiating information sharing and disclosure, tolerating managed care, confronting criminal behavior, respecting culture and diversity, dealing with subtle and overt coercion, and managing their own self-doubt.

METHODOLOGY

The data reported in this paper are drawn from a larger mailed survey conducted by the authors. The data-gathering phase was completed in November 2001. Questionnaire development involved a five-month process of reviewing the literature and conducting focus groups and interviews. In order to create a survey about the roles and activities of social workers that would be rooted in the knowledge and day-to-day activities related to psychiatric medication, three focus groups involving 31 practicing social workers were held at three sites in a large mid-Atlantic city. The focus group participants worked respectively in community mental health settings, private practice, and as field instructors for BSW and MSW students in a range of other human service agencies. In addition to the focus groups, one member of the research team conducted a series of individual interviews with three local psychiatrists, one family physician, and five mental health clients. The research team processed the information gathered from the focus groups and interviews to create survey items for a questionnaire that was later piloted with fourteen local social workers. The institutional review board of the researchers' home university approved the study.

Among the major research questions for the present study were: "What specific ethical dilemmas do social workers face and how bothersome are they?" Twenty questions were generated that focused on ethical dilemmas. One of those questions gave respondents an opportunity to list "other" ethical dilemmas they experienced that had not emerged during questionnaire development. The university's Survey Evaluation and Research Lab assisted with the formatting and printing of the questionnaire booklet and managed its distribution, data collection, and data entry. Survey questionnaires were mailed to a randomly selected group of members of the National Association of Social Workers who self-identified as "clinical social worker" and marked "mental health" as their field of practice. Four thousand twenty-one (4,021) surveys were mailed with a reminder postcard mailed one week later. After bad addresses and returns were subtracted, a final total of 994 usable surveys were returned out of a possible 3,790, for a response rate of 26%. Quantitative data were analyzed using SPSS 10.0 and utilizing traditional descriptive and inferential statistics. The standard for statistical significance used was .05. Responses to the question soliciting "other" ethical dilemmas were analyzed using a two-step process described by Strauss and Corbin (1998). First, data fracturing consisted of separating the responses into data units and transcribing each response onto an index card. The second step of the analysis was conceptual coding, using a card sort process.

RESULTS

Demographics

Of the survey's 994 respondents, 69.7% (n = 640) were female and 30.3% (n = 278) were male. They ranged in age from 27 to 88 years, with a mean age of 53 years and 25.1 years of practice experience. Eighty-eight percent (88%, n = 874) had their MSW degree. Only about ten percent (9.9%, n = 98) were under age 40; 56.5% (n = 556) were between 40 and 59 years, and, 31.1% (n = 309) were between 60 and 79 years. Of the 92% (n = 914) of respondents who reported an ethnicity, a large majority were Caucasian (87.4%, n = 799). Other respondents identified themselves as Hispanic (2.3%, n = 23), African American (1.6%, n = 16), Asian/Pacific Islander (1%, n = 3), and American Indian/Alaska Native (.3%, n = 3). Two percent (2.0%, n = 18) identified themselves as "other" than the above categories.

Slightly more than half (50.8%, n = 455) of the respondents worked in urban settings. Thirty-five percent (35%, n = 319) worked in suburban areas, and 13.6% (n = 122) worked in rural settings. The types of work environments included private practice (54.7%, n = 479), community mental health centers (14.7%, n = 129), state psychiatric hospitals (3.2% n = 28), private psychiatric and general hospitals (3.0% each, n = 26 for each), social service agencies (2.9%, n = 25), state or federal mental health organizations (2.5%, n = 22), residential or group homes (2.2%, n = 19), psychosocial clubhouses or drop-in centers (.2%, n = 2), and mental health advocacy organizations (.1%, n = 1). The category of "other" was checked by 13.5% (n = 118) of respondents.

Most of the respondents provided clinical services to adults (97.8%, n = 859) and children (83.0%, n = 474). Further, 98.6% of the respondents (n = 840) indicated that at least some of their adult clients were using psychiatric medications.

The Experience of Ethical Dilemmas: Quantitative Data

Frequency. In summarizing the survey results regarding the *frequency* in which dilemmas, role conflicts, and ethical struggles were experienced by social workers, the authors collapsed the categories of "very frequently," "often," and "occasionally" into one category.

A clear finding of the study is that social workers routinely experience dilemmas, role conflicts, and ethical struggles in their work with clients who use psychotropic medications. Of the 19 survey items, two were experienced in a typical month by over 60% of the respondents. These included respecting a client's decision not to take medications when continuing symptoms were evident and perceiving that a client may be over- or under-medicated. Three other items were noted by more than 40% of the social workers. These were related to dealing with long waiting lists for medication screening appointments, deciding whether to advocate for a client or encourage the client to be a self-advocate, and responding to the possible influence of managed care on a physician's decisions about medication. Two more scale items were identified by more

than 30% of the respondents. These included lacking confidence in a physician's ability to effectively prescribe medications and trying to balance encouragement and coercion of clients to take their medications. Respondents experienced dilemmas related to all of the other survey items as well, at frequencies between .6% (dispensing medication) and 29.6% (disagreeing with a physician about the need for medication).

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Bothersomeness. Table 1 also presents the degree to which respondents were *bothered* by each dilemma, broken down into the categories of "quite bothersome" and "somewhat bothersome." In general, data indicate that social workers are indeed bothered by the ethical dilemmas they encounter. In every case except one (item #4, about advocacy decisions) dilemmas were rated as either "quite" or "somewhat" bothersome by more than half of the respondents. Thirteen (13) dilemmas were rated as bothersome by more than two-thirds of the respondents. The most bothersome ethical dilemma related to long waiting lists for client appointments. Interestingly, the next two most bothersome dilemmas pertained to concerns about physicians, including the possibly negative influence of managed care policies on a physician's decisions, and a lack of confidence in the physician's competence. Concerns about personal legal culpability in knowing about a client's illegal access to medication and enforcing physician decisions with which the social worker disagrees, were also among the most bothersome.

Gender. Table 2 presents the results of a gender analysis of ethical dilemmas. Note that "quite" and "somewhat" bothersome are collapsed into one category. While the frequency with which men and women experienced dilemmas, conflicts, and ethical struggles was significantly different in only two of the 19 scenarios presented, a different picture emerged with respect to the level of bothersomeness. Gender differences were significantly different for ten of the nineteen ethical dilemmas. In all ten cases the dilemma was more bothersome to the women. The greatest differences in bothersomeness (10% or more) involved concern with long waiting lists (16.1%) and deciding when to advocate for a client regarding a medication issue (16.1%). The next largest gender differences were about feeling unprepared to provide medication information (14.8%), lacking confidence in a physician's ability to effectively prescribe medication (13.5%), and struggling with acceptance that a client or family's religion or culture does not support the use of medication (10.3%).

"Other" Dilemmas Faced by Practicing Social Workers

A content analysis of the 65 write-in responses to the question inviting participants to list "other" ethical dilemmas yielded rich information about dilemmas not explicitly listed in the printed questionnaire, although some overlap was evident. Four main categories of "other" dilemmas emerged, several of which seem specific to a particular setting or population.

Table 2 is omitted from this formatted document.

Funding/Economics. These dilemmas included concerns about the cost of medication for clients without insurance, the unavailability of generic medications, and the loss of funding for psychiatric home visits for medication issues with minimally cooperative clients. Some respondents also voiced concerns regarding managed care pressures to put clients on medications in the first place, and questioned the practice of tying payment for outpatient therapy to concurrent medication use.

The Social Worker and the Client. Several dilemmas reported by respondents centered around the client and his or her medication use, including the social worker's getting the client to consider seeing a doctor for a medication evaluation, having the client follow the physician's prescription, and communicating with the physician. Some respondents felt they needed to insist that clients remain on medication so they could responsibly provide psychosocial therapies. There were also responses that indicated ethical struggles and role conflicts around preparing commitment papers, having the credentials to initiate seclusion/restraint procedures, and having knowledge that clients are self-adjusting to their medications. Dilemmas also arose regarding a client's family. Specific instances included parents' disagreement over a child's diagnosis and treatment, disclosing substance abuse to a family, and advising family members to seek guardianship or conservatorship of their adult children. Finally, several respondents saw inadequate clinical supervision as a significant practice dilemma in treating clients.

The Social Worker and the Physician. Ethical struggles were encountered by respondents around the perceived competence of physicians, echoing some of the dilemmas listed in the questionnaire. These included concerns that derive from being in a rural area where physician's assistants provide medical evaluations, and where primary care providers prescribe most psychiatric medication. There were also concerns about the use of pre-written prescriptions, prescription writing being connected to pharmaceutical "perks," and incompetent physicians. Respondents questioned whether 20-minute sessions were adequate to assess and monitor medication, decried a lack of follow-up evaluations for their clients, and described difficulty with emergency room physicians around drug seeking issues.

Dilemmas were reported regarding disagreement over diagnoses including the requirement to accept a physician's diagnosis and prescription (or lack of either) and needing only to report outcomes rather than suggest reevaluation of the medication regimen. Several respondents felt their expertise and input was discounted by physicians, while at the same time they were asked to take on too much responsibility for medication, including being asked by medical personnel which medication was appropriate for a client, to authorize prescription refills, or to dispense medication. Other dilemmas included the physician not communicating with the social worker in a timely manner and difficulties in handling joint interviews with a client.

The Nature of Treatment. These "other" dilemmas included concerns about the recommendation for electroconvulsive therapy, client overreliance on medication and the resulting potential for abuse, and discussing alternatives to medication such as herbal medications, acupuncture, body

work, and diet in children with ADHD. Respondents expressed that there was significant pressure *not* to educate clients about alternatives to medication. These persons have to then balance a client's right to choose with existing external pressures to medicate.

DISCUSSION

These survey respondents were mainly a Caucasian, middle-aged population of very experienced social workers. The results make it clear that they confront ethical dilemmas related to psychotropic medication use on a regular basis. As noted earlier in the paper, many of these dilemmas related to ambiguities around the knowledge base of practice, appropriate roles of providers, and basic personal and professional values.

Clients' Rights to Refuse Medication

The survey item that yielded the highest percent of conflict (67% of respondents) was "respecting a client's decision not to take medications even in the face of continuing symptoms." It appears that social workers are very conflicted about whether or not a client's right to refuse medication can or should be honored. A surprising finding in Wilk's study (1994) was that 57% of social work respondents opposed the right of involuntarily committed patients to refuse treatment with psychotropic drugs. She noted that this seems to violate the value of client self-determination and may be related to either professional paternalism or practitioners' negative experiences with psychotropic drug use. This is consistent with Abramson's (1985) finding that while most social workers agree that client self-determination is a paramount value, many of them seem willing to serve as a parent-figure in some circumstances. A later study by Abramson (1989) showed that beneficence (doing good) is often more highly valued than is client autonomy (self-determination) when these values are in conflict. Other research has also found high levels of variability in the interpretation of self-determination and its use in practice (Little, 1992; Kessel & Kane, 1980).

Published debates also reflect a range of opinions on the topic of the right to refuse medication and its relationship to self-determination. For example, Bentley (1993) and Rosenson (1993), both social workers, offer opposing positions. Bentley believes that social workers should advocate for the right of psychiatric clients to refuse medication based on legal, empirical, and ethical mandates. Rosenson, a family member, argues that social workers should be prepared to override clients' refusal of medication because respect for human dignity mandates that they help clients to access whatever treatments are needed to alleviate suffering, including medications. In another debate between a physician and a social worker (Remler & Cohen, 1992), the physician argues that clients should be restricted in their right to refuse treatment with psychotropic drugs since such behavior is due to altered brain function, and the physician is the best trained person to make such decisions. The social worker argues that clients must never be forced to undergo drug treatment against their wishes since this violates constitutional rights to freedom of speech, privacy, and protection from cruel and unusual punishment.

Survey respondents also are confronted with the dualism of self-determination versus paternalism (Reamer, 1983) reporting that 32% regularly encounter the dilemma of "trying to find the line between coercing a client to take medication versus merely encouraging him or her to do so." Abramson (1985) writes that social workers at times make use of positive therapeutic relationships to "cajole, persuade or manipulate the client" (p. 391). This occurs when social workers adopt a stance of insisting that clients take medication, or strongly urge or subtly coerce them to do so, rationalizing that it is in the best interest of the client. This dilemma, of course, is more likely to occur when the social worker believes that the medication will help to alleviate the client's symptoms.

The Social Worker's Relationship with the Prescribing Physicians

Another dilemma that yielded a high frequency among respondents (62%) was perceiving that a client may be over- or under-medicated. In addition, 39% of respondents at least occasionally lack of confidence in a physician's ability to effectively prescribe medication for a client, and 30% disagree with a physician about the client's need for medication. What is the source of these dilemmas? These issues may reflect (a) frustration among social workers that they have substantial knowledge of psychotropic drugs but do not feel they can use it, (b) a lack of confidence in their knowledge of the physiological effects of medications, (c) perceived powerlessness in the face of physician authority and presumed superior expertise, or (d) resentment of the negative feelings that some physicians harbor toward social workers who get involved in medication issues. These dilemmas are among the most bothersome for social workers because they raise the basic issue of whether or not a client is being adequately treated by the prescribing physician. While rules and procedures may be in place for outright malpractice, there is a lack of clear guidelines or professional mandate to act on more subtle doubts about a client's medical care.

Gender Differences in Ethical Dilemmas

There were a few gender differences in how often men and women experienced dilemmas, conflicts, and ethical struggles, but more differences with regard to *how bothersome* the dilemmas were. Women were more often bothered by long waiting lists for medication screening appointments and by accepting when a client or family's religion or culture does not support use of medication. These differences are difficult to explain, but may support Wilk's (1994) findings that women were more supportive of client rights than were men, presuming that greater support for rights leads to greater discomfort in cases of their abridgement. It is interesting that so many ethical dilemmas inquired about in the study (both survey items that emerged from focus groups and those added by respondents to the "other" item), seem to concern *the context of a relationship* between the client and social worker. Other authors have spoken about the important role that relationships play in the lives of most women (e.g., Kaplan, 1991) and thus the dilemmas may reflect the high value placed on the relational component in medication management. Interestingly, issues that might adversely affect these relationships (such as long

waiting lists, whether to advocate for a client, accepting the client's religion/culture) are experienced as more burdensome. While there is little in the social work literature on ethics that addresses gender differences, It is argued by other authors (e.g., Gilligan, 1982) that females and males make moral decisions differently. Gilligan found that girls are more oriented to care and response ideals, while boys are more oriented to justice. Still, it cannot be assumed from this study that degree of bothersomeness correlates with the nature of responsive action when a social worker experiences an ethical dilemma.

CONCLUSION

The professional literature raises discussion about the general types of ethical problems that social workers face in their day-to-day practice, but less has been written to help social workers provide ethical practice in response to specific dilemmas. Ethical dilemmas in medication management are no different. The question is–where to go from here? Interestingly, in a study that attempts to ascertain proficiency in ethical decision-making, Wesley (2002) found that BSW faculty and students readily recognize an ethical dilemma and can identify conflicting values, but show little evidence of ethical reasoning in finding solutions. Wesley argues that social workers need to become more competent to examine competing values and develop criteria for prioritizing them. Perhaps the greatest hope is in the development of assessment frameworks to deal with ethical dilemmas (e.g., Loewenberg, Dolgoff, & Harrington, 2000; Abramson, 1996; Manning, 1997) that help social workers engage in self-reflection and take actions that are congruent with professional values. In this way, social workers can move toward greater professional authenticity. If social workers are to fully embrace expanded roles in medication management, there must be greater dialogue about the backdrop of ethical dilemmas around psychiatric medication, including the medical model and the role of social work, the facts and fictions of psychopharmacological knowledge, and the sociopolitical aspects of prescribing. It will also mean that social workers must create greater opportunities for genuine collaboration with physicians (Bentley, Walsh, & Farmer, 2003), develop more open, trusting partnerships with clients and families, and sustain a willingness to be both self-reflective and assertive.

REFERENCES

Abramson, M. (1996). Reflections on knowing oneself ethically: Toward a working framework for social work practice. *Families in Society*, 77(4), 195-201.

Abramson, M. (1989). Autonomy vs. paternalistic beneficence: Practice strategies. *Social Casework*, 70(2), 101-105.

Abramson, M. (1985). The autonomy-paternalism dilemma in social work practice. *Social Casework*, 66(7), 387-393.

Bentley, K. J. (1993). The right of psychiatric patients to refuse medication: Where should social workers stand? *Social Work*, 38(1), 101-106.

Bentley, K. J.,&Walsh, J. (2002). Social workers' roles in psychopharmacotherapy. In A. R. Roberts & G. J. Greene (Eds.), *Social workers' desk reference* (pp. 643-645). NY: Oxford University Press.

Bentley, K. J., & Walsh, J. (2001). *The social worker & psychotropic medication: Toward effective collaboration with mental health clients, families, and providers (2nd ed)*. Pacific Grove, CA: Brooks/Cole.

Bentley, K. J., Walsh, J., & Farmer, R. (2003). Roles and activities of clinical social workers with psychiatric medication: Results from a national survey. Manuscript in preparation.

Congress, E. P. (1999). *Social work values and ethics*. Pacific Grove, CA: Brooks/Cole.

Davidson, J. R.,&Davidson, T. (1996). Confidentiality and managed care: Ethical and legal concerns. *Health & Social Work*, 21(3), 208-215.

Gilligan, C. (1982). *In a different voice: Psychological theory and women's development*. Cambridge, MA: Harvard University Press.

Kaplan, A. G. (1991). The "self-in-relation": Implications for depression in women. In J. Jordan, A. Kaplan, J. Miller, I. Stiver,&J. Surrey (Eds.), *Women's growth in connection: Writings from the Stone Center*. New York: The Guilford Press.

Kessel, S. D., & Kane, R. A. (1980). Self-determination dissected. *Clinical Social Work Journal*, 8(3), 161-178.

Little, M. A. (1992). Client self-determination: Current trends in social work practice. (Master's Thesis, California State University, 1992). *Master's Abstracts International*, 31(01), 0155.

Loewenberg, F. M., Dolgoff, R., & Harrington, D. (2000). *Ethical decisions for social work practice (6th ed)*. Itasca, IL: F. E. Peacock.

Manning, S. S. (1997). The social worker as moral citizen: Ethics in action. *Social Work*, 42(3), 223-230.

Motlong, W. K. (1997). Clinician view of the use of influence in social work practice. *Dissertation Abstracts International*, 58(09A), 3724.

Reamer, F. G. (1997). Managing ethics under managed care. *Families in Society*, 78(1), 96-101.

Reamer, F. G. (1983). The concept of paternalism in social work. *Social Service Review* (June), 254-271.

Remler, M., & Cohen, D. (1992). Should the right of mental patients to refuse treatment with psychotropic drugs be severely curtailed? In E. Gambrill & R. Pruger (Eds.). *Controversial issues in social work*. Needham Heights, MA: Allyn & Bacon.

Rosenson, M. K. (1993). Social work and the right of psychiatric patients to refuse medication: A family advocate's response. *Social Work*, 38(1), 107-112.

Rothman, J., Smith, W., Nakashima, J., Paterson, M. A., & Mustin, J. (1996). Client self-determination and professional intervention: Striking a balance. *Social Work*, 41(4), 396-405.

Strauss, A.,&Corbin, J. (1998). *Basics of qualitative research: Techniques and procedures for developing grounded theory,* 2nd ed. Thousand Oaks, CA: Sage Publications.

Taylor, M. (2002). *Professional dissonance among social workers: The collision between values and job tasks in mental health practice*. Unpublished doctoral dissertation, Virginia Commonwealth University.

Wesley, S. C. (2002). Proficiency in ethical decision-making. *Arete*, 26(1), 21-31.

Wilk, R. J. (1994). Are the rights of people with mental illness still important? *Social Work*, 39(2), 167-175.