

## ***Freedom vs. Duty in Clinical Social Work***

Mental health clinicians are taught to introspect about the degree to which their own background, culture, values, and beliefs may affect their reactions to their clients, and to strive to maintain objectivity in the process of assessment, diagnosis, and treatment. Clinical social workers are the largest professional group providing mental health services in the United States, providing services in urban and rural outpatient and inpatient settings. Social workers are seen as different from clinical psychologists, psychiatrists, and other occupational groups that provide therapy in the emphasis that social work places on social justice, cultural competence, and respect for diversity. According to the National Association of Social Workers Code of Ethics, the social work profession requires its members to “act to prevent and eliminate...discrimination against any person, group, or class on the basis of race, ethnicity, national origin, color, sex, sexual orientation, age, marital status, political belief, religion, or mental or physical disability.”

An ethical dilemma may arise when the religious or moral beliefs of the social worker interfere with the duty of all health care professionals to provide optimal service to clients and to “do no harm.” This issue made national headlines in a related context, when Kim Davis, a clerk in Rowan County, Kentucky, was jailed after defying a federal court order to issue marriage licenses to gay couples. Her action was based on her contention that to do so would violate her religious beliefs. In his ruling, Judge David L. Bunning of the United States District Court stated, “If you give people the opportunity to choose which orders they follow, that’s what potentially causes problems.” In defense of Davis, Ryan Anderson of the Heritage Foundation wrote, “Ms. Davis felt she had to follow her conscience... That, after all, is what religious freedom and religious accommodations are all about: creating the space for citizens to fulfill their duties, as they understand them, to God—regardless of what the rest of us think.”

A similar conflict between religious faith and the requirements of one’s job or one’s profession may be seen in social work practice in the following scenario:

A clinical social worker has been treating a 25-year-old man for depression and anxiety. In the fourth session, the client reveals that he is gay, and that he has not “come out” to his family. He states that he has been involved in a committed, monogamous relationship with another man, and is contemplating marriage. He would like to inform his parents of this good news, but is fearful that they may angrily reject him. He is seeking counseling around this issue. The social worker belongs to a faith tradition that believes that homosexuality is a sin, and whose leaders have been prominent in opposing same-sex marriage. The social worker, who had up to this point believed that treatment was going well, is concerned that his own religiously based objections to homosexuality will interfere with his ability to provide unbiased mental health treatment services. The social worker contemplates informing the client that he will have to transfer him to another therapist.



**Discussion Questions:**

1. In what ways is role morality evident or not evident in the case of Kim Davis? Explain. Do you think role morality would be ethically permissible in this situation? Why or why not?
2. In what ways is role morality evident or not evident in the case of the social worker? Explain. Do you think role morality would be ethically permissible in this situation? Why or why not?
3. Do you think mental health providers should be able to decline to provide services to individuals whose lifestyle they find morally wrong? Should clinicians have the freedom to select who they wish to treat on the basis of their own values or beliefs? Why or why not?
4. Is it fair to a client if mental health services are provided by a social worker who harbors animosity or condemnation toward the client on the basis of the client's sexual orientation? Would the client be better served by a clinician who did not harbor such beliefs? Why or why not?
5. Should clients be asked to identify their sexual orientation upon admission to mental health facilities so that appropriate provider assignments may be made? If the client does not divulge that he or she is gay until treatment has begun, does it risk harm to the client if a transfer to another therapist is made? On the other hand, does it risk harm to the client to continue work with a clinician who has antipathy toward him on the basis of his sexual orientation? Explain your reasoning.
6. What should be done in cases where it is not possible to refer the client in the above scenario to another therapist due to limited staffing options, such as in rural mental health clinics? Explain your reasoning.
7. In the Davis case, officials of the Mormon Church asserted that the duty to obey the law supersedes any religious objections that Mormon county clerks may have to gay marriage. Do you think requirements included in the National Association of Social Workers Code of Ethics to advocate for oppressed minority groups outweigh sincere religious objections that may be held by some social workers? Why or why not?

**Resources:**

*Code of Ethics of the National Association of Social Workers*

<http://socialworkers.org/pubs/code/default.asp>

*Issues and ethics in the helping professions*

<http://www.worldcat.org/title/issues-and-ethics-in-the-helping-professions/oclc/36621768>

Clerk in Kentucky chooses jail over deal on same-sex marriage

<http://www.nytimes.com/2015/09/04/us/kim-davis-same-sex-marriage.html>

We don't need Kim Davis to be in jail

<http://www.nytimes.com/2015/09/07/opinion/we-dont-need-kim-davis-to-be-in-jail.html>

Mormons say duty to law on same-sex marriage trumps faith

<http://www.nytimes.com/2015/10/23/us/mormons-still-against-same-sex-unions-take-a-stand-against-kim-davis.html>

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