Eastern Kentucky University

Encompass

Summer 6-17-2021

A Virtue-care Approach to Spiritually Sensitive Social Work.

Ann M. Callahan
Eastern Kentucky University, ann.callahan@eku.edu

Follow this and additional works at: https://encompass.eku.edu/fs_research

Part of the Social Work Commons

Recommended Citation

The Society for Spirituality and Social Work

New Beginnings
Society for Spirituality & Social Work Virtual Conference
June 16-17, 2021

Title: A Virtue-Care Approach for Spiritually Sensitive Social Work

Format: On-demand session

Learning Objectives:
1. Define spiritually sensitive social work
2. Identify how professional ethics address spirituality in social work practice
3. Apply a virtue-care approach for spiritually sensitive social work

Abstract (limit 1500 characters/300 words):
Sensitivity to the importance of spirituality in social work practice has grown over the past thirty years (Kvarfordt, Sheridan, and Taylor, 2017; Oxhandler & Pargament, 2014). Research suggests that social workers often consider spirituality as an expression of cultural diversity, if not inherent to being human (Barker, 2007; Kvarfordt et al., 2017; Lun & Wai, 2015). Depending on how spirituality is defined or experienced, spirituality can be a source of strength or exacerbate suffering, particularly when a client is in crisis (Callahan, 2017). Social workers must be prepared to engage in spiritually sensitive social work (Cunningham & de Saussure, 2019; Callahan, 2017; Dudley, 2016). Professional ethics provide an essential foundation (Hodge, 2005, 2006, 2016; Rice & McAuliffe, 2009; Sherr, Singletary, & Rogers, 2009; Sheridan, 2010). The National Association of Social Workers ([NASW], 2017) Code of Ethics outlines professional values, principles, and standards. Additional NASW (2015) guidelines inform cultural competence. While professional duties and anticipated consequences can inform spiritually sensitive social work (Osma & Landau, 2006; Congress, 2000; Abramson, 1996), virtue ethics and ethics of care lend important insights as well (Banks & Gallagher, 2009; Chamiec-Case, 2007, 2013). This workshop will review ethical guidelines that clarify how participants may address spirituality in social work practice. A virtue-care approach will be the primary focus with opportunities for participants to practice application through case scenarios.

Presentation References:

Abramson, M. (1996). Toward a more holistic understanding of ethics in social work. *Social Work in Health Care, 23*(2), 1-14. DOI: 10.1300/J010v23n02_01

Adams, P. (2013). Practicing Social Justice: A Virtue-Based Approach. *Social Work & Christianity*, *40*(3), 287–307.

Banks, S. & Gallagher, A. (2009). *Ethics in professional life: Virtues for health and social care.* New York, NY: Palgrave MacMillan.

Barker, S. L. (2007). The integration of spirituality and religion content in social work education: Where we've been, where we're going, *Social Work & Christianity, 38* (2), 146-166.

Barnes, M., & Brannelly, T. (2008). Achieving care and social justice for people with dementia. *Nursing Ethics*, *15*(3), 384–395. https://doi.org/10.1177/0969733007088363

Barsky, A. E. (2010). *The Virtuous Social Work Researcher. Journal of Social Work Values & Ethics*, *7*(1), 6–16.

Bibus III, A. A. (2013). Applying approaches from moral philosophy, especially virtue ethics, when facing ethical dilemmas in social work. *Czech & Slovak Social Work / Sociální Práce / Sociálna Práca*, *13*(5), 33–50.

Bibus III, A. A. (2015). Supererogation in social work: Deciding whether to go beyond the call of duty. *Journal of Social Work Values & Ethics*, *12*(2), 27–40.

Birkenmaier, J., Behrman, G., and Berg-Weger, M. (2005). Integrating curriculum and practice with students and their field supervisors: Reflections on spirituality and the aging (Rosa) model. *Educational Gerontology, 31*, 745-763. DOI: 10.1080/03601270500250150

Callahan, A. M. (2010, November). *Exploring the relational aspects of spiritually-sensitive hospice care.* Audio conference for the North American Association of Christians in Social Work. Available at http://www.nacsw.org/cgi-bin/ceu_present.cgi?REQUEST=Course&ID=49987069

Callahan, A. M. (2014). [Review of the book *Ethics in professional life: Virtues for health and social care*]. *Christianity and Social Work, 41*(2-3), 263-265.

Callahan, A. M. (2017, February). *Therapeutic relationship as a spiritual resource.* Webinar for the North American Association of Christians in Social Work. Available at http://www.nacsw.org/RC/49997989.pdf

Callahan, A. M. (2017). *Spirituality and hospice social work.* New York, NY: Columbia University Press.

Callahan, A. M. (2021, February). *Do Atheists have spiritual needs at the end-of-life?* Webinar for the National Association of Social Workers Wisconsin Chapter. Retrieved from https://naswinstitute.inreachce.com/Details/Information/86d4273b-fdf9-479c-8bb9-1ac8118393c9

Callahan, A. M. (2021, June). *A virtue-care approach to spiritually sensitive social work.* Paper presented for the Society for Spirituality & Social Work's Annual Conference: New Beginnings June 16-18, 2021 (virtual format).

Chamiec-Case, R. (2007). Exploring the filtering role of Christian beliefs and values in the integration of Christian faith and social work practice. *Social Work & Christianity, 34*(4), 498-512.

Chamiec-Case, R. (2013). The contribution of virtue ethics to a richer understanding of social work competencies. *Social Work & Christianity, 40*(3), 251-270.

Congress, E. P. (2000). What social workers should about ethics: Understanding and resolving practice dilemmas. *Advances in Social Work, 1*(1), 1-22.

Council on Social Work Education. (2021). *About us.* Retrieved June 5, 2021, from https://www.cswe.org/Home.aspx

Cournoyer, B. (2017). *The social work skills workbook* (8th ed.). Boston, MA: Cengage Learning.

Crossan, M., Mazutis, D., & Seijts, G. (2013). In search of virtue: The role of virtues, values and character strengths in ethical decision making. *Journal of Business Ethics, 113*(4), 567–581. https://doi.org/10.1007/s10551-013-1680-8

Cunningham, M. and de Saussure, J. (2019). *Dancing the labyrinth: Spirituality in the lives of women.* New York, NY: Oxford University Press.

Dudley, J. R. (2016). *Spirituality matters in social work: Connecting spirituality, religion, and practice.* New York, NY: Routledge.

Dolgoff, R., Loewenberg, F., & Harrington, D. (2005). *Ethical decisions for social work practice* (7th ed.). Belmont, CA: Brooks/Cole.

Hodge, D. R. (2005). Spirituality in social work education: A development and discussion of goals that flow from the profession's ethical mandates. *Social Work Education, 1*, 37-55. DOI: 10.1080/0261547052000324982

Hodge, D. R. (2006). Moving toward a more inclusive educational environment? A multi-sample exploration of religious discrimination as seen through the eyes of students from various traditions. *Journal of Social Work Education, 42*(2), 249-267.

Hodge, D. R. (2016). Spiritual competence: What it is, why it is necessary, and how to develop it. *Journal of Ethic & Cultural Diversity in Social Work, 2*, 1-16. DOI: 10.1080/15313204.2016.1228093

Hodge, D. R., & Bushfield, S. (2006). Developing spiritual competence in practice. *Journal of Ethnic and Cultural Diversity in Social Work, 15*(3–4), 101–127. doi:10.1300/J051v15n03_05

Horner, R., & Kelly, T. b. (2007). Ethical decision-making in the helping profession: A contextual and caring approach. *Journal of Religion & Spirituality in Social Work, 26*(1), 71–88.

Houston, S. (2003). Establishing Virtue in Social Work: A Response to McBeath and Webb. *British Journal of Social Work, 33*(6), 819–824.

Kirst-Ashman, K. K. & Hull, G. H. (2018). *Understanding generalist practice* (8th ed.). Boston, MA: Cengage Learning.

Kvarfordt, C. L., Sheridan, M. J., & Taylor, O. (2017). Religion and spirituality in social work curriculum: A survey of Canadian educators. *British Journal of Social Work, 0*, 1-19. DOI: 10.1093/bjsw/bcx069

Lloyd L. (2006). A caring profession? The ethics of care and social work with older people. *British Journal of Social Work, 36*(7), 1171–1185.

Lovat, T., & Gray, M. (2008). Towards a Proportionist Social Work Ethics: A Habermasian Perspective. *British Journal of Social Work, 38*(6), 1100–1114.

Lun, A., & Wai, M. (2015). A qualitative study of students' perception of spirituality and religion. *Social Work & Christianity, 42*(2), 178-192.

National Association of Social Workers. (2015). *Indicators for the achievement of the NASW standards for cultural competence in social work practice* [Brochure]. Retrieved from https://www.socialworkers.org/LinkClick.aspx?fileticket=7dVckZAYUmk%3D&portalid=0

National Association of Social Workers. (2021). *Code of ethics.* Retrieved June 7, 2021, from https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics

National Association of Social Workers. (2021). *About.* Retrieved June 5, 2021, from https://www.socialworkers.org/About

North American Association of Christians in Social Work. (2021). *Mission & Christian identity.* Retrieved June 5, 2021, from https://www.nacsw.org/about-nacsw/mission/

Osmo, R. & Landau, R. (2006). The role of ethical theories in decision making by social workers. *Social Work Education, 25*(8), 863-876. DOI: 10.1080/02615470600915910

Oxhandler, H. K. and Giardina, T. D. (2017). Social workers' perceived barriers to and sources of support for integrating clients' religion and spirituality in practice. *Social Work, 62*(4), 323-332. DOI: 10.1093/sw/swx036

Oxhandler, H. K. and Pargament, K. I. (2014). Social work practitioners' integration of clients' religion and spirituality in practice: A literature review. *Social Work, 59*(3), 271-279. DOI: 10.1093/sw/swu018

Oxhandler, H. K., Parrish, D. E., Torres, L. R., and Achenbaum W. A. (2015). The integration of clients' religion and spirituality in social work practice" A national survey. *Social Work, 60*(3), 228-237. DOI: 10.1093/sw/swv018

Parton, N. (2003). Rethinking professional practice: The contributions of social constructionism and the feminist "ethics of care." *The British Journal of Social Work, 33*(1), 1–16.

Reese, D., Nelson-Becker, H. & Callahan, A. M. (in press). Spirituality and social work practice in palliative care. In T. Altilio, S. Otis-Green, J. Cagle, & R. Brandon (Eds.), *Oxford textbook of palliative social work* (2nd ed., pp. TBA). New York: Oxford University Press.

Rice, S. & McAuliffe, D. (2009). Ethics of the spirit: Comparing ethical views and usages of spiritually influenced interventions. *Australian Social Work, 62*(3), 403-420. DOI: 10.1080/03124070902964640

Sherr, M., Singletary, J. E., & Rogers, R. K. (2009). Innovative service or proselytizing: Exploring when services delivery becomes a platform for unwanted religious persuasion. *Social Work, 54*(2), 157-165.

Sheridan, M. J. (2010). Ethical issues in the use of prayer in social work: Implications for professional practice and education. *Families in Society: The Journal of Contemporary Social Services, 91*(2), 112-120. DOI: 10.1606/1044-3894.3980

Svendsen, M. N., Gjodsbol, I. M., Dam, M. S., & Navnem L. E. (2017). Humanity at the edge: The moral laboratory of feeding precarious lives. *Culture, Medicine, and Psychiatry, 41*(2), 202-223. DOI: 10.1007/s11013-017-9519-x

Vonk, M. E. (2000). An ethic of care: A framework for ethical decision making with survivors of sexual ssault. *Social Thought, 19*(1), 49–62.

Walker, P., & Lovat, T. (2016). Towards a proportionist approach to moral decision Making in Medicine. *Ethics & Medicine: An International Journal of Bioethics*, *32*(3), 153–161.

Name and Contact Information:
Ann M. Callahan, PhD, LCSW
Eastern Kentucky University
521 Lancaster Avenue
223 Keith Building
Richmond, KY 40475-3102
office phone: (859) 622-1651
cell phone/text: (865) 383-7006
fax: (859) 622-8167
email: ann.callahan@eku.edu

Biography (50 words):
Dr. Ann Callahan is an Associate Professor at Eastern Kentucky University. She has a doctorate from the University of Tennessee and license in clinical social work. Dr. Callahan has over 20 years of experience that has focused on spiritually sensitive social work as part of hospice, palliative, and long-term care. This includes the book *Spirituality and Hospice Social Work*, published by Columbia University Press.

Slide 1

A Virtue-Care Approach to Spiritually Sensitive Social Work

Society for Spirituality and Social Work Conference 2021

Ann M. Callahan PhD, LCSW
Associate Professor
MSW Program Director, and Online Coordinator
Master of Social Work Program
Eastern Kentucky University
ann.callahan@eku.edu

1

Slide 2

Learning Outcomes

By the end of this presentation, you will be able to:

- define spiritually sensitive social work;
- identify ethical guidelines that apply to spiritually sensitive social work; and
- apply virtue-care ethics to inform spiritually sensitive social work.

EKU

2

Slide 3

Spiritually sensitive social work is…

an *awareness* and

a *process.*

(Callahan, 2017, 2021)

EKU

3

Slide 4

Spiritually Sensitive Social Work

- Spiritually sensitive social work *is an awareness of enhanced life meaning* attributed to one's relationship with the self and that which is outside the self, i.e., environment and/or Divine.
- Spiritually sensitive social work *is a process of cultivating relationships that enhance life meaning.* Every relationship, including the therapeutic relationship, can be "spiritual."

(Callahan, 2017)

EKU

4

Slide 5

Relational Spirituality

- The experience of enhanced life meaning through a relationship is defined as relational spirituality. While the therapeutic relationship is expected to be life enhancing, it may not be identified by the client as "spiritual."
- Likewise, clients may not be fully aware of the "meaningfulness" of their relationships, but limited awareness does not keep these relationships from being meaningful. These relationships may be meaningful to those with whom clients engage.

(Callahan, 2017, 2021)

EKU

5

Slide 6

Opportunities for Spiritually Sensitive Relationships	
Micro Context: Intrapersonal Relationships	
Spiritual Coping	Meditate, read inspirational material, focus on affirmations, sing/listen to music, and write/reflect
Religious Coping	Prayer, read religious text, practice religious rituals, seek religious reconciliation, and experience divine forgiveness
Mental Health	Positive self-talk, maintain an open mind, laugh, appreciate the moment, and take one day at a time
Mezzo Context: Interpersonal Relationships	
Family and Friends	Outlet for spiritual expression, retain a sense of life meaning, keep from feeling abandoned, facilitate a sense of normalcy
Professionals	Compassionate, empathic, gentleness, trustworthiness, affirming, sense of humor, hopefulness, desire to listen, and empowering
Support Groups	Outlet to share concerns, emotions, and resources as well as learn from others about how to promote well-being
Macro Context: Transpersonal Relationships	
Design Features	Light, easily accessible gardens, indoor plants, water, paint, windows, furniture, music, space for a gathering area, kitchen to cook, etc.
Engagement Opportunities	Flexible hours for private visits, community group visits, and opportunities to engage in activities of daily living like grocery shopping in the larger community
Spiritual and Religious Expression	Health care setting has "sacred" spaces, offers accessible opportunities to participate in religious/spiritual rituals/traditions, and facilitates outside opportunities to engage with religious/spiritual community organizations

References: Callahan, A. M. (2010, November). *Exploring the relational aspects of spiritually-sensitive hospice care.* Audio conference for the North American Association of Christians in Social Work. Available at http://www.nacsw.org/sw/hospice_present.pdf?15461&15&Course&1D=NSSPO69 and Callahan, A. M. (2017, February). *Therapeutic relationship as a spiritual resource.* Webinar for the North American Association of Christians in Social Work. Available at http://www.nacsw.org/RC/459979389.pdf

EKU

6

Spiritual Diversity

- Relationships are a basic human need, but how they define life meaning varies across clients and circumstances.
- Social work intervention requires sensitivity to diversity to determine what and how relationships are meaningful.

(Callahan, 2021)

EKU

7

Spiritual Concern	Primary Condition	Illustration
Anger toward God or others	Projects anger toward religious figures or clergy, inability to forgive	*Why would God allow this cancer? I've been good.*
Existential concerns	Poses questions about life meaning, what will happen after death, what is the purpose of suffering	*My life has no meaning. What happens when I die?*
Forgotten	Worried that one's death won't matter	*No one will care when I die.*
Guilt/shame	Deep regrets, lack of self-worth.	*I'm so sorry I hurt him.*
Isolation	Shows feelings of loneliness	*I feel so alone.*
Loss/grief	Feels deep sorrow loss of good health/home, loss of other support systems	*I don't know how to go on without my sister. I wish I could still walk every day.*
Relationship with God/Doubt	Does not sense God's presence, or presence of the Ultimate	*Where is God now? Why can't I feel him/her?*
Religious or spiritual struggle	Displays deep level of discomfort with spiritual questions which are pervasive	*Why am I feeling this way?*
Hope and or Belief that a miracle will occur	May reflect ethnic or religious group's beliefs and expectations	*We are praying for a miracle. Thank you, God, for performing a miracle.*

(Adapted and condensed from Nelson-Becker, 2018)

Reference: Reese, D., Nelson-Becker, H. & Callahan, A. M. (in press). Spirituality and social work practice in palliative care. In T. Altilio, S. Otis-Green, J. Cagle, & R. Brandon (Eds.), *Oxford textbook of palliative social work* (2ⁿᵈ ed., pp. TBA). New York: Oxford University Press.

EKU

8

Theoretical Foundation

- Informed by
  - humanistic approach
  - theory of dialogue
  - person-centered therapy
  - strengths perspective
  - ecological-systems theory
- Combine with other perspectives, theories, and models based on client needs, practitioner expertise, and context.
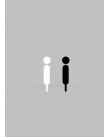
(Callahan, 2021)

EKU

9

Start with Assessment

- Every client connection is an opportunity to convey spiritual sensitivity, starting with how social workers approach assessment.
  - Engage with open-ended questions such as "What gives your life purpose?"

(Callahan, 2021)

EKU

10

Themes of Existentially-Focused History	
Theme/construct	**Examples of exploratory questions**
Meaning	What is it like to go through this illness? Does anything bring sense to your illness/experience? What brings comfort to your life? Are you at peace? Do you feel a void in your life? What brings purpose to your life?
Hopes, identity, and continuity	What do you hope for? What are your dreams and goals? What are the things/projects you still want to achieve/complete? What is still possible? What do you still enjoy doing?
Legacy	How would you like to be remembered (by people you care about)? Have you had a sense of serving others? Have you ever had causes you fought or worked for? Is there anything or anyone whose needs you would put above yours? What are you especially proud of?
Trust, support, and caring relationships	Who are you the closest to? Who is your closest confidante? What role have you been playing in your family? What brings fun and laughter to your life?
Life review: experience of pain and forgiveness or estrangement and reconciliation	Are there any conflicts you wish to resolve? Are there any people you have not seen in a long time whom you wish to contact/talk to? Do you feel in need to reconcile with somebody? Do you feel burdened by a sense of guilt?
Resilience and self-efficacy	What makes you strong in the midst of this illness? Do you feel in control? What can you do to help yourself? What can you do to still make a difference in your life?

Reference: Okon, T. R. (2005). Palliative care review: Spiritual, religious, and existential aspects of palliative care. *Journal of Palliative Medicine, 8*(2), pp. 392-415.

EKU

11

Spiritually Sensitive Social Work Across Systems		
Relational Context	**Therapeutic Interventions**	**Potential Outcomes**
Micro Level: Intrapersonal (relationship with the self; existential inner life)	Meaning-making Interventions (Life Review, Dignity Ty Therapy) Guided meditation or progressive relaxation Psychotherapy (Narrative, Existential, Cognitive-Behavioral Therapy)	Seeking intrapersonal connection can facilitate self-awareness and knowledge. Complicating factors: Distressing, uncontrolled symptoms or diminished cognitive capacity
Mezzo Level: Interpersonal (relationship with/between others)	Patient/Family Education Mutual goal setting and intervention Meaning-making Interventions (Life Review, Dignity Therapy) Psychotherapy (Narrative, Existential, Cognitive-Behavioral Therapy) Referral and care coordination (Collaborative relationships across professionals)	Seeking interpersonal connections (social connectedness) can facilitate intimacy and mutual support. Complicating factors: Social isolation, conflictual significant relationships, or unresolved emotions like guilt or anger
Macro Level: Transpersonal (relationship with/between the ethereal or natural world including immediate environment, like health care setting)	Referral and care coordination (Chaplain or spiritual leader for spiritual concerns, theological questions, and religious rituals) Enable access to personal items or resources that inspire Ensure care environment is responsive to patient preferences and expression (Comfortable space, access to creative arts, and gardening)	Seeking transpersonal connections can facilitate conscious connection beyond the immediate environment (self-transcendence). Complicating factors: Religious beliefs that validate suffering, negative religious coping, or poor environmental conditions

Reference: Callahan, A. M. (2021, February). Do Atheists have spiritual needs at the end-of-life? Webinar for the National Association of Social Workers Wisconsin Chapter. Retrieved from https://naswinstitute.inreachce.com/Details/Information/86d4273b-fdf9-479c-8bb9-1ac8118393c9

EKU

12

Examples of Generalist Interventions

Modes of delivery: therapeutic relationship, psycho-education, and supportive counseling

Compassion	Facilitating relationships
Empathy	Focusing on the ordinary
Trustworthiness	Good rapport
Affirmation	Active Listening
Kindness	Self-Awareness
Companionship	Genuine interest

Reference: Callahan, A. M. (2017). *Spirituality and hospice social work.* New York, NY: Columbia University Press.

EKU

13

Examples of Advanced Interventions

Modes of delivery: therapeutic relationship, psycho-education, psychotherapy, and alternative*

Spiritual assessment	Assisting in life review
Facilitate S/R expression	Inspiring hope
Flexible boundaries	Reframing
Problem-solving	Use of humor
Assist spiritual self-care	Bereavement counsel

*Alternative modes of delivery include art therapy, music therapy, *dream work, acupuncture, therapeutic touch, biofeedback, relaxation response, guided imagery, and aromatherapy*

Reference: Callahan, A. M. (2017). *Spirituality and hospice social work.* New York, NY: Columbia University Press.

EKU

14

Service
Social Justice
Scientific Inquiry

Professional Values

Dignity & Worth of the Person
Human Rights
Competence
Importance of Human Relationships
Integrity

(Cournoyer, 2017)

EKU
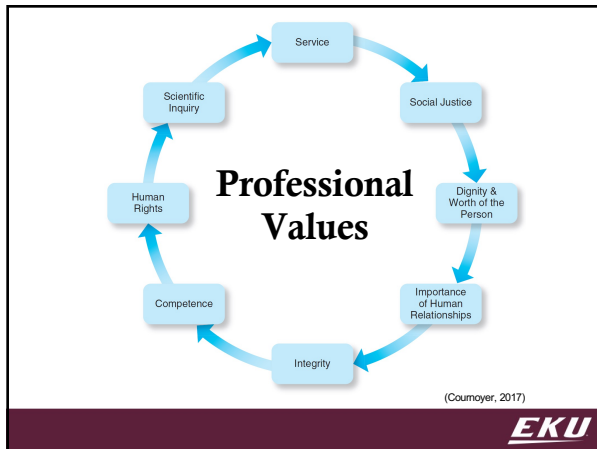
15

Code of Ethics

The National Association of Social Workers (2021) Code of Ethics outlines our ethical responsibilities to…

Clients	Colleagues
In Practice Settings	As Professionals
The SW Profession	Broader Society

EKU

16

Ethical Responsibilities to Clients

- Commitment to Clients
- Self-Determination
- Informed consent
- Competence
- Cultural Competency and Social Diversity
- Conflict of Interest
- Privacy and confidentiality
- Access to Records
- No sexual relationships with clients

- Appropriate physical contact
- No sexual harassment
- No use of derogatory language about clients
- Payment for services
- Clients who lack decision making capacity
- Interruption of Services
- Termination of Services avoiding patient abandonment

EKU

17

Cultural Competence

- Standard 1. Ethics and Values
- Standard 2. Self-Awareness
- Standard 3. Cross-Cultural Knowledge
- Standard 4. Cross-Cultural Skills
- Standard 5. Service Delivery
- Standard 6. Empowerment and Advocacy
- Standard 7. Diverse Workforce
- Standard 8. Professional Education
- Standard 9. Language Diversity
- Standard 10. Cross-Cultural Leadership

Standards and Indicators for **Cultural Competence** in Social Work Practice

NASW

(NASW, 2015)

EKU

18

3

Slide 19

Legal Duties

- Duty of Care
- Duty to Respect Privacy
- Duty to Maintain Confidentiality
- Duty to Inform
- Duty to Report
- Duty to Warn and Protect

(Coumoyer, 2017)

EKU

Slide 20

NACSW's Historic Statement of Faith and Practice

Tenets emphasizing Christian beliefs:

1. There is one God, who created and sustains everything that exists, and who continues to be active in human history.
2. Humanity is the highest creation of God, but rebelled against its Creator, and is in need of forgiveness and reconciliation.
3. God became incarnate in Jesus Christ, who died on the cross, who was raised bodily from the dead to reconcile human beings to their Creator, and who has promised to return personally in judgment to complete the establishment of His kingdom.
4. God works in and through people in the person of the Holy Spirit.
5. The character and purposes of God are revealed in the Bible, the Word of God, which is the basis for what Christians are to believe and how they are to live.
6. Jesus Christ calls all Christians to be a caring community and a corporate witness to faith in Him.

Tenets emphasizing human relationships and responsibilities:

1. Every individual is a person of worth, with basic human rights and essential human responsibilities.
2. The uniqueness of each human being and the distinctiveness of social groups derive from factors such as age, gender, race, ethnicity, national origin, life philosophy, family, culture, and economic and social structures.
3. Human beings are interdependent with each other and with their social and physical environments.
4. Jesus Christ is Lord over all areas of life, including social, economic and political systems.

Tenets emphasizing vocation:

1. A dynamic relationship exists between the Christian life and social work practice.
2. Christians in social work ought not to be motivated by temporal wealth, power or security.
3. Christians in social work ought to examine and evaluate all human ideologies and social work theories and methods as to their consistency with the Bible, their consciences, social laws, and professional codes of ethics.
4. Christians in social work ought to work for the temporal and eternal well-being of all human beings, and for the redemption of human communities and social institutions.
5. Christians in social work ought to support and submit themselves to the highest standards of professional education, practice, and ethics.
6. Christians in social work ought to use the insights of their faith in helping people, and to treat everyone as Jesus Christ would have them treated.

EKU

Slide 21

Council on Social Work Education

EKU

Slide 22

Social Work Research

(Callahan, 2017a)

EKU

Slide 23

Spiritual Competence

- Hodge (2016) define spiritual competence as a dynamic process characterized by three, interrelated dimensions:
  - an awareness of one's personal value informed worldview along with its associated assumptions, limitations, and biases,
  - an empathic, strengths-based understanding of the client's spiritual worldview, and
  - the ability to design and implement intervention strategies that are appropriate, relevant, and sensitive to the client's spiritual worldview.

(p. 3)

EKU

Slide 24

Spiritual Competence

- Spiritual competence falls on a continuum.

Destructive — Competent

- Developing spiritual competence is a process.
  - Set of attitudes, knowledge, and skills that can be developed over time but requires intentionality.

(Hodge & Bushfield, 2006)

EKU

Professional Boundaries

"Keeping good boundaries is like steering a car — there's constant correction. Just when we think we've got it, we hit a bump. It's not a question of whether we will make mistakes: we're bound to make mistakes. It's a question of valuing good boundaries, paying attention and learning from our mistakes."

EKU

25

Professional Boundaries

- Moderate
  - Self-Disclosure
  - Significant Gifts
  - Dual Relationships
  - Physical Contact
  - Personal Gain
  - Meeting Patterns

EKU

26

Normative Ethics

EKU

27

Ethical Self-Assessment

It is natural for boundaries to vary to some extent with each person. To determine a significant threat to professional boundaries, consider the following questions:

Photo credit: http://cdn.iphonephotographyschool.com/wp-content/uploads/IMG_8591.jpeg

EKU

28

Ethical Self-Assessment

1. Am I comfortable documenting this decision/behavior in the client file?
2. How would I feel telling a colleague about this?
3. Am I treating this client differently?
4. Whose needs are being served?
5. Will this have an impact on the service I am delivering?

EKU

29

Ethical Self-Assessment

➤ The key is to recognize you are starting down the slippery slope and take action to

 and ***firm up*** your boundaries.

Clients have had to protect themselves from trusted professionals: http://www.advocateweb.org/

EKU

30

Ethical Decision Making

Examine *Code* for applicable rules; these rules take precedence over the worker's values

One or more rules applies

No rule applies
OR
rules provide conflicting guidance

Follow *Code* rule

7
6
5
4
3
2
1

Principles Screen

(Dolgoff, Lowenberg & Harrington, 2005; Kirst-Ashman & Hull, 2018)

EKU

31

Principles Screen (ETHICS for U)

- Principle 1: Protection of life - People Have the Right to Exist with Their Basic Needs Met
- Principle 2: Equality/inequality - People Have the Right to Treatment That Is Fair and Equal
- Principle 3: Autonomy and freedom - People Have the Right to Have Free Choice and Freedom
- Principle 4: Least harm - People Have the Right to Experience No Harm, or Injury That Is Minimal
- Principle 5: Quality of life - People Have the Right to Cultivate a Good Quality of Life
- Principle 6: Privacy and confidentiality - People Have the Right to Secure Their Privacy and Confidentiality
- Principle 7: Truthfulness and full disclosure - People Have the Right to Understand the Truth and All Available Information

(Dolgoff, Lowenberg & Harrington, 2005; Kirst-Ashman & Hull, 2018)

EKU

32

Case Example

Ellen puts strawberry pudding on the spoon and begins to feed Karen. After a few spoonfuls, Karen uses her tongue to block her mouth every time the spoon comes close. "I don't think you are that hungry today, Karen", Ellen comments as she moves the spoon to Karen's mouth and gently presses it towards her lips. Karen does not open her mouth. Ellen tries again. She moves the spoon to Karen's mouth, saying, "Here is one more spoonful, if you like". Karen continues to block her mouth with her tongue, yet Ellen gently continues to encourage her to eat. After many unsuccessful attempts, Ellen says, "I think we'd better end now"...Although food and drink belong to the basics in the nursing home, and structure daily care practices, the feeding routines also raise fundamental questions about how to respect the resident with late-stage dementia as, on the one hand, a responding and interacting person who has a will, and, on the other, as a human person who cannot be permitted to starve to death. In other words, is the blocked mouth an expression of Karen's personal wish to not eat, and hence an expression of the "autonomy" often associated with being human? Or is the blocked mouth an expression of her cognitive deficits and an invitation to care for her by insisting on making her eat? (p. 217)

Reference: Svendsen, M. N., Gjodsbol, I. M., Dam, M. S., & Navnem L. E. (2017). Humanity at the edge: The moral laboratory of feeding precarious lives. *Culture, Medicine, and Psychiatry, 41*(2), 202-223. DOI: 10.1007/s11013-017-9519-x

EKU

33

Is there is more?

- Virtue and care ethics provide additional reference points to clarify the relational context for spiritually sensitive social work.

YES!

EKU

34

Virtue Ethics

"...virtue is forged out of dialogue that is other centered, that moves dynamically beyond a simple marriage of convenience to an unremitting quest to empathize with perspectives that are different to my own..."

EKU

35

Values vs. Virtues

- *Professional values* are priorities codified by standards, regulations, and laws required of a social worker.
  - Social workers are expected to value service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence.
    - Focus is on your action or what you do.

EKU

36

Values vs. Virtues

- *Virtues* are qualities that define the character of a social worker.
  - Based on the International Federation of Social Workers, National Association of Social Workers, and research ethicists, Barsky (2010) proposes social workers should foster qualities such as caring, generosity of spirit, concern for others, trustworthiness, fortitude, phronesis, inquisitiveness, precision, discernment, impartiality, other-centeredness, collaborativeness, formulism, and flexibility.
    - Focus is on your essence or who you are.

EKU

37

Bibus III (2013)
Discerning Virtues

1. How should I live?

2. What are my values?

3. What virtues will it take to achieve my goals and ideals in this situation?

4. What does a caring response require of me?

5. How can I act most wisely?

(Bibus III, 2013, p. 44)

EKU

38

Case Example

McGrath & Newell (2004) explore the spiritual life of an Australian woman in the last stages of Frederick's Ataxia. This disease resulted in the client having minimal verbal skills, but the interview captured a rich relationship between her and her caregiver days before she passed away. Rather than religiosity, strong bonds of social support informed her experience of spirituality. Throughout the disease progression, meaning making was centered on maintaining autonomy and living life with support. The client's connection with her caregiver was said to be on a deep, intuitive level. The caregiver offered physical support during the interview that conveyed a sense of comfort despite "frightening symptoms…[of the client]…such as continually needing to gasp for breath" (p. 92). The caregiver communicated for the client and validated her accuracy through non-verbal communication with the client.

Reference: Callahan, A. M. (2017). *Spirituality and hospice social work.* New York, NY: Columbia University Press.

EKU

39

Requires Reflection-in-Action

Reference: Crossan, M., Mazutis, D., & Seijts, G. (2013). In search of virtue: The role of virtues, values and character strengths in ethical decision making. *Journal of Business Ethics, 113*(4), 567–581. https://doi.org/10.1007/s10551-013-1680-8

EKU

40

Care Ethics

- Care ethics focuses on client voice and the right to define what kind of care is needed. The space for competing voices, attentiveness, and deliberation is created to ensure the right to be heard. It entails interdependence and solidarity in addressing issues of mutual concern (Lloyd, 2006; Vonk, 2000; Ward & Barnes, 2016).

EKU

41

Care Ethics

"Good care requires continual negotiation between those providing care, those receiving care, and the relationship between them."

EKU

42

Care Ethics

- This spiritually sensitive respect for personhood can be carried out by applying ethic of care principles articulated by Tronto (1993) and Sevenhuijsen (1998), which include:
  - attentiveness
  - responsibility
  - competence
  - responsiveness, and
  - trust.

EKU

43

Examples of Generalist Interventions

Modes of delivery: therapeutic relationship, psycho-education, and supportive counseling

Compassion	Facilitating relationships
Empathy	Focusing on the ordinary
Trustworthiness	Good rapport
Affirmation	Active Listening
Kindness	Self-Awareness
Companionship	Genuine interest

Reference: Callahan, A. M. (2017). *Spirituality and hospice social work.* New York, NY: Columbia University Press.

EKU

44

Professional Values

Service
Social Justice
Scientific Inquiry
Dignity & Worth of the Person
Human Rights
Importance of Human Relationships
Competence
Integrity

(Cournoyer, 2017)

EKU

45

Legal Duties

Duty of Care
Duty to Respect Privacy
Duty to Maintain Confidentiality
Duty to Inform
Duty to Report
Duty to Warn and Protect

(Cournoyer, 2017)

EKU
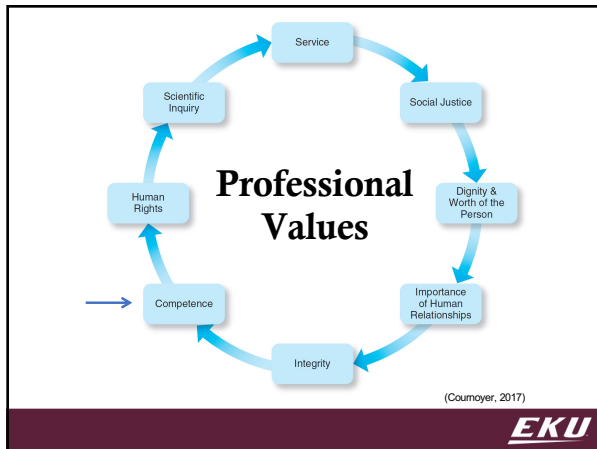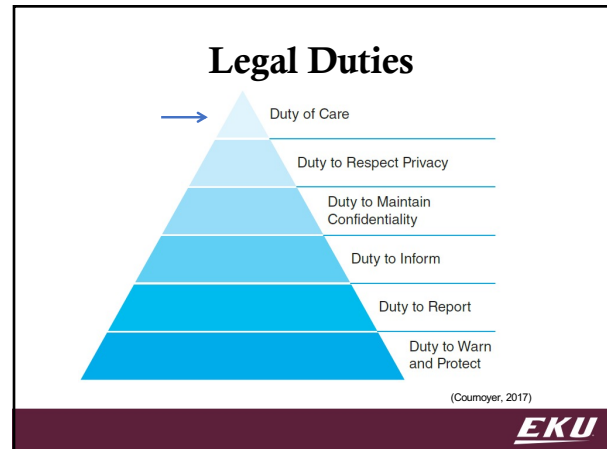
46

Clark (2010, 2020)
Integral Model of Empathy

- Attunement with the feelings and meanings of a client through subjective, objective, and interpersonal empathy:
  - Subjective empathy is sensitivity to internal responses when therapeutically engaging.
  - Objective empathy is knowing a client by way of theoretical and scholarly material.
  - Interpersonal empathy is grasping the condition of a client and accurately reflecting.

EKU

47

Case Example

Mary, a caregiver, enters the room of an elderly lady, Karen, sits at her bedside and begins to feed her with thickened juice. Karen has no language and is only able to say one sound ''gek–gek'', yet Mary, who knows Karen well, is able to interpret her different ways of saying ''gek–gek''. On this morning in June 2014, Mary speaks to Karen about the sweet tooth that she has always had, and Mary hums a children's song while slowly filling the spoon with porridge and bringing it to Karen's mouth, waiting for her to open the mouth before she carefully lets the porridge glide onto her tongue. Through the meal Karen's ''gek–gek'' changes into a more delighted tone. At one point Karen expresses some sounds…Mary immediately recognizes these sounds as sneezes. At the end of the meal, Karen utters sounds that come close to a kind of humming, and Mary responds by continuing the humming that Karen has started. When Karen has eaten her porridge, Mary leaves her and enters the kitchen to prepare breakfast for the next resident. Here she meets a colleague who proudly shows Mary the almost empty bowl and says, ''It was great. She [the resident next door to Karen] just ate.'' (p. 216)

Reference: Svendsen, M. N., Gjodsbol, I. M., Dam, M. S., & Navnem L. E. (2017). Humanity at the edge: The moral laboratory of feeding precarious lives. *Culture, Medicine, and Psychiatry, 41*(2), 202-223. DOI: 10.1007/s11013-017-9519-x

EKU

48

Slide 49

Spiritual Concern	Primary Condition	Illustration
Anger toward God or others	Projects anger toward religious figures or clergy, inability to forgive	*Why would God allow this cancer? I've been good.*
Existential concerns	Poses questions about life meaning, what will happen after death, what is the purpose of suffering	*My life has no meaning. What happens when I die?*
→ Forgotten	Worried that one's death won't matter	*No one will care when I die.*
Guilt/shame	Deep regrets, lack of self-worth.	*I'm so sorry I hurt him.*
→ Isolation	Shows feelings of loneliness	*I feel so alone.*
Loss/grief	Feels deep sorrow loss of good health/home, loss of other support systems	*I don't know how to go on without my sister. I wish I could still walk every day.*
Relationship with God/Doubt	Does not sense God's presence, or presence of the Ultimate	*Where is God now? Why can't I feel him/her?*
Religious or spiritual struggle	Displays deep level of discomfort with spiritual questions which are pervasive	*Why am I feeling this way?*
Hope and or Belief that a miracle will occur	May reflect ethnic or religious group's beliefs and expectations	*We are praying for a miracle. Thank you, God, for performing a miracle.*

(Adapted and condensed from Nelson-Becker, 2018)

Reference: Reese, D., Nelson-Becker, H. & Callahan, A. M. (in press). Spirituality and social work practice in palliative care. In T. Altilio, S. Otis-Green, J. Cagle, & R. Brandon (Eds.), *Oxford textbook of palliative social work* (2ⁿᵈ ed., pp. TBA). New York: Oxford University Press.

EKU

49

Slide 50

Opportunities for Spiritually Sensitive Relationships	
Micro Context: Intrapersonal Relationships	
Spiritual Coping	Meditate, read inspirational material, focus on affirmations, sing/listen to music, and write/reflect
Religious Coping	Prayer, read religious text, practice religious rituals, seek religious reconciliation, and experience divine forgiveness
Mental Health	Positive self-talk, maintain an open mind, laugh, appreciate the moment, and take one day at a time
Mezzo Context: Interpersonal Relationships	
Family and Friends	Outlet for spiritual expression, retain a sense of life meaning, keep from feeling abandoned, facilitate a sense of normalcy
→ Professionals	Compassionate, empathic, gentleness, trustworthiness, affirming, sense of humor, hopefulness, desire to listen, and empowering
Support Groups	Outlet to share concerns, emotions, and resources as well as learn from others about how to promote well-being
Macro Context: Transpersonal Relationships	
Design Features	Light, easily accessible gardens, indoor plants, water, paint, windows, furniture, music, space for a gathering area, kitchen to cook, etc.
Engagement Opportunities	Flexible hours for private visits, community group visits, and opportunities to engage in activities of daily living like grocery shopping in the larger community
Spiritual and Religious Expression	Health care setting has "sacred" spaces, offers accessible opportunities to participate in religious/spiritual rituals/traditions, and facilitates outside opportunities to engage with religious/spiritual community organizations

References: Callahan, A. M. (2010, November). *Exploring the relational aspects of spiritually-sensitive hospice care.* Audio conference for the North American Association of Christians in Social Work. Available at http://www.nacsw.org/sol-bin/nad-journal.com/REQUEST=Course&ID=12287769 and Callahan, A. M. (2017, February). *Therapeutic relationship as a spiritual resource.* Webinar for the North American Association of Christians in Social Work. Available at http://www.nacsw.org/RC/16597952.pdf

EKU

50

Slide 51

Spiritually Sensitive Social Work Across Systems		
Relational Context	**Therapeutic Interventions**	**Potential Outcomes**
Micro Level: Intrapersonal (relationship with the self; existential inner life)	Meaning-making Interventions (Life Review, Dignity Therapy) Guided meditation or progressive relaxation Psychotherapy (Narrative, Existential, Cognitive-Behavioral Therapy)	Seeking intrapersonal connection can facilitate self-awareness and knowledge. Complicating factors: Distressing, uncontrolled symptoms or diminished cognitive capacity
Mezzo Level: Interpersonal (relationship with/between others)	Patient/Family Education Mutual goal setting and intervention Meaning-making Interventions (Life Review, Dignity Therapy) Psychotherapy (Narrative, Existential, Cognitive-Behavioral Therapy) Referral and care coordination (Collaborative relationships across professionals)	Seeking interpersonal connections (social connectedness) can facilitate intimacy and mutual support. Complicating factors: Social isolation, conflictual significant relationships, or unresolved emotions like guilt or anger
Macro Level: Transpersonal (relationship with/between the ethereal or natural world including immediate environment, like health care setting)	Referral and care coordination (Chaplain or spiritual leader for spiritual concerns, theological questions, and religious rituals) Enable access to personal items or resources that inspire Ensure care environment is responsive to patient preferences and expression (Comfortable space, access to creative arts, and gardening)	Seeking transpersonal connections can facilitate conscious connection beyond the immediate environment (self-transcendence). Complicating factors: Religious beliefs that validate suffering, negative religious coping, or poor environmental conditions

Reference: Callahan, A. M. (2021, February). Do Atheists have spiritual needs at the end-of-life? Webinar for the National Association of Social Workers Wisconsin Chapter. Retrieved from https://naswinstitute.inreachce.com/Details/Information/86d4273b-fdf9-479c-8bb9-1ac8118393c9

EKU

51

Slide 52

What is a good social worker?

What should social workers care about?

EKU

52

Slide 53

Case Example

While the residents' right of self-determination is in many respects with and without irony guarded by caregivers, what they do not tolerate is strongly compromised personal hygiene. Hence, when an elderly woman has feces on her fingers as she is lying on the sofa in the kitchen, the two caregivers engage in conversation with her, yet do not accept her opposition to being washed, but resolutely take her under her arms and put her in the shower. The task of cleaning the bodies of residents and engaging them in eating become paramount in the later stages of the disease when people with dementia cannot eat by themselves, speak, or move around. (p. 216)

Reference: Svendsen, M. N., Gjødsbøl, I. M., Dam, M. S., & Navnem L. E. (2017). Humanity at the edge: The moral laboratory of feeding precarious lives. *Culture, Medicine, and Psychiatry, 41*(2), 202-223. DOI: 10.1007/s11013-017-9519-x

EKU

53

Slide 54

Conclusion

An eclectic ethical approach that balances virtue-care ethics has the potential to support both social worker and client.

EKU

54

Slide 55

A Parting Gift

CONFIDENTIAL

Give your troubles to God. He's up all night anyway!

EKU

55

Slide 56

Ethical Foundation for Practice

- Local, state, and federal laws from legislative and judicial bodies
- Regulatory boards associate with licensure and other professional associations
- Scholarship and sharing through professional networks, education, and publication
- Agency policies, documentation, and supervision
- Ethical self-assessment and decision-making models and screening

EKU

56

Slide 57

Requires Reflection-in-Action

Virtue	Deficiency	Mean	Excess
Wisdom	Unoriginality	Creativity	Impracticality
	Closed to experience	Curiosity	Unfocused interest
	Closed minded	Open Mindedness	Lack of judgement
	Apathy	Love of Learning	Obsessive
Courage	Cowardice	Bravery	Recklessness
	Laziness	Persistence	Zealot
	Inauthenticity	Integrity	Righteousness
Humanity	Harsh/Cruel	Kindness	Obsequious
	Unfeeling	Compassion	Indulgent
	Stinginess	Generosity	Profligacy
	Socially awkward	Social Intelligence	Manipulative
Justice	Treachery	Citizenship	Blind obedience
	Unjust	Fairness	Undiscerning
	Lack of confidence	Leadership	Dictatorship
Temperance	Unmerciful	Forgiveness	Pushover
	Boastfulness	Humility	Self-deprecation
	Rash	Prudence	Overly cautious
	Sloth	Self-regulation	Inflexible
Transcendence	Ungrateful	Gratitude	Suppliant Behaviour
	Hopeless	Hope	Foolishness
	Spiritlessness	Spirituality	Fundamentalism

Reference: Crossan, M., Mazutis, D., & Seijts, G. (2013). In search of virtue: The role of virtues, values and character strengths in ethical decision making. *Journal of Business Ethics, 113*(4), 567–581. https://doi.org/10.1007/s10551-013-1680-8

EKU

57

Slide 58

Spiritual Concern	Primary Condition	Illustration
Anger toward God or others	Projects anger toward religious figures or clergy, inability to forgive	*Why would God allow this cancer? I've been good.*
Existential concerns	Poses questions about life meaning, what will happen after death, what is the purpose of suffering	*My life has no meaning. What happens when I die?*
Forgotten	Worried that one's death won't matter	*No one will care when I die.*
Guilt/shame	Deep regrets, lack of self-worth.	*I'm so sorry I hurt him.*
Isolation	Shows feelings of loneliness	*I feel so alone.*
→ Loss/grief	Feels deep sorrow loss of good health/home, loss of other support systems	*I don't know how to go on without my sister. I wish I could still walk every day.*
Relationship with God/Doubt	Does not sense God's presence, or presence of the Ultimate	*Where is God now? Why can't I feel him/her?*
Religious or spiritual struggle	Displays deep level of discomfort with spiritual questions which are pervasive	*Why am I feeling this way?*
Hope and or Belief that a miracle will occur	May reflect ethnic or religious group's beliefs and expectations	*We are praying for a miracle. Thank you, God, for performing a miracle.*

(Adapted and condensed from Nelson-Becker, 2018)

Reference: Reese, D., Nelson-Becker, H. & Callahan, A. M. (in press). Spirituality and social work practice in palliative care. In T. Altilio, S. Otis-Green, J. Cagle, & R. Brandon (Eds.), *Oxford textbook of palliative social work* (2nd ed., pp. TBA). New York: Oxford University Press.

EKU

58

Slide 59

Opportunities for Spiritually Sensitive Relationships

Micro Context: Intrapersonal Relationships

Spiritual Coping	Meditate, read inspirational material, focus on affirmations, sing/listen to music, and write/reflect
Religious Coping	Prayer, read religious text, practice religious rituals, seek religious reconciliation, and experience divine forgiveness
Mental Health	Positive self-talk, maintain an open mind, laugh, appreciate the moment, and take one day at a time

Mezzo Context: Interpersonal Relationships

Family and Friends	Outlet for spiritual expression, retain a sense of life meaning, keep from feeling abandoned, facilitate a sense of normalcy
→ Professionals	Compassionate, empathic, gentleness, trustworthiness, affirming, sense of humor, hopefulness, desire to listen, and empowering
Support Groups	Outlet to share concerns, emotions, and resources as well as learn from others about how to promote well-being

Macro Context: Transpersonal Relationships

Design Features	Light, easily accessible gardens, indoor plants, water, paint, windows, furniture, music, space for a gathering area, kitchen to cook, etc.
Engagement Opportunities	Flexible hours for private visits, community group visits, and opportunities to engage in activities of daily living like grocery shopping in the larger community
Spiritual and Religious Expression	Health care setting has "sacred" spaces, offers accessible opportunities to participate in religious/spiritual rituals/traditions, and facilitates opportunities to engage with religious/spiritual community organizations

References: Callahan, A. M. (2010, November). *Exploring the relational aspects of spiritually-sensitive hospice care*. Audio conference for the North American Association of Christians in Social Work. Available at http://www.nacsw.org/cd-list/pci_present-cm?DEQUEST&CourselD=35597089 and Callahan, A. M. (2017, February). *Therapeutic relationship as a spiritual resource*. Webinar for the North American Association of Christians in Social Work. Available at http://www.nacsw.org/BCi45597089.pdf

EKU

59

Slide 60

Q & A Session

1. Does virtue-care ethics mean I can accept gifts?

   ➤ No. It is imperative to employ an eclectic ethical foundation to address dilemmas. In my case, the client and I had an established therapeutic relationship with clear boundaries and structure. This was a small gift that was accepted after significant although brief consideration. Additional supervision would have helped me further process this decision.

EKU

60

Q & A Session

2. What is spiritually sensitive social work?
   ➤ Based on this presentation, spiritually sensitive social work is care that enhances new or current relationships that support the experience of life meaning.

EKU

61

Q & A Session

3. Can spiritually sensitive social work be delivered in a manner that is ethical?
   ➤ Yes. As previously described, reference an eclectic ethical foundation that includes professional competencies, code of ethics, legal duties, relevant policies, documentation, supervision, ethical philosophies, ethical-decision making models, critical thinking, scientific inquiry, and continuing education.

EKU

62

Q & A Session

4. How can spiritual sensitivity benefit both social workers and clients?
   ➤ Virtue-care ethics emphasizes character development in response to client needs that give the therapeutic relationship meaning or purpose. The opportunity to experience relational spirituality through the therapeutic relationship.

EKU

63

Is there anything else?

Please contact me for more information.

Ann M. Callahan, PhD, LCSW
Associate Professor
MSW Program Director and Online Coordinator
Eastern Kentucky University
ann.callahan@eku.edu
call/text: 865-383-7006

EKU

64

SSSW 2021 Conference
A Virtue-Care Approach to Spiritually Sensitive Social Work
Presentation Transcript
Ann M. Callahan, PhD, LCSW

Hello. My name is Dr. Ann Callahan. I am an Associate Professor, Director, and Online Coordinator for the Master of Social Work program at Eastern Kentucky University. I have a PhD from the University of Tennessee and a license in clinical social work with over 20 years of experience as a social work practitioner, teacher, and researcher. My work has focused on spiritually sensitive social work in hospice, palliative, and long-term care. This includes the book *Spirituality and Hospice Social Work*, published by Columbia University Press.

Today I am presenting on a virtue-care approach to spiritually sensitive social work for the Society for Spirituality and Social Work Conference.

Sensitivity to the importance of spirituality in social work practice has grown over the past 30 years (Kvarfordt, Sheridan, and Taylor, 2017; Oxhandler & Pargament, 2014). Research suggests that social workers more likely to consider spirituality as an expression of cultural diversity, if not inherent to biopsychosocial development across the lifespan (Barker, 2007; Kvarfordt et al., 2017; Lun & Wai, 2015). However, both social work practitioners and educators express discomfort in addressing spirituality, perhaps, due to limited training (Oxhandler & Giardina, 2017; Oxhandler, Parrish, Torres, & Achenbaum, 2015) and supervision (Birkenmaier, Behrman, & Berg-Weger, 2005). As with any approach in social work practice, professional ethics can provide essential direction (Hodge, 2005, 2006, 2016; Rice & McAuliffe, 2009; Sherr, Singletary, & Rogers, 2009; Sheridan, 2010).

By the end of this presentation, you will be able to:

- define spiritually sensitive social work;
- identify ethical guidelines that apply to spiritually sensitive social work; and
- apply virtue-care ethics to inform spiritually sensitive social work.

I will emphasize a relational approach based my research in hospice, palliative, and long-term care. This discussion extends to the ethical practice of spiritually sensitive social work which relates to what traditionally informs an ethical foundation to social work practice and then review virtue-care ethics to expand on this approach concluded by implications for future practice.

Let's start by reviewing what is spiritually sensitive social work. According to Callahan (2017, 2021), spiritually sensitive social work is *an awareness* and *a process.* Spiritually sensitive social work *is an awareness of enhanced life meaning* attributed to one's relationship with the self and that which is outside of the self, i.e., environment and/or Divine. Spiritually sensitive social work *is also a process of cultivating*

relationships that enhance life meaning. Every relationship, including the therapeutic relationship, can be "spiritual."

The experience of enhanced life meaning through a relationship is defined as relational spirituality. While the therapeutic relationship is expected to be life enhancing, it may not be identified by the client as "spiritual." Likewise, clients may not be fully aware of the "meaningfulness" of their relationships, but limited awareness does not keep these relationships from being meaningful. These relationships may be meaningful to those with whom clients engage (Callahan, 2017, 2021).

For example, relative to client capacity and circumstances, interpersonal relationship in a long-term care facility can support the experience of relational spirituality (or enhanced life meaning) with the help of a social worker. A client with dementia may not have full capacity to recognize these meaningful relationships, but the importance of these relationships is not diminished by their lack of awareness. These relationships take on new significance as the social worker must ensure quality connections with and on behalf of this client to support activities of daily living. A spiritually sensitive social worker can ensure quality connections sustain quality of life and/or meaning even if the client cannot advocate for such.

In short, spiritually sensitive social work is a relational approach that helps clients cultivate and sustain meaningful relationships. This definition of spiritually sensitive social work assumes relationships are a basic human need, but how they define life meaning varies across clients and circumstances. Social work intervention requires sensitivity to diversity to determine what and how relationships are meaningful (Callahan, 2021).

Although meaningful relationships may not be considered "spiritual" by all clients, all clients need relationships to sustain life quality. What makes these relationships meaningful are expected to inform direction for social work intervention. Based on this perspective, relationships are a "spiritual" resource when they support life meaning or associated "spiritual" needs (Callahan, 2021).

Reese et al. (in press) provide examples of spiritual concerns based on hospice and palliative care research. There are numerous spiritual concerns beyond the existential need for life meaning. They demonstrate how spiritual needs can vary and require careful assessment to ensure interventions are sensitive to diversity. It remains unclear how much relationships are the linchpin for meeting spiritual needs beyond the existential need for life meaning as suggested by the definition of relational spirituality. More research is needed in this area.

Callahan's (2017, 2021) description of spiritually sensitive social work is informed by the humanistic approach, theory of dialogue, person-centered therapy, strengths perspective, and ecological-systems theory. Therefore, spiritually sensitive social work can be expressed through the application of other perspectives, theories, and models based on client needs, practitioner expertise, and the care context. For example, the

strengths-empowerment theory suggests a client's spirituality can be an attribute as well as a resource for coping that inspires resilience. Reliance on this strength may be combined with the ecological-systems theory to determine how relationships interact and/or need intervention for the client's home environment to be most supportive (Reese et al., in press).

Every client connection is an opportunity to convey spiritual sensitivity, starting with how social workers approach assessment. Social workers can engage with open-ended questions such as "What gives your life purpose?" (Callahan, 2021), but there are many other types of questions that can be worked into conversations throughout the conduct of care and at critical times like when a client's health status changes (Callahan, 2017). A decline in health may lead to new questions or resources.

Congruent with the centrality of relationships in the practice of social work, spiritually sensitive social work addresses what intra, inter, and transpersonal relationships are significant to the client and how to cultivate and/or build new relationships that support life quality (Callahan, 2021). This includes the therapeutic relationship with a spiritually sensitive social worker that operates on the mezzo level.

Here are some examples of generalist and advanced interventions associated with spiritually sensitive social work based on hospice and palliative care research (Callahan, 2017). These therapeutic interventions were noted for supporting a spiritually sensitive therapeutic relationship, a relationship that operates on the mezzo level as a spiritual resource insofar as it is experienced as life enhancing for the client.

This necessitates interventions not only based on an eclectic theoretical foundation, but also on an eclectic ethical foundation. Local, state, and federal laws from legislative and judicial bodies and regulatory boards associated with professional licensure and other associations provide extensive guidance.

The National Association of Social Workers (2021) supports the professional growth and development of social workers, maintain professional standards, and advances social well-being. NASW provides information about professional values including service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence.

The NASW (2021) Code of Ethics describes ethical responsibilities to clients, colleagues, in practice settings, as professionals, the social work profession, and broader society.

Social workers have numerous ethical responsibilities to clients that have implications for spiritually sensitive social work. One example is cultural competency and social diversity.

The NASW (2015) Standards and Indicators for Cultural Competence in Social Work Practice defines ten standards for cultural competence. Social workers are expected to have knowledge and respect for religion and spirituality as an expression of culture.

NASW (2021) Code of Ethics also affirms legal duties to care, respect privacy, maintain confidentiality, report, inform, and warn that further have implications for spiritually sensitive social work.

Other professional affiliations provide guidance such as the North American Association of Christians in Social Work (2021) which equips NACSW members to integrate Christian faith and professional social work practice. NACSW references the Apostle's Creed, Nicene Creed, Statement of Faith and Practice, and Unity in Diversity Statement as well as NACSW's Historic Statement of Faith and Practice to help members ethically integrate faith in social work practice.

The ethical foundation for social work practice is informed by scholarship and dissemination through professional networks and education.

The Council on Social Work Education (2021) supports quality social work education and provide professional development opportunities by delineating Educational Policy and Accreditation Standards referenced by all CSWE accredited programs. CSWE provides a clearing house for educational resources on religion and spirituality.

Research on spirituality and religion in social work has been ongoing since the late 1980s with increased growth in this area the past 30 years (Kvarfordt, Sheridan, and Taylor, 2017; Oxhandler & Pargament, 2014). Social work researchers have aligned with professionals across disciplines to develop guidelines for application in practice. Some of this work has been culminated in books by thought leaders in the profession, some of whom are at this conference.

While my work has focused on developing a relational approach to spiritually sensitive social work, Hodge (2016) has focused on articulating what informs spiritual competence. Hodge describes spiritual competence as a specific form of cultural competence. Spiritual competence is considered a dynamic process characterized by three, interrelated dimensions:

- an awareness of one's personal value informed worldview along with its associated assumptions, limitations, and biases,
- an empathic, strengths-based understanding of the client's spiritual worldview, and
- the ability to design and implement intervention strategies that are appropriate, relevant, and sensitive to the client's spiritual worldview. (p. 3)

Therefore, spiritual competence is a developmental process that consists of attitudes, knowledge, and skills. Social workers operate on a continuum that ranges from destructive to competent . Like other professional skills, spiritual competence requires

intentionality for growth (Hodge & Bushfield, 2006). This aligns with the recent revision of the Code of Ethics (2021) that highlights the importance of cultural competence.

The ethical foundation for social work practice is also informed by agency policies, documentation, and supervision expressed through professional boundaries.

 "Keeping good boundaries is like steering a car — there's constant correction. Just when we think we've got it, we hit a bump. It's not a question of whether we will make mistakes: we're bound to make mistakes. It's a question of valuing good boundaries, paying attention and learning from our mistakes."

Social workers _set_ the tone of the relationship such as fee setting, length of a session, time of session, location of setting, personal disclosure, limits regarding the use of touch, confidentiality, respect, acceptance, etc.

Clients _reflect_ the tone of the relationship such as pays the fee, shows up on time, has an agenda, actively engages in work, makes own decisions, takes responsibility for outcome, etc.
So, boundary setting moderates:
- Self-Disclosure
- Significant Gifts
- Dual Relationships
- Physical Contact
- Personal Gain
- Meeting Patterns

Finally, the ethical foundation for social work practice is based on normative ethics, ethical self-assessment, and ethical decision-making.

Normative ethics including deontology and teleology are ethical philosophies commonly referenced in social work guidelines used to rationalize ethical decision making.

Deontology is a principles-based approach driven by a particular means of action, for example, job duties or responsibilities.

Teleology is a consequentialist, utilitarian approach associated with a particular outcome, for example, activities or decisions that are made toward accomplishing the greatest good.

Although social workers may share a similar ethical foundation, it is natural for the expression of professional boundaries to vary somewhat. To ensure professional boundaries moderate the risk for boundary blurring and ethical violation, it is important to engage in ethical self-assessment with questions like the following:

Am I comfortable in documenting this decision/behavior in the client file?
Does this contravene any professional standards or the Code of Ethics, etc.?

How would this be viewed by the client's family or significant other?
How would I feel telling a colleague about this?
Am I treating this client differently (e.g., appointment length, time of appointments, extent of personal disclosures)?
Is this in my client's best interest?
Whose needs are being served?
Should I make a note of my concerns or consult with a colleague?
Will this have an impact on the service I am delivering?

The key is to recognize if you are starting down a slippery slope and take action to STOP

and ***firm up*** your boundaries.

Unfortunately, clients have had to protect themselves from trusted professionals, so it essential to seek education and consultation on ethical issues (see http://www.advocateweb.org/).

There are numerous ethical decision-making models and screens. One of the most common is Dolgoff et al.'s (2005) Ethical Principles Screen.

Dolgoff et al.'s (2005) Ethical Principles Screen is arranged in rank order of rights starting with the protection of life up to the right to all information about intervention.

Dolgoff et al.'s (2005) Ethical Principles Screen helps clarify that Principle 1 Protection of life applies to the following example cited from Svendsen et al. (2017):

Ellen puts strawberry pudding on the spoon and begins to feed Karen. After a few spoonfuls, Karen uses her tongue to block her mouth every time the spoon comes close. "I don't think you are that hungry today, Karen", Ellen comments as she moves the spoon to Karen's mouth and gently presses it towards her lips. Karen does not open her mouth. Ellen tries again. She moves the spoon to Karen's mouth, saying, "Here is one more spoonful, if you like". Karen continues to block her mouth with her tongue, yet Ellen gently continues to encourage her to eat. After many unsuccessful attempts, Ellen says, "I think we'd better end now"…Although food and drink belong to the basics in the nursing home, and structure daily care practices, the feeding routines also raise fundamental questions about how to respect the resident with late-stage dementia as, on the one hand, a responding and interacting person who has a will, and, on the other, as a human person who cannot be permitted to starve to death. In other words, is the blocked mouth an expression of Karen's personal wish to not eat, and hence an expression of the "autonomy" often associated with being human? Or is the blocked mouth an expression of her cognitive deficits and an invitation to care for her by insisting on making her eat? (p. 217)

While social workers have a broad ethical foundation for practice that includes:

- Local, state, and federal laws from legislative and judicial bodies
- Regulatory boards associate with licensure and other professional associations
- Scholarship and dissemination through professional networks, education, and publication
- Agency policies, documentation, and supervision with application of professional boundaries
- Normative ethics, ethical self-assessment, and decision-making models and screening

there is much more to professional ethics.

Virtue and care ethics provide additional reference points to clarify the relational context for spiritually sensitive social work. It is through this relational context that social workers and clients also have the potential for mutual growth. The remaining presentation will demonstrate how the application of virtue-care ethics can support this process.

Virtues are necessary for and partly constitute the good life or well-being of individual and society, which is the mission of social work (Adams, 2009; Bibus III, 2015). This involves a constellation of virtues needed to respond to an ethical issue or dilemma which may entail character building. Virtues are developed through relationships, particularly with mentors or exemplars (Bibus III, 2015). More specifically, it is through language and interaction that virtuous character is formed (Adams, 2009; Crossan et al., 2013; Houston, 2003; Lloyd, 2006).

According to Houston (2003), "virtue is forged out of dialogue that is other centered, that moves dynamically beyond a simple marriage of convenience to an unremitting quest to empathize with perspectives that are different to [our] own" provided the conditions preserve the freedom and equality of speakers (p. 823).

The social work profession emphasizes values which are similar to virtues.

Values are priorities codified by standards, regulations, and laws required of a social worker. Social workers are expected to value service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence. *This entails a* focus on a social worker's action or what the social worker does.

Virtues are qualities that define the character of a social worker. Based on the International Federation of Social Workers, National Association of Social Workers, and research ethicists, Barsky (2010) proposes social workers should foster qualities such as caring, generosity of spirit, concern for others, trustworthiness, fortitude, phronesis, inquisitiveness, precision, discernment, impartiality, other-centeredness, collaborativeness, formulism, and flexibility. This entails a focus is on a social worker's essence or who the social worker is.

Bibus III (2013) suggests using the following questions to identify virtues:

How should I live?
What kind of social worker do I want to be?
What are my values?
What are my motivations?
What virtues will it take to achieve my goals and ideals in this situation?
What consistent actions do I take now or can I take in the future to express these virtues?
What does a caring response require of me?
Will I make this decision with integrity?
How can I act most wisely?
Not "What is good social work", but "what is a good social worker?"
(p. 44)

The application of virtue ethics provides an opportunity for social workers and clients to grow through a spiritually sensitive relationship. Based on the following example from Callahan (2017), think about what kinds of virtues you might have needed to support this client:

McGrath & Newell (2004) explore the spiritual life of an Australian woman in the last stages of Frederick's Ataxia. This disease resulted in the client having minimal verbal skills, but the interview captured a rich relationship between her and her caregiver days before she passed away. Rather than religiosity, strong bonds of social support informed her experience of spirituality. Throughout the disease progression, meaning making was centered on maintaining autonomy and living life with support. The client's connection with her caregiver was said to be on a deep, intuitive level. The caregiver offered physical support during the interview that conveyed a sense of comfort despite "frightening symptoms…[of the client]…such as continually needing to gasp for breath" (p. 92). The caregiver communicated for the client and validated her accuracy through non-verbal communication with the client.

If I had been this caregiver, I would have needed the virtues of courage and humanity to support this client.

Care ethics focuses on client voice and the right to define what kind of care is needed. The space for competing voices, attentiveness, and deliberation is created to ensure the right to be heard. It entails interdependence and solidarity in addressing issues of mutual concern (Lloyd, 2006; Vonk, 2000; Ward & Barnes, 2016).

Good care requires continual negotiation between those providing care, those receiving care, and the relationship between them. According to Barnes & Brannelly (2008), care ethics can accommodate a wide range of care providers, particularly when negotiating the needs for complex care, due to an emphasis on reciprocity in the process of giving and receiving care.

Vonk (2000) says it is through relationships and the process of relating that needs and how to meet those needs become known. Decision making must take into account

emotional engagement associated with interdependence, including differences between those in the relationship, without objectifying the 'other'.

Parton (2003) suggests "the ethics of care implies being open to the 'other' and thus attributes an important place to communication, interpretation and dialogue. In contrast to the tradition of abstract and instrumental reasoning where the pursuit of knowledge is intertwined with the pursuit of control—it underlines the importance of sensory knowledge, symbolized by the unity of hand, head and heart. Knowing is conceived of as a social and dialogic process where the recipient of care is not an 'object to be known' but someone who we listen to and who we try to understand and communicate with" (p. 11).

This spiritually sensitive respect for personhood can be carried out by applying ethic of care principles articulated by Tronto (1993) and Sevenhuijsen (1998), which include:

- attentiveness,
- responsibility,
- competence,
- responsiveness, and
- trust.

These care principles are congruent with spiritually sensitive social work interventions, like trustworthiness and active listening, in addition to professional values, like competence. This aligns with the need for spiritually sensitive social workers to engage in lifelong learning to ensure spiritual competence with collaboration and/or referral when formal spiritual care is more appropriate (Hodge, 2016; Callahan 2017).

Social workers have an obligation to care when client needs have been identified unless outweighed by competing and compelling obligations. According to Vonk (2000), "Determining the actual obligation to care in a specific situation may include assessing the seriousness of the [client's] needs, as well as assessing one's own need for and current ability to care…The one caring must choose between many possible responses that vary in terms of level of involvement and immediacy, including the possibility of not responding" (p. 57). Therefore, the application of care ethics extends beyond the duty to care.

The capacity to express empathy is likely another skill necessary for applying care ethics. Clark (2010, 2020)'s Integral Model of Empathy suggests attunement with client feelings can be expressed through subjective, objective, and interpersonal empathy.

- Subjective empathy is sensitivity to internal responses when therapeutically engaging.
- Objective empathy is knowing a client by way of theoretical and scholarly material.
- Interpersonal empathy is grasping the condition of a client and accurately reflecting.

Therefore, the application of care ethics provides another opportunity for social workers and clients to grow through a spiritually sensitive relationship. Based on the following example from Svendsen et al. (2017), think about ways this client might have needed you to express care:

Mary, a caregiver, enters the room of an elderly lady, Karen, sits at her bedside and begins to feed her with thickened juice. Karen has no language and is only able to say one sound "gek–gek", yet Mary, who knows Karen well, is able to interpret her different ways of saying "gek–gek". On this morning in June 2014, Mary speaks to Karen about the sweet tooth that she has always had, and Mary hums a children's song while slowly filling the spoon with porridge and bringing it to Karen's mouth, waiting for her to open the mouth before she carefully lets the porridge glide onto her tongue. Through the meal Karen's "gek–gek" changes into a more delighted tone. At one point Karen expresses some sounds…Mary immediately recognizes these sounds as sneezes. At the end of the meal, Karen utters sounds that come close to a kind of humming, and Mary responds by continuing the humming that Karen has started. When Karen has eaten her porridge, Mary leaves her and enters the kitchen to prepare breakfast for the next resident. Here she meets a colleague who proudly shows Mary the almost empty bowl and says, "It was great. She [the resident next door to Karen] just ate." (p. 216)

If I had been this caregiver, I would have intuited this client wanted help to eat and interact socially to avoid feeling forgotten or isolated.

As a social worker, feeding this client would not have been a part of my job. I would have ensured this client had an environment that supported her life quality with relationships that enabled activities of daily living. This would have started with my cultivating caring relationships on the mezzo level.

Then I would have engaged in therapeutic interventions on the mezzo level with my client, client's family, and co-workers in the facility to support client care needs. This may have further required macro level interventions if facility policies, staffing, or physical space were not supportive client care needs.

When laws, regulations, policies, and values mandate behaviors that support outcomes incongruous with virtue-care ethics, it may require spiritually sensitive social workers to ask:

What is a good social worker?
What should social workers care about?

Spiritually sensitive social workers may need to further mobilize others to evaluate policy positions and take action to create change.

Ethical dilemmas do not have easy answers as seen in this example from Svendsen et al. (2017):

While the residents' right of self-determination is in many respects with and without irony guarded by caregivers, what they do not tolerate is strongly compromised personal hygiene. Hence, when an elderly woman has feces on her fingers as she is lying on the sofa in the kitchen, the two caregivers engage in conversation with her, yet do not accept her opposition to being washed, but resolutely take her under her arms and put her in the shower. The task of cleaning the bodies of residents and engaging them in eating become paramount in the later stages of the disease when people with dementia cannot eat by themselves, speak, or move around. (p. 216)

While having caregivers may ensure good health and hygiene, it does not always translate into being cared for. It is up to spiritually sensitive social workers to determine how to humanize policies and procedures to ensure they do not objectify the most vulnerable.

Spiritually sensitive social workers will need to prepare for an ethical response to contemporary and emerging issues. This includes building partnerships with professionals in the field of ethics to inform social work practice in specialty areas like long-term care (Banks & Gallagher, 2009).

In the meantime, spiritually sensitive social workers can draw from traditional ethical foundation for practice that includes virtue-care ethics. Character development attuned to client care needs lays the foundation for relational spirituality as the therapeutic relationship becomes an interpersonal space for mutual transformation. Therefore, an eclectic ethical approach that balances virtue-care ethics has the potential to support both social worker and client opportunities for growth.

This presentation has encouraged spiritually sensitive social workers to consider the application of virtue and care ethics relative to the broader ethical foundation associated with traditional social work practice relying on examples from others so let me close with an example of my own. I have had a number of clients want to give me gifts.

I had a client who wanted to give me a small teddy bear like this one pictured. She handed it to me before my departure one day saying she thought I needed it more than she did. She had numerous items that decorated her space, some of which were things she had won playing bingo and others were given to her. I considered if her gift giving had therapeutic value. Based on our previous conversations, she had difficulty saying 'goodbye' to caregivers. We had worked together rather intensely with significant accomplishments made. Our work together was in fact coming to an end. I was not aware of any policy that prevented me from taking this teddy bear, but I was more concerned about disrespecting her by not accepting it. I could have said our agency policy prohibited gift giving or processed why she wanted to give me the teddy bear. Instead of another opportunity to be therapeutic, I tolerated the discomfort of humility. I treated her like any other person and let her treat me the same. I accepted the teddy bear.

Thinking back, this was a really difficult decision. I was in the moment, needing to make a quick decision as she handed me this teddy bear. I had the benefit of being able to

reference the ethical foundation for social work practice. I was not aware of particular laws or agency policies that prohibited my accepting this teddy bear. As part of my licensure requirements, I maintained continuing education on professional ethics. I taught a course about professional ethics. Normative ethics was my primary inspiration to uphold professional duties and promote the greatest good for my clients. Still, in the midst of social work practice, it was really difficult to make this decision. I wanted my response to be therapeutic, but, even more so, I wanted to convey respect for my client's wishes.

This entailed assuming leadership to make engage in making an ethical decision-making and tolerate my own discomfort of leaning into the learning process to grow.

This was informed primarily by my client's needs and wishes and out of respect for our relationship.

Let me take a moment to anticipate some "questions" you might have based on my presentation.

Does virtue-care ethics mean I can accept gifts?
No. It is imperative to employ an eclectic ethical foundation to address dilemmas. In my case, the client and I had an established therapeutic relationship with clear boundaries and structure. This was a small gift that was accepted after significant although brief consideration. Additional supervision would have helped me further process this decision.

What is spiritually sensitive social work?
Based on this presentation, spiritually sensitive social work is care that enhances new or current relationships that support the experience of life meaning.

How can spiritually sensitive social work be delivered in a manner that is ethical?
Yes. As previously described, reference an eclectic ethical foundation that includes professional competencies, code of ethics, legal duties, relevant policies, documentation, supervision, ethical philosophies, ethical-decision making models, critical thinking, scientific inquiry, and continuing education.

How can spiritual sensitivity benefit both social workers and clients?
Virtue-care ethics emphasizes character development in response to client needs that give the therapeutic relationship meaning or purpose. The opportunity to experience relational spirituality through the therapeutic relationship.

Is there anything else? Please contact me for more information.

Thank you! I hope you enjoyed my presentation today.