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

This Conference Presentation is brought to you for free and open access by the Faculty and Staff Scholarship Collection at Encompass. It has been accepted for inclusion in EKU Faculty and Staff Scholarship by an authorized administrator of Encompass. For more information, please contact Linda.Sizemore@eku.edu.
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 (Osm & 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:


**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.
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.

Spiritually sensitive social work is...

an awareness and a process.

(Callahan, 2017, 2021)

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)

Opportunities for Spiritually Sensitive Relationships

<table>
<thead>
<tr>
<th>Micro Context: Intrapersonal Relationships</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spiritual Coping: Spirit Meditation, read inspirational material, focus on affirmations, sing/make music, and watch/reflect</td>
</tr>
<tr>
<td>Religious Coping: Prayer, read religious text, practice religious rituals, seek religious reconciliation, and experience divine forgiveness</td>
</tr>
<tr>
<td>Mental Health: Positive self-talk, maintain an open mind, laugh, appreciate the moment, and take one day at a time</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mezzo Context: Interpersonal Relationships</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family and Friends: Outlet for spiritual expression, retain a sense of life meaning, keep from feeling abandoned, facilitate a sense of normalcy</td>
</tr>
<tr>
<td>Professionals: Compassionate, empathetic, gentleness, trustworthiness, affirming, sense of humor, hopefulness, desire to listen, and empowering</td>
</tr>
<tr>
<td>Support Groups: Outlet to share concerns, emotions, and resources as well as learn from others about how to promote well-being</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Macro Context: Transpersonal Relationships</th>
</tr>
</thead>
<tbody>
<tr>
<td>Design Features: Light, easily accessible garden, indoor plants, water, green, windows, furniture, music, space for a gathering area, clothes in display, etc.</td>
</tr>
<tr>
<td>Engagement: Flexible hours for private visits, community group visits, and opportunities to engage in activities of daily living like grocery shopping in the larger community</td>
</tr>
<tr>
<td>Spiritual and Religious Expression: Health care setting has “sacred” spaces, offers accessible opportunities to participate in religious/spiritual/faith-based activities, and facilitates outside opportunities to engage with religious/spiritual community organizations</td>
</tr>
</tbody>
</table>

References:


**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)*

**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)*

**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)*

**Themes of Existentially-Focused History**

<table>
<thead>
<tr>
<th>Theme/construct</th>
<th>Examples of exploratory questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meaning</td>
<td>What is it like to go through this? Are there any things you would change?</td>
</tr>
<tr>
<td>Hopes, identity, and continuity</td>
<td>What are your hopes for the future? What are your dreams and goals?</td>
</tr>
<tr>
<td>Legacy</td>
<td>How would you like to be remembered? Have you had a sense of serving others?</td>
</tr>
<tr>
<td>Trust, support, and caring relationships</td>
<td>Are you close to anyone you wish to contact? Is there anyone you have not seen for a long time who you wish to contact?</td>
</tr>
<tr>
<td>Resilience and self-efficacy</td>
<td>What makes you strong in the midst of this illness? Are you feeling strong?</td>
</tr>
</tbody>
</table>


**Spiritually Sensitive Social Work Across Systems**

<table>
<thead>
<tr>
<th>Relational Context</th>
<th>Therapeutic Interventions</th>
<th>Potential Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Micro Level (intrapersonal relationship with self and others)</td>
<td>Psychotherapy (Narrative, Cognitive-Behavioral Therapy)</td>
<td>Sealing spiritual connectedness (social connectedness) can facilitate self-expression and identity.</td>
</tr>
<tr>
<td>Macro Level (relationship with significant others)</td>
<td>Peer support (including religious, faith-based, and support groups)</td>
<td>Complicating factors: Social isolation, continued significant relationships, or unresolved emotional guilt or anger.</td>
</tr>
</tbody>
</table>


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


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, reflexology, reiki, hypnosis, guided imagery, and aromatherapy


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

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
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)
“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.”

Professional Boundaries

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

Normative Ethics

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:

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?

The key is to recognize you are starting down the slippery slope and take action to firm up your boundaries.

Clients have had to protect themselves from trusted professionals:

http://www.advocateweb.org/
Ethical Decision Making

Examine Code for applicable rules; these rules take precedence over the worker’s values.

Principles Screen:
- 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

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)


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...”

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

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.
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.

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)

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.


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).

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

Requires Reflection-in-Action

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.

Examples of Generalist Interventions

<table>
<thead>
<tr>
<th>Compassion</th>
<th>Facilitating relationships</th>
</tr>
</thead>
<tbody>
<tr>
<td>Empathy</td>
<td>Focusing on the ordinary</td>
</tr>
<tr>
<td>Trustworthiness</td>
<td>Good rapport</td>
</tr>
<tr>
<td>Affirmation</td>
<td>Active Listening</td>
</tr>
<tr>
<td>Kindness</td>
<td>Self-Awareness</td>
</tr>
<tr>
<td>Companionship</td>
<td>Genuine interest</td>
</tr>
</tbody>
</table>

Professional Values

- Service
- Social Justice
- Human Rights
- Caring & Work of the Person
- Importance of Human Relationships
- Competence
- Integrity

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.

Legal Duties

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

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]
### 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)

### What is a good social worker?

What should social workers care about?

### Conclusion

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

Requires Reflection-in-Action

Opportunities for Spiritually Sensitive Relationships

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

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.
Q & A Session

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

Q & A Session

3. Can spiritually sensitive social work be delivered in a manner that is ethical?
   Ø 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.

Q & A Session

4. How can spiritual sensitivity benefit both social workers and clients?
   Ø 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.

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
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 on 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 advance 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 is essential to seek education and consultation on ethical issues (see [http://www.advocateweb.org/](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:

1. What is the nature of the relationship?
2. How are you treated?
3. What is the purpose of the relationship?
4. What is the source of the power?
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.