

## **Ethical Dilemma – Evaluation**

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**Description of Situation**

At my internship we have a client who is experiencing homelessness who has been living in their car for about two years. This client is experiencing challenges including mental, physical, and emotional suffering. This client has been through a lot of hard times in life. Being a black person in America, let alone that has been difficult enough. Additionally, on top of that being incarcerated, losing their children, becoming homeless, and having mental health disorders such as bipolar, depression, anxiety, paranoia. All of these things listed have been barriers and struggles in the client's life. Also, the client in the past has inflicted self-harm on themselves by cutting and attempting suicide. Ultimately, all these factors in this client's life has led them to feeling hopeless, and wanting to give up on life.

The client has started to cut off all of their supports and have hit a new low talking about committing suicide, and has bluntly said "I'm not talking about attempting, it is actually going to happen." That statement from the client explains the intent they have about their life and seriousness of it. With that being said, the client has stopped attending college, going to counseling appointments, missing meetings with their probation officer, quit their job, shut off their phone etc. My supervisor and I noticed that the client started increasingly week by week to shut down. In which the client started to cut off all their supports that they do have. This is a big sign that someone is planning on committing suicide. We observed that the client was feeling super depressed and agitated as they described their intent to harm themselves.

The client proceeded to talk about all the ways they have been thinking about committing suicide, giving us specific examples on how they would commit it. Such as jumping off a bridge in front of a semi-truck, suicide by cop, hanging themselves, and even driving to Chicago to get killed by old gang members. As social workers we are left with an ethical dilemma because we

are guided by the code of ethics that supports client self-determination and informed consent. Self-determination means the client is allowed to make his or her own choices for themselves, they decide how to live their lives without interference. We as social workers place client needs first. By having ethical considerations for our clients, we practice the client-first mindset. This helps clarify the social worker's course of action to best serve the client. In contrast the NASW Code of Ethics, includes a statement to this principle, self-determination: "social workers may limit clients' right to self-determination when, in the social worker's professional judgement, clients' actions or potential actions poses a serious, foreseeable, and imminent risk to themselves or others" (NASW, 2021).

With that being said, this has created a difficult situation because our client is telling us that they are going to commit suicide. However, the client would not be completely honest with the person from North West Connections giving the suicide assessment over the phone as the client does not trust this person like they trust us. This client deals with paranoia on top of everything else they did not want to be honest with the person over the phone because they did not want to be strapped down to a bed and feel like they are in solitary confinement again. So, the client told the person giving the assessment that they are not going to commit suicide. Which, was the opposite that they have told us they are going to do. This is creating barriers to service as the client can't get the help that they are in dire need of because they can't trust the person over the phone.

Instead of answering the question truthfully about committing suicide the client has deflected the question and stated they will pretend to be happy so the person over the phone can have a good day. However, the person over the phone could notice some signs of distress by the way the client was speaking and how Libby was advocating to get services provided for the

client. With the help of my supervisor Libby advocating for the client, North West Connections was able to get a crisis bed for this client at a place that is voluntary. The place that she found provides secure housing for a couple of nights for people who are in mental health distress, with feelings of harming themselves. Unfortunately, the client went to the location but left right away because they found out it was voluntary. Therefore, my supervisor and I were left with an ethical dilemma pertaining to this specific client. Which was the refusal of care. This client has refused mental health treatment, but is a danger to themselves or others. We know this because of all the ways the client was talking in depth about committing suicide.

### **NASW Code of Ethics Impacted**

So, with all that being said, my supervisor Libby and I were dealing with a tough situation regarding an ethical dilemma. An ethical dilemma is with circumstances in which two or more professional ethical principles are in conflict. Libby my social work supervisor had to use her professional judgement to break confidentiality. To act in notifying the police on the situation happening with our client. Because as mentioned before this client was at imminent risk of harm to themselves and others.

There are three different NASW Code of Ethics that impact this ethical dilemma situation regarding this client. With those being; responsibilities to the client, responsibilities to broader society, and professional responsibilities. All of these codes of ethics have influenced our professional actions to deal with this ethical dilemma.

Responsibilities to the client, as social workers we are responsible for our client's well-being, respecting their self-determination and cultural background and avoiding conflicts of interest (NASW, 2021). This ethical standard has impacted this situation because we want to

value our clients right to self-determination. However, by doing so we allowing the client to act on self-harm to themselves. Therefore, within this principle we are holding the ethical standard of being responsible for our client's well-being. We have the responsibility to this client to look out for their well-being in regards to their mental health. Therefore, my supervisor took the action steps to call Northwest Connections to ask suicide screening questions which was an assessment over the phone given to our client. In hope that they could provide services to help our client. Northwest connections, is an organization that works with the police to provide crisis responses to people who are experiencing suicidal ideations. They provide emergency mental health services to contracted counties in Wisconsin. This program is a collaborative effort between those county partners, service providers, and law enforcement. Their goal is to provide the least restrictive response to all crisis situations. This organization is the gatekeeper to resources for individuals to get into a crisis bed voluntarily or involuntary that provides a safe place for a couple of days.

During this process it took sometime to get our client to even agree to a call to Northwest Connections as they were hesitant for any assistance. The client finally agreed however they were not telling the person giving the assessment the same things they were telling us. This became a problem because of the red tape within the assessment. In order to get Northwest Connections services our client needed to be honest with stating that they were going to kill themselves. Without blanketly stating they are going to commit suicide Northwest Connections cannot set up a crisis bed all they can do is make note of the situation happening and report it to the city. That is what happened our first time calling but thankfully our second time, Northwest Connections was able to get our client a bed at a midway a voluntary crisis center for people experiencing suicidal thoughts. So, as social workers we did our job looking out for our client's

well-being by calling Northwest Connections and getting our client a bed at voluntary crisis center. Unfortunately, the client decided not to go because they felt like it was solitary confinement. Yet the client was still having those suicidal thoughts and was still danger to themselves and others. Therefore, we were dealing with the ethical dilemma of refusal of services. Yet wanting to respect the clients right to self-determination.

That then leads us into the NASW code of ethics standard of having responsibilities to broader society. This means as social workers we should advocate for the social good of everyone in society. We were obligated to notify police on this situation what was going on because it could impact others as well. Due to fact, how our client mentioned how they were going to commit suicide. Many of the ways would impact the broader society. Such as suicide by police, jumping off a bridge in front of semi-truck, or going to Chicago to get killed. We needed to make sure the police were aware of this situation. As our client refused services and we could not get our client to commit themselves, creating an ethical dilemma. My supervisor then became concerned with the broader public and professionally then it was her duty to report the situation.

As social workers we were dealing with an ethical dilemma of breaking confidentiality to the police. But we knew that was the next step if our client was not going take any of the services provided. With the intent to hurt themselves the way they were stating we had responsibilities to our community to report it to the police in order to protect others. We were following the NASW Code of Ethics as it states, “the general expectation that social workers will keep information confidential does not apply when disclosure is necessary to prevent serious, foreseeable, and imminent harm to a client or others” (NASW, 2021). In this situation this was the case with this particular client. Libby followed the NASW ethical standards and made the client aware if they were to walk out of the office and leave she would have to report it as she is legally required to

do so. Therefore, when the client walked out, we had to disclose our client's intent to harm themselves and the potential of harming others with their actions in wanting to commit suicide, to the police department.

Lastly, as social workers we have professional responsibilities we have the responsibility to act professionally and mindfully, without discrimination, fraud, dishonesty or misrepresentation. During this ethical dilemma it was important to be transparent with this client and explain everything. It is our duties as professionals to be honest with our client's so when the client asked about the midway crisis center what it was like. Libby was fully transparent and explained what it was like and that there were some rules to follow. As well as being honest with the client they would not lock your arms down, hold you to a bed, or lock you in a room like solitary confinement. For-which, solitary confinement is huge fear of this client's as they have experienced it while incarcerated. For this reason, also it was important to be mindful of what the client has gone through in the past.

All in all, the NASW code of ethics have been impacted but they have helped guide us when we are in the need of help to solve an ethical dilemma. The code of ethics provides us with support and guidelines for best practice in serving others. Grateful to have a code of ethics to follow and to hold all social workers accountable in this profession.

### **Views of other Professionals**

It is important in social work to collaborate with other professionals. Whereas working as a silo is not efficient nor as effective in some cases. If we were to always do things on our own, we would not be able to get many things done. Therefore, a week before this difficult situation my supervisor started to notice the client's increased distress. So, she set up a meeting with the

client and two other social workers who have been supportive in our client's life. This meeting was helpful to understand what every professional was trying to do to help this client. It helped give us greater insight and understanding of the situation going on further. The other two professionals at the meeting were the client's probation officer and the workforce resource social worker. They along with my supervisor all talked with the client asking what the client was needing from each of them. As well as they were coming up with solutions to help our client together. As part of the discussion during the meeting, the social workers wanted the client to be aware that they needed to start taking some accountability for their actions and need to stop blaming others for everything. They also wanted the client to know that they do have people looking out for them and that they do care. Empathized this because they were observing how distraught and helpless the client was. This meeting was beneficial for the client and all the social work professionals. It was helpful for the client as everyone was able to meet them where they were at, and all come together. This made it easier for the client as it was less stressful trying to make all these different meetings. Overall, this meeting was beneficial and has now allowed communication between the parties.

Views of my supervisor Libby she did everything that she could have during this ethical dilemma by still following the NASW ethical standards and principles. I asked my supervisor when the client left the office what are we supposed to do next, thinking the police is who we will have to call. In which, I was correct Libby said she did not feel comfortable with the way that the client left the office and how we observed the client speeding off recklessly in their car. Libby and I both agreed that with the statements that the client was saying they were clearly a danger to themselves and others in the public. So, she decided to call the police department and to inform them of the situation going on. My supervisor told me she has never seen the client act



like this before in such distress, within the years she has been working with them. This was a clear apparent sign to her that something was going on and that the client was showing the warning signs of suicide. Libby took the correct steps in helping this client and supporting them in the best way that she could professionally. She provided an intervention, met the client where they were at, gave options for solutions, followed the NASW code of ethics, and stood by ethical standards for the responsibilities of the broader public as well. Within her social work power, she did everything that she could at that moment.

The views of the two different Northwest Connections program persons over the telephone when the assessment was taken place at two different times in the span of two weeks. I can compare the two professionals over the phone because I was there when each call happened. In the first call to Northwest Connections, the employee I could tell was not very attentive or helpful. I could not pick up on much empathy, as she seemed to just ask the questions point-blank. Not giving any leading questions to allow the client to maybe gain some trust in them. Our client during that call did not trust them and did not tell them the full truth. This employee was only able to keep note of this call and send it to the county for their records. In contrast, the week after that call we had an ethical dilemma with the client and called Northwest connections again. Thankfully this employee was more effective and had empathy, I could tell over the phone that she truly cared. She talked with us about a couple of options and took the time to investigate if there was a bed available at the place called midway. In which, she was able to get a bed for our client there for a couple of days. I noticed a huge difference between those two different employees at Northwest Connections. It goes to show how those two different attitudes negatively and positively impacted the services provided to clients.

The views of the police, once Libby called the police to inform them about our client and the situation that has been going on. The police were very attentive and took down all the notes Libby gave them. Regarding what our client was stating to us about how they were going to commit suicide and the model and license of the car the client drives. My supervisor thought it was also important for the police to know right away because the client mentioned suicide by a cop. She wanted the department to know in case they were to make a stop on his car and to be aware of his mental health state at that moment. When the police were made aware of this situation, they asked Libby a question. So, “Northwest Connections couldn’t make anything happen with all of this information?” The police were confused about how the client was not involuntarily committed with all that information. We had to explain the red tape type of situation that Northwest Connections can’t involuntarily do anything unless the client blanketly states when, where, or how they plan on committing suicide. Along with the cops we had this process of thinking seriously they can’t do anything more even though we know this information. It goes to show that building trust with clients is extremely important when serving them. Without trust, I have seen firsthand how it has negatively impacted our clients from getting the services that they need. All in all, the professionals in this ethical dilemma did their jobs and were providing support for this client when they were in dire need of something.

### **Actions Taken to Address the Dilemma**

First and foremost, we needed to understand the warning signs of suicide. As they help us determine if someone is at risk for suicide, especially if the behavior has changed or increased. We noticed our client was experiencing a lot of the known warning signs. Observed the client acting anxious and extremely agitated. Furthermore, the client was talking about all the ways they were going to kill themselves and feeling hopeless. Also, stating they have no reason to live

and talk about being a burden to others. Through discussion with the client, we noticed the client was withdrawing and isolating themselves. They were cutting off all support networks. The client was skipping appointments, quitting school and their job, as well as shutting off their phone.

After talking with our client, we were able to pick up on all those warning signs. So, we firstly had an intervention with the client by just having a conversation with them allowing them to speak and hear what they have to say. We were meeting the client where they were at. We then took the steps to address the client on what they were telling us. We had to make sure they were aware we would have to call the police if they were to just walk out of the office. Addressing that allowed the client to stay and talk with us about their suicidal thoughts. We addressed how the client was feeling and what the client was wanting from us. Through this interaction we saw how distressed the client was, it was unlike anything we have seen from them before. This made us very concerned about their well-being and took what they were saying extremely seriously. The client had become super closed off, cutting off all their ties to people, and was refusing any mental health help, creating an ethical dilemma.

We discussed options with our client calling Northwest Connections, the police, hospitals, their counselor, etc. It is our role as social workers to present all of the options available to the client to allow them to make an informed decision for a course of action. We needed our clients to be aware of what the options were and to allow them the self-determination to make that choice for themselves. Our client agreed after some hesitation to give a call to Northwest Connections a try for an assessment. We then took the action steps to call Northwest Connections who could give a suicidal assessment to see if the client could qualify for any services at that moment. The program was able to get our client a bed at midway a crisis center

for those having suicidal ideations for a couple of nights. However, the client refused to go and came back to our office upset with my supervisor. The client stated they were mad with Libby because they thought that place was like solitary confinement and that she was trying to trick them. The client thought they could leave and go when pleased but that was not the case. However, Libby explained what this crisis center was like and that if they were to go to the center, they needed to stay for a couple of days straight. As well as the place had some rules and guidelines in place for the safety of the individuals staying there. Unfortunately, for our client that was not the right fit for them. The client was still agitated and, in even more distress, talking about suicide.

Libby was aware the client was refusing services, so she provided them with some numbers of resources to call if they were to change their mind and if they felt even worse than they did. Shortly after the client then got up and left the office quickly. Which caused Libby to make a call to the local law enforcement about the situation and our client. As we were concerned about their well-being, as well as others around them. That was the last course of action we could take during this tough situation.

#### **Additional actions that could have been taken**

During this ethical dilemma, we did everything we could have at the moment. Provided an intervention, and support got a suicide assessment, and got the client a voluntary crisis bed. However, when the client refused care, we took the step to get law enforcement involved to make them aware. When I asked Libby if we could do anything further, she told me that she did everything she could do within her professional role. As she could not get the resources to agree on involuntary treatment on committing our client to a hospital. Due to Northwest Connections not getting that confirmation from our client about their intentions to harm themselves. My

supervisor took her last step to help this situation by notifying the police to protect our client and others.

When looking back at this ethical dilemma myself I cannot think of other things that we could have done differently. As we're trying to respect our client's self-determination along with protecting their well-being, we were stuck in a sticky situation we call an ethical dilemma. Our client was refusing care, we could have informed Northwest Connections that the client was additament about committing suicide and that they told us they weren't going to tell them the truth. I am thinking we could have done more to advocate on their behalf, but we did not want to ruin the relationship with the client because they were cutting off all their support. We were also sitting on thin ice with our clients, not wanting to trigger them or set them off in any way to make them storm off.

All in all, after a discussion with my supervisor and talking about other possible steps that could have been taken. We could not think of any additional actions that could have been taken as each step we took was taken for the well-being of the client as well as others. After a couple of days, our client showed up at the office again. The client seemed to be in a better headspace, yet still feeling depressed and suicidal they mentioned. However, they came into the office to work on housing applications. It was such a relief when the client walked into the office that day as it felt like Libby, and I was holding our breath each day hoping the client would show up.

### **What I learned**

Woah, did I learn a lot from this ethical dilemma! This situation taught me how helpful it is to follow the NASW code of ethics when dealing with an ethical dilemma. As it helps guide us to make informed decisions. I learned the importance of building and having trusting

relationships with your clients. Especially important when serving clients with mental health disorders where they tend to have more paranoia and not trust others easily. By having a trusting relationship with your clients, you are better equipped to serve your clients effectively.

Furthermore, I learned that there needed policy changes within the suicide assessment. As our client was not provided services that were needed. Because of the red tape that exists, meaning the person answering the questions to the assessment needs to fully state they plan on committing suicide. However, this is an issue because we know that people talking about suicide, often state in an assessment “no” that they do not plan on committing suicide. The reason being individuals who are suicidal often will not explicitly state in the assessment that they will kill themselves because they do not want anyone to stop them. Whereas this was the case in this situation with our client. Therefore, I know this type of situation has happened to others in the past and we need to make policy changes to close that gap in services.

Also, I learned the importance of self-care during this difficult situation as it was a lot to handle emotionally. This client I can relate to someone personal in my life. Which I can tell has affected me in ways. So, I knew I needed to take some time to do some self-care that weekend and try my best to not worry about the client. This ethical dilemma taught me that I can handle my emotions and not let it negatively affect my professional work. I learned that it is okay to ask others for advice about how they handle a difficult situation like this one. My supervisor was a great support to go to ask for advice and gave me some suggestions for mindless self-care activities.

Throughout this whole ethical dilemma, I was constantly learning, and it was not until I wrote this paper did, I realize how much I learned. I am so grateful that our client is still here

with us today and that they did not commit suicide. However, we know this is a client that we must pay special attention to and keep in mind all the warning signs of suicide.

### References

National Association of Social Workers (NASW). (2021). *NASW - National Association of Social Workers*. <https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English>