

Chapter 4

Relations Between Social Workers

Introduction

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3. Relations with other professionals

We have examined a number of cases in which social workers have worked with other professionals and have had some difficulties in those relationships because of perceived differences in the weights of their professional judgments. In *Depressed and ready to die*, the psychiatrist thought that the patient who did not want chemotherapy was therefore suicidal, and the psychiatrist's judgment was given significantly greater weight than the judgments of the other professionals, including social workers, concerned about the patient. The psychiatrist presumably took the judgment to be one about the patient's mental state, something she thought she was particularly well qualified to judge. The social workers thought the patient's not wanting chemotherapy was reasonable, given how little it would prolong her life, how painful it would be, and how it would require her to stay in the hospital when she could be home in a more familiar setting as she died. But there was no discussion between the psychiatrist and the social workers. The psychiatrist thought she was right and saw no need, apparently, to try to understand why the social workers thought she might be wrong or to explain to them why she thought she was right.

This case illustrates rather nicely the reasons why professionals in different areas ought to talk with one another, with mutual respect. The social workers were at least as well-positioned as the psychiatrist to judge what would be in the client's best interests, and so their understanding of the client's problems is relevant to deciding what to do. The psychiatrist ought to ask them their opinion if only because they have information relevant to her decision. But the woman was also their client, and because the psychiatrist's decision would make a difference to what they would need to do for the woman, the psychiatrist ought to consult with the social workers out of professional courtesy (see the Code of Ethics 2.03(a)). Their role with the woman would be far different were she forced to have chemotherapy, against her will, than if she were to go home to die in peace.

The case also illustrates rather nicely the two sorts of problems that can arise when the concerns of professionals in different fields overlap.

First, the social workers in this setting do not have the power to overrule the decision of another professional, ensure that the professional consider their concerns in making a decision, or even encourage the other professional to talk with them. The structure of the

hospital setting was such that the psychiatrist could ignore them completely and make a decision that would stick, whatever the social workers might think. So one problem that arises when professional concerns overlap is that sometimes nothing about the situation requires that the one professional communicate with the other. Or, to put it from the perspective of the social workers in this case, the psychiatrist had complete control over what happened to their client in a situation where, once the psychiatrist's decision was made, their relation to the client changed. The psychiatrist had power, and they thought they had little, if any (see the Code of Ethics 2.03(b)).

Second, the competencies overlap. Judging what is in the client's best interests is not exclusively a matter for the psychiatrist because social workers are also trained to assess both what a client wants and what is in a client's best interests. Indeed, the social workers may be better positioned than a psychiatrist to determine what is in the client's best interests because they were able to take in far more relevant information and have a much better feel for the life of the client outside the hospital. The psychiatrist may not wish to accept this claimed overlapping of competencies, but if she does not, the social workers are equally entitled to claim they are competent and the psychiatrist is not. What this case sadly illustrates is that sometimes different sorts of professionals working together on a single case do not work together for their single client's best interests.

Consider this very similar sort of case:

4.8 Attention deficit disorder

Mark is an eighth-grader with an attention deficit disorder. He has a high I.Q., and when he is on medication, he is extremely well-behaved and productive. But he does not now take his medication regularly. He is doing this as a form of rebellion, it seems, and that is what those his age are likely to do. So he is sometimes inattentive and disruptive in class.

His teacher hits him on the head with a folded up paper when he is acting up, and it is not just harmful to him, but embarrassing and ineffective.

Mark told his school social worker, Janet, who is new to the job. She is unsure what to do. She can tell Children's Protective Services, or the principal, or talk to the teacher. Anything she does must be done carefully. She cannot be in the classroom all the time, and 'when the door is closed to the classroom, the teacher has the power.' But it is clear that the method the teacher has adopted to 'control' Mark's behavior is counter-productive.

Janet faces a delicate problem here. As a school social worker, she can only work with students through teachers, and she is not able to be in the classroom all the time to monitor the teacher's behavior. In addition, whatever she does in this case will have an impact on future cases regarding other teachers. As she said in further explaining her problem, 'If you alienate teachers, it becomes a very difficult thing to be able to work things through.' In addition, as she goes on to point out, 'There are a lot of different ways you can abuse a kid without actually being able to be reported on.' So she is concerned that trying to help Mark by approaching the teacher may backfire. The teacher may stop hitting Mark, but continue to abuse him in more subtle ways.

All this suggests that Janet ought to talk to the teacher first and do so very carefully -- so as not to antagonize her (see the Code of Ethics 2.03(a)). And we should emphasize Janet's problem. She has to tell another professional that what that professional is doing, as a professional, in her own classroom, is not right.

This case illustrates more clearly than any other we have examined the importance of the fifth step in our method for resolving ethical problems:

(5) Determine how to do what ought to be done in a way that will itself produce more good than harm.

For it is how Janet now proceeds, having decided she ought to talk with the teacher, that will make all the difference both to how Mark is treated and to how other students Janet may be concerned about will be treated.

Talking with other professionals is always a delicate matter, as we pointed out in *Peers?*, and whenever there are problems in a case involving more than one professional, from the same discipline or from several, we should look to determine if one issue concerned how the professionals approached one another. In *Depressed and ready to die*, for instance, it may be that the social work professionals did not proceed to talk with the psychiatrist in a way that would help them with their position. We cannot know from the facts we have.

In this next case, this general issue of how to talk with another professional is even more complicated:

4.9 First grader

Jerry was referred to the school social workers the second day of school by a teacher who 'knew his older brother and had had run-ins with the child's mother and didn't like the way it came out.' Mike was the social worker assigned to assess the boy, and though he decided that the boy was a kinesthetic learner, having to touch everything to learn anything, he also decided that with some effort, the boy could be taught to behave as the teacher wanted.

Mike put together a program for the teacher with a check sheet where Jerry would receive points for behaving in certain ways and not behaving in other ways. The teacher filled it in, and he took it home every day. His mother signed off on it, and Jerry's behavior began to come under control.

But the teacher still was not happy because, though Jerry was improving, he was not 100% better. She wanted him to be certified as emotionally impaired. That would mean that he would then be removed from her classroom.

Mike interviewed the parents, the teacher, and Jerry again, and he found that Jerry was able to develop and maintain relationships, and he did not act out outside the classroom. So he was not emotionally impaired. 'Actually,' Mike said, 'he's a pretty happy little kid.'

The teacher was upset. She dropped the program Mike had developed, and she put Jerry 'in a box' -- behind a set of room dividers so that he was screened off from the rest of the children. She had the support of the principal, and so finally Mike certified Jerry as emotionally impaired to get him out of the bad situation.

Labelling a child as emotionally impaired is not anything one ought to do lightly. The labelling will stick with him for the rest of his school days -- and beyond. So Mike wanted to avoid labelling Jerry if he could. One option would have been to go over the teacher's head to the principal, but that was foreclosed by the principal's siding with the teacher. Another option would be to go over the principal's head to the school district's administration.

Appealing to the administration is not likely to be effective because, just as the prin-

principal backed the teacher, so the administration is likely to back the principal. After all, those in the administration can say, 'Those best able to know whether this student can be taught in class with the rest of the children are the teacher and the principal, not a social worker who is not in the classroom all the time. So we must stand by their professional judgments.' Besides, appealing beyond the principal would likely poison the relations between Mike and the teacher and the principal for any other work with Jerry or other students.

The problem Mike faced was that he either had to work it out with the teacher or label Jerry emotionally impaired. His failure to work it out with the teacher left him with no good option. What is sad about the case is that though Mike has the expertise to determine what is in Jerry's best interests, he ends up making a judgment about Jerry that he does not agree with. He feels he has no option because the teacher is the one who has the power to determine what to do for, or to, the child and the teacher will not do what is necessary to further what Mike thinks is in Jerry's best interests (see the Code of Ethics 2.03(b)).

The case illustrates that when things go awry between professionals, there may be no good solution. This seems particularly so when one sort of professional has power and the other has the relevant competence. But the case also illustrates how important it is to work to achieve the ideal of communication we have set out in this chapter.

The same sort of relation we would want to hold between social work practitioners should hold between professionals from different fields who ought to be working together for a client's benefit. Professionals ought to explain their actions when what they do affects the legitimate concerns of other professionals. They ought to listen to the concerns of those other professionals. And they all ought to strive to work out with each other what is best for their client, giving due weight to all professional judgments.