

The Caseworker's Dilemma

Professional Ethics When Systems Harm Clients

Denise became a social worker to help people. That was the simple answer she gave when anyone asked, and it remained true fifteen years into her career at the county human services office. She had started on the TANF intake team, moved to case management, earned her clinical license during night classes, and developed a reputation as someone who could navigate the system without losing sight of the people inside it. She knew the regulations, understood the workarounds, and had built relationships with providers across the county who trusted her judgment. When difficult cases landed on desks, colleagues often redirected them to hers.

Now she sits in a meeting about Medicaid work requirement implementation. The state has received federal approval. Her office will begin verifying work activities for expansion adults in fourteen months. She listens as administrators describe reporting timelines, documentation standards, and termination protocols. The word "termination" appears repeatedly. Someone mentions that Arkansas lost 18,000 people from its rolls. The room grows quiet.

Denise thinks about Marcus, a client she helped last year. Chronic back pain, depression, a GED but no car. He works twenty-five hours a week stocking shelves at a grocery store, the most his body can handle. His employer schedules him on a week-to-week basis, sometimes morning shifts, sometimes overnight, rarely with enough notice to plan anything else. Under the new requirements, he will need to document eighty hours monthly. She calculates quickly: he might hit that some months, miss it others. His employer does not provide formal verification letters. The grocery chain's HR system operates through a call center two states away.

She wonders if Marcus will figure out how to comply. She wonders if she will be the one to terminate his coverage when he doesn't. She wonders what happened to the profession she chose.

The Person-in-Environment Versus Eligibility Determination

Social work's foundational framework holds that ***people cannot be understood apart from their contexts***. The profession emerged from Progressive Era settlement houses where reformers recognized that individual struggles reflected social conditions. Jane Addams did not counsel the poor to try harder; she documented how inadequate housing, exploitative labor practices, and political exclusion created the circumstances that struggling families navigated. Social work's intellectual heritage insists that understanding a person requires understanding the systems that shape their options, constrain their choices, and determine their opportunities.

This framework found theoretical expression in ecological systems theory, which conceptualizes individuals as embedded within nested environmental systems. The microsystem encompasses immediate relationships and settings. The mesosystem involves connections between microsystems. The exosystem includes institutions that affect individuals without direct participation. The macrosystem comprises cultural values and ideological frameworks. Assessment that ignores these layers misunderstands the person being assessed.

Strengths-based practice extended this contextual orientation by focusing on capabilities rather than deficits. What resources does this person bring? What supports exist in their environment? How can we build on what works rather than cataloging what doesn't? The approach assumes that

Article 15E:

The Caseworker's Dilemma



2

people possess knowledge about their own circumstances that professional expertise cannot substitute for.

Eligibility determination operates from entirely different premises. It asks binary questions with categorical answers. Does this person meet documented criteria? Have they submitted required verification? Did they report on time? The context that explains why someone might struggle with documentation, the strengths they possess despite administrative failures, the environmental factors that constrain their compliance capacity—none of this fits on the forms.

When social workers become eligibility technicians, their training becomes awkward baggage. The holistic assessment skills feel irrelevant when the job is checking boxes. The contextual understanding that would explain why a client missed a deadline cannot override the deadline's consequences. The strengths-based lens that sees capability must nevertheless process terminations for people whose capabilities don't translate into verified documentation.

A social worker assessing Marcus would note his persistence in maintaining employment despite chronic pain, his self-management of depression through the structure that work provides, his problem-solving skills in navigating unpredictable scheduling. An eligibility determination system sees only whether his hours appear in the portal by the reporting deadline. The person-in-environment is reduced to the documentation-in-file.

The NASW Code and Institutional Constraint

The National Association of Social Workers Code of Ethics, revised most recently in 2021, articulates professional obligations that derive from social work's core values. The code identifies six fundamental principles: service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence. Each principle generates specific ethical responsibilities.

Client commitment stands at the center. Social workers' primary responsibility is to promote client well-being, respecting clients' right to self-determination and supporting their capacity to change and address their own needs. The code explicitly states that social workers should challenge social injustice, pursue social change on behalf of vulnerable populations, and ensure access to needed resources and services.

The 2021 revisions strengthened language around cultural competence and added provisions emphasizing professional self-care. But the code has always contained a structural tension that work requirements amplify: **social workers often operate within institutional contexts that constrain their ability to fulfill professional obligations.** The code acknowledges this reality while offering limited guidance for navigating it.

What happens when institutional requirements demand actions the profession considers harmful? A social worker's obligation to promote client well-being may conflict directly with an employer's requirement to enforce eligibility rules that the worker believes damage clients. The NASW Code addresses conflicts of interest and dual relationships but provides less clarity about conflicts between professional ethics and institutional mandates.

Historical parallels illuminate the dilemma. Child welfare workers have long navigated tension between family preservation values and mandatory reporting requirements that can trigger family separation. Immigration case managers following federal policy may process deportations they believe unjust. Healthcare social workers implementing utilization review protocols may recommend discharge for patients they believe need continued care. In each instance, the

Article 15E:

The Caseworker's Dilemma



professional identity oriented toward client advocacy operates within an institutional role that may require advocacy's opposite.

Work requirement enforcement positions social workers similarly. The institution demands rule application regardless of circumstances. The profession demands contextual assessment that accounts for circumstances. The worker stands in the gap, holding obligations to employer and client that may pull in opposing directions.

The code offers some guidance: when organizational policies conflict with ethical practice, social workers should seek to change them through appropriate channels. But ***changing policy takes time that individual clients do not have.*** Marcus's coverage termination cannot wait while Denise works through administrative channels to reform the system. The immediate choice is whether to process his termination or find some workaround that keeps him covered while reform proceeds.

Moral Injury on the Front Lines

Burnout has dominated discussions of social worker well-being for decades. The concept describes exhaustion, depersonalization, and reduced accomplishment resulting from chronic workplace stress. Interventions target workload management, supervision support, and self-care practices. The framing locates the problem primarily in resource depletion: workers give more than they receive until reserves empty.

Moral injury operates through different mechanisms. The term emerged from clinical psychiatrist Jonathan Shay's work with Vietnam veterans who continued experiencing guilt, shame, and existential distress long after their PTSD symptoms resolved. Their suffering did not stem from threat exposure but from having participated in actions that violated their moral frameworks. The veteran who killed a child in combat, the soldier who witnessed atrocities without intervening, the officer who followed orders he believed wrong—these experiences produced injuries that trauma-focused treatments could not address because the damage was not to safety but to integrity. Researchers have since documented moral injury across helping professions where practitioners ***witness or participate in actions they believe wrong while constrained from preventing or refusing them.*** Healthcare workers during COVID-19 who implemented triage protocols knowing some patients would die. Child welfare workers who removed children they believed should remain with families. Immigration officers who processed deportations of asylum seekers they believed had valid claims.

The application to social services work requirements is direct. A social worker who processes coverage terminations for clients she knows are working, just without proper documentation, participates in actions she believes harmful. A caseworker who denies exemptions to people he believes genuinely qualify but cannot verify acts against his professional judgment. The work itself becomes morally injurious when the policies workers implement contradict their understanding of what help means.

Moral injury differs from burnout in origin and manifestation. Burnout results from too much demand with too little support. Moral injury results from being required to act against one's values regardless of support or demand levels. A well-rested worker with excellent supervision can still experience moral injury if the work itself requires betraying professional commitments. The injury is not to energy but to integrity.

Research on moral injury in social services remains limited but growing. Studies of child welfare workers document psychological harm from participating in removals they experienced as unjust.

2002 N. Lois Avenue, Suite 200, Tampa, FL 33607 | GroundGame.Health

Syam Adusumilli, Chief Evangelist, syam.a@groundgame.health

Healthcare social workers report distress from discharge planning that prioritizes organizational metrics over patient welfare. The pattern suggests that ***institutional requirements at odds with professional ethics produce harm not reducible to workload or resources.***

Denise has not burned out. Her caseload is manageable. Her supervisor is supportive. She takes vacations and maintains boundaries. But she lies awake some nights thinking about the people she will terminate. She wonders if the skills she developed to help people navigate systems will now help her process their removal from those systems efficiently. She wonders what happens to her professional identity when the profession's purpose and the institution's demands diverge.

Discretion, Resistance, and Accommodation

Michael Lipsky's foundational analysis of street-level bureaucracy identified the gap between policy as written and policy as implemented. Frontline workers exercise discretion in applying rules to specific cases, interpreting ambiguous provisions, prioritizing among competing demands, and rationing services that exceed capacity. This discretion is not a bug in bureaucratic systems but a feature: complex human situations cannot be fully anticipated by rule-writers, requiring judgment at the point of service.

Work requirements create abundant space for discretion. Which documentation counts as sufficient? How should ambiguous employment situations be classified? When does a missed deadline warrant immediate termination versus a warning? The rules provide frameworks but not formulas. Workers fill the gaps.

Celeste Watkins-Hayes's ethnographic research on welfare caseworkers after the 1996 reforms documented how workers' racial, class, and professional identities shaped their use of discretionary authority. Some workers identified with clients and used discretion protectively. Others maintained distance and applied rules strictly. The same policies produced different outcomes depending on which worker clients encountered.

The ethics of discretionary resistance pose genuine dilemmas. A worker who consistently bends rules to protect clients may help those specific individuals while leaving unjust systems intact—or may face termination that leaves subsequent clients without a protective advocate. A worker who strictly follows harmful rules maintains institutional position and professional credibility that might enable future reform efforts—or might simply become complicit in ongoing harm. Neither path is clearly correct.

When does accommodation become complicity? The worker who helps clients navigate requirements accepts those requirements as the framework within which help occurs. The energy devoted to compliance assistance is energy not devoted to challenging the requirements themselves. If navigation becomes so effective that coverage loss decreases, does the unjust system persist because its harms are mitigated? Is excellent navigation a form of collaboration with policies one believes harmful?

When does resistance become insubordination? The worker who consistently interprets rules in clients' favor operates outside sanctioned boundaries. Discovery might bring disciplinary action, termination, or professional consequences that end the worker's ability to help anyone. The calculated risk of selective non-compliance differs from the institutional legitimacy of working through established channels—but established channels operate on timelines that individual clients cannot survive.

Denise knows these dilemmas intimately. Fifteen years have taught her which supervisors look the other way, which documentation gaps can be overlooked, which "administrative errors" can protect clients while appearing accidental. She has learned to help without appearing to resist. But the scale of work requirements may overwhelm these individual accommodations. When thousands of clients face documentation requirements simultaneously, her workarounds cannot reach them all. **The question becomes whether to continue protecting those she can while the system harms those she cannot, or to shift energy toward changing the system itself.**

Systemic Advocacy from Clinical Position

Social work has always contained two traditions in tension. The clinical tradition focuses on individual intervention: assessment, counseling, case management, therapeutic relationship. The structural tradition focuses on social change: community organizing, policy advocacy, political action. Graduate programs teach both, but employment often channels practitioners toward one or the other.

Work requirements may force reconciliation. The clinical worker who processes terminations cannot ignore the policy that mandates them. The patterns visible in individual cases—the same barriers recurring, the same populations failing to comply, the same requirements impossible to meet—accumulate into systemic critique. Clinical observation becomes policy evidence.

A caseworker who documents every termination she believes unjust creates a record. Aggregated across workers, such records reveal implementation failures invisible to policymakers. The person who lost coverage because their employer uses a third-party payroll system that doesn't integrate with state databases. The client terminated for missing a deadline they never received notice of. The exemption denied because the right form wasn't submitted in the right format to the right address. These individual failures, systematically documented, become evidence for systemic reform.

NASW policy positions on work requirements, state chapter advocacy at legislative hearings, coalitions with client advocacy groups - these mechanisms amplify practitioner perspectives beyond what any single caseworker could achieve. The distinctive credibility of professional voice, grounded in clinical expertise and ethical commitment, carries weight that client testimony alone often lacks. Policymakers may dismiss benefit recipients as self-interested. They find it harder to dismiss the professionals charged with serving them.

Yet systemic advocacy takes time that individual clients do not have. The professional association developing a policy position operates on meeting schedules and comment periods while Marcus's termination date approaches. The legislative campaign building momentum toward reform may succeed eventually while Denise processes terminations today. **The gap between structural change and immediate harm defines the caseworker's dilemma:** the work that might prevent future harm feels like abandonment of those currently suffering.

This tension has no clean resolution. Some practitioners will focus on protecting individual clients through skilled navigation and strategic discretion, accepting that their efforts cannot reach everyone. Others will shift energy toward changing policies, accepting that their advocacy cannot help clients immediately. Many will try to do both, splitting attention and risking accomplishing neither fully. **The profession does not provide a formula for allocating effort between these modes because no formula exists that makes the choice simple.**

Denise's Choices

Denise returns to her office after the implementation meeting. Her computer shows seventeen unread messages. Three clients have appointments scheduled this afternoon. A supervisor has flagged a case for quality review. The ordinary work of helping continues while the extraordinary change approaches.

She knows her options. She can continue doing what she does well: navigating clients through requirements, exercising protective discretion where possible, helping individuals comply with rules she finds unjust. This serves Marcus and others she can reach. It does not change what happens to those beyond her caseload.

She can become more systematic about documenting implementation problems: tracking which requirements people struggle to meet, noting which populations face greatest barriers, aggregating the patterns her clinical observations reveal. This builds evidence for reform efforts. It does not stop terminations while evidence accumulates.

She can become more active in professional and political channels: attending chapter meetings, joining advocacy coalitions, testifying at public hearings. This exercises collective voice toward structural change. It takes time from direct service and may not succeed.

She can leave. Take her skills to an organization not implementing work requirements, a private practice serving clients who can pay, a teaching position that trains the next generation without requiring participation in systems she finds harmful. This preserves her integrity. It abandons clients who need her.

None of these options resolves the dilemma. ***They only determine how she lives with it.*** The NASW Code provides no formula. Lipsky's analysis offers no solution. Shay's research documents the harm but not its prevention. The literature illuminates what workers face without prescribing what they should do.

Perhaps that is precisely the point. Professional ethics in contested contexts do not reduce to algorithms. The caseworker's dilemma is genuinely dilemmatic—not a puzzle awaiting the right answer but a condition requiring ongoing navigation. Denise will make choices, live with consequences, adjust, and choose again. Her choices will differ from colleagues facing similar circumstances. The profession's wisdom lies not in uniformity but in the reflective practice that helps each worker find their way.

What would help is recognition that ***the dilemma exists.*** Too often, policy implementation proceeds as though frontline workers simply execute directives. The human costs of translating policy into practice, the moral burdens carried by those who administer contested programs, the professional identity struggles of helping professionals required to act against their understanding of help—these realities deserve acknowledgment from the systems that create them.

Denise closes her computer at the end of the day. Marcus has an appointment tomorrow. She will help him understand the new requirements, assess his compliance prospects, identify documentation strategies, and connect him with resources that might help. She will do this knowing it may not be enough, that her best efforts cannot guarantee his coverage, that the system she works within may harm him despite her presence within it. She will do it anyway because that is who she became when she became a social worker.

Article 15E:

The Caseworker's Dilemma



The profession she chose has not disappeared. It persists in the space between what systems demand and what people need, in the discretionary moments where workers can bend toward protection, in the clinical observations that become evidence for change, in the professional organizations that carry collective voice. It persists, imperfectly, in people like Denise who keep showing up.

That may have to be enough. It is what the profession offers when systems harm the clients it exists to serve.

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Article 15E:

The Caseworker's Dilemma



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