PDH Academy

Ethics for Social Work Practice

4 hours

PDH Academy

PO Box 449

Pewaukee, WI 53072

www.pdhacademy.com

pdhacademy@gmail.com

888-564-9098

ANSWER SHEET

First Name: _____ Last Name: _____ Date: _____

Address: _____ City: _____

State: _____ ZIP: _____Country_____

Phone: _____ Email: _____

** See instructions on the cover page to submit your exams and pay for your course.

By signing and submitting this final exam for grading, I hereby certify that I have spent the required time to study this course material and that I have personally completed each module/session of instruction.

Signature: _____Date: _____

Ethics for Social Work Practice
Final Exam

1. Ⓐ Ⓑ Ⓒ Ⓓ
2. Ⓐ Ⓑ Ⓒ Ⓓ
3. Ⓐ Ⓑ Ⓒ Ⓓ
4. Ⓐ Ⓑ Ⓒ Ⓓ
5. Ⓐ Ⓑ Ⓒ Ⓓ

6. Ⓐ Ⓑ Ⓒ Ⓓ
7. Ⓐ Ⓑ Ⓒ Ⓓ
8. Ⓐ Ⓑ Ⓒ Ⓓ
9. Ⓐ Ⓑ Ⓒ Ⓓ
10. Ⓐ Ⓑ Ⓒ Ⓓ

11. Ⓐ Ⓑ Ⓒ Ⓓ
12. Ⓐ Ⓑ Ⓒ Ⓓ
13. Ⓐ Ⓑ Ⓒ Ⓓ
14. Ⓐ Ⓑ Ⓒ Ⓓ
15. Ⓐ Ⓑ Ⓒ Ⓓ

16. Ⓐ Ⓑ Ⓒ Ⓓ
17. Ⓐ Ⓑ Ⓒ Ⓓ
18. Ⓐ Ⓑ Ⓒ Ⓓ
19. Ⓐ Ⓑ Ⓒ Ⓓ
20. Ⓐ Ⓑ Ⓒ Ⓓ

21. Ⓐ Ⓑ Ⓒ Ⓓ
22. Ⓐ Ⓑ Ⓒ Ⓓ
23. Ⓐ Ⓑ Ⓒ Ⓓ
24. Ⓐ Ⓑ Ⓒ Ⓓ
25. Ⓐ Ⓑ Ⓒ Ⓓ

Ethics for Social Work Practice
FINAL EXAM (4 CE HOURS)

1. **Which of the following types of laws has been created as a result of litigation and judicial rulings?**
   a. Statutory Law
   b. Case Law
   c. Constitutional Law
   d. Regulatory Law

2. **A fundamental difference between Ethics and Law is that Ethics:**
   a. are rules and regulations with specific penalties, fines and punishments
   b. reflect the views of those who have political power to make and enforce rules
   c. are rooted in beliefs about right and wrong and an individual's conscience and self- worth
   d. specifically describe what people in a culture can and cannot do

3. **Statutory Laws are best defined as:**
   a. laws created as a result of litigation and judicial rulings
   b. Federal and State-legislated laws
   c. rights and protections established by U.S. Constitution and state constitutions
   d. enforceable regulations promulgated by federal and state government agencies

4. **Ethics first became an area of formal study in the:**
   a. 1940s
   b. 1950s
   c. 1960s
   d. 1970s

5. **Important revisions of the 1979 to the NASW Code of Ethics include:**
   a. Principles related to social worker's responsibilities to clients, colleagues, employers, the profession and society
   b. Introduction of the Code as both the basis for everyday conduct and the enforcement of practices among social workers.
   c. Clarification regarding disclosure of confidential information without a client's consent
   d. Both a and b

6. **The purpose of the NASW Code of Ethics is to:**
   a. Articulate the values, principles and standards of the profession
   b. Provide public with a way to hold social workers accountable
   c. Provide mechanism for assessing possible unethical conduct
   d. All of the above

7. **Which of the following standards under Standard 1.0 Ethical Responsibilities to Clients specifically addresses the recording of sessions for training purposes?**
   a. Competence
   b. Informed Consent
   c. Confidentiality
   d. Access to Records

8. **Which of the following laws or regulations includes a privacy rule establishing national standards for health information privacy protection and includes descriptions of what is protected and how it can be used?**
   a. Health Insurance Portability and Accountability Act
   b. Health Information Technology for Economic and Clinical Health
   c. Confidentiality of Substance Abuse Patient Records
   d. Family Educational Rights and Privacy Act

9. **With the increase in social networking and the use of social media, the code's 2017 revision requires social workers be aware of how posting of personal information may cause:**
   a. Social Justice
   b. Boundary Confusion
   c. Service
   d. Assistance

10. **Regarding ethical responsibilities outlined in the Code, which of the following is not one of the six areas of professional functioning?**
    a. Clients
    b. Social Work Profession
    c. Family
    d. Practice Settings

11. **Boundary violations occur when a social worker is in a dual relationship with a client that is:**
    a. Encouraging
    b. Manipulative
    c. Honest
    d. Supportive

12. **Informed consent includes informing clients of:**
    a. Purpose of the service
    b. Certainty related to the service
    c. Senseless alternatives
    d. Insignificant costs

13. **Which of the following situations is not an example of a boundary violation?**
    a. Jenny is especially fond of her client Kezia and her progress so gifts her with crystal glassware for her engagement
    b. Paul shakes hands and briefly converses with his client Joe after he introduces his wife to Paul at the grocery store
    c. Caitlin is hesitant to refer her client to another case manager because, "I don't think someone else will get him like I do."
    d. Rosa accepts an expensive food basket from her grateful client because she is afraid the client will not understand and stop coming to appointments

14. **Which term refers to an individual's right to control access to their personal information?**
    a. Privacy
    b. Confidentiality
    c. Disclosure
    d. Consent

15. **Standards in the NASW Code of Ethics address sexual relationships with and the sexual harassment of:**
    a. Former clients
    b. Students
    c. Colleagues
    d. All of the above

16. **One of the best ways to avoid conflicts of interest is to:**
    a. Live in a community other than the one where clients are served
    b. Avoid serving individuals from the same church
    c. Establish and maintain boundaries
    d. Obtain consent from clients in advance

17. **All of the following are red flags for boundary violations except:**
    a. Social worker expresses belief that only he truly understands his client
    b. Habitually extending session time with a particular client
    c. Distributing agency bus vouchers to clients who don't have transportation
    d. Failing to remind a client who is testing limits about the importance of boundaries

18. **The individual or entity that ultimately has the most responsibility in determining whether an action may be harmful to a client is the:**
    a. Client
    b. Ethics hotline
    c. Social worker
    d. Agency

19. **The federal "anti-kickback" statute may apply when a social worker accepts money or gifts as payment from a client whose service is paid by the following:**
    a. Self-pay
    b. Medicaid/Medicare
    c. Private Insurance
    d. Both B and C

20. **Evidence-based practice, according to Barker is which of the following:**
    a. The use of best available scientific knowledge derived from randomized controlled outcome studies and meta-analysis of existing studies
    b. Self-published blog posts
    c. Personal Experience
    d. Interventions without use of accepted research methods

21. **Kwan has noticed changes in his co-worker that concern him. Notably she has been coming in late, is frequently forgetful and he has observed her crying in her office more than once. He is worried that she might not be exercising good judgment with some of her clients. Which standard specifically addresses situations related to a social worker's decline in previous functioning?**
    a. Impairment
    b. Private Conduct
    c. Competence
    d. Performance Evaluation.

22. **Which standard specifically requires that there are sufficient resources to support staff to include supervision and continuing education needs?**
    a. Competence
    b. Client Records and Billing
    c. Administration
    d. Commitment

23. **According to the NASW Code of Ethics, under which standard is it written that social workers are allowed to engage in organized action against employers.**
    a. Client Transfer
    b. Client Records and Billing
    c. Supervision and Consultation
    d. Labor Management Disputes

24. **Which standard or standards state that social workers should share knowledge and expertise with their colleagues?**
    a. Evaluation and Research
    b. Integrity of the Profession
    c. Consultation
    d. Respect

25. **Activities supporting ethical responsibilities to the broader society that all social workers should commit to include all of the following except:**
    a. Advocate for living conditions conducive to fulfillment of basic human needs
    b. Campaigning for public officials
    c. Take actions to expand choice and opportunity for all people
    d. Advocating for programs that demonstrate cultural competence

CONTINUING EDUCATION
for Social Workers

Ethics for Social Work Practice
PDH Academy Course #1238 (4 CE HOURS)

Biographical Summary

René N. Ledford, MSW, LCSW, BCBA

Ms. Ledford is a Licensed Clinical Social Worker and Board Certified Behavior Analyst with over 30 years' experience managing child and adult mental health, residential treatment, child welfare programs. In addition to extensive experience in social services, she has worked as both a Trainer and Project Manager for Prosync, Inc. (now The Paxen Group), a nationally recognized leader in customized training and performance contracting. Currently Director of Behavioral Health Quality for Children's Home Society of Florida (CHS) she leads statewide quality improvement activities for behavioral health programs, trauma-informed practice development and statewide trauma training initiatives. She also serves as the Statewide Trainer for CHS' Category III Trauma Recovery Initiatives (TRI) grant project.

René is a graduate of the Florida State University Harris Institute Infant Mental Health program and is trained in trauma-informed interventions including Child Parent Psychotherapy, TF-CBT and Parent-Child Interaction Therapy. She has developed and/or presented numerous continuing education programs and among other trauma-informed curricula, is an Experienced Trainer of NCTSN's Child Welfare Trauma Training Toolkit (CWTTT). René was also a contributor for the revised CWTTT and Trauma-Informed PS-MAPP curricula. Additionally René is a Council on Accreditation (COA) Peer Reviewer and the 2015 Past-President and 2016 Director of Social Media for the Association for Talent Development, Central Florida Chapter.

Course Abstract

The field of social work is founded on a core set of unique beliefs and values shaped by history and culture. As the profession has grown there is greater understanding of the complexity of social work practice and the need for better articulation of its purpose, scope and ethical guidelines. This course reviews the history of social work ethics, several related ethical codes of conduct and the relationship between professional ethics and the law. Included, is a thorough review of the NASW Code of Ethics with relevant examples highlighting the standards in everyday practice. The content of this course would be a good review for practitioners and an appropriate course for beginning practitioners.

Learning objectives:

1. Describe the similarities and differences between law and professional ethics as it relates to social work practice.
2. Identify the core values and ethical principles outlined in the NASW Code of Ethics.
3. Summarize ethical standards and responsibilities to clients
4. Recognize common practice situations that require consideration of ethical guidelines for social work.

Part 1
Introduction

Judith, a clinical social worker in a large metropolitan practice, has been providing psychotherapy services for her client Wade. He has a history of depressive episodes and alcohol and cocaine abuse but has clean and sober for nearly 5 years. Wade was a successful chef prior to meeting his partner Jonas and then moving in with him about a year ago. Jonas, an architectural firm owner, soon convinced Wade that he didn't need to work and would be more helpful if he managed their home. Within months of this arrangement Wade realized that he was slowly losing his sense of self and identity. Jonas worked long hours and travelled frequently. Yet he did not support Wade spending time with friends or other activities outside the home – instead accusing Wade of not appreciating his 'gift' and his need for an unconditionally supportive partner. Judith suggested couples counseling but Wade reported that Jonas refused, instead stating that it was Wade's issue not his and therefore Wade's responsibility to "get over it." Seeing Wade becoming increasingly depressed and unable to confront Jonas, Judith decided, without Wade's knowledge, to email Jonas with her concerns. She suggested among other things that Jonas see her for treatment for Narcissistic Personality Disorder or he would be responsible for Wade's continued deterioration.

Were Judith's actions clinically appropriate or ethical or even legal? As in this case and so many other decisions we make in the practice of social work, the answer may be all of the above and other times it isn't an absolute certainty whether an act or omission is legal or ethical or both.

In this scenario, Judith must balance her personal values with her responsibilities as a social worker. This includes valuing the importance of relationships and respecting the dignity and worth of all individuals, including supporting client self-determination. Further, she needs to recognize that her actions directly conflict with social work values and standards related to integrity and competence by violating Wade's confidentiality and diagnosing Jonas outside generally established standards for clinical assessment.

Distinguishing between laws and professional ethics

The profession of social work has become increasingly regulated. In one way this is extremely helpful. A social worker benefits from guidance often grounded in best practice; clients benefit from protections against fraud, discrimination and incompetent service delivery; and society at large has some assurances around accountability in professional business practices. However regulations, which are typically laws, don't necessarily address all the potential scenarios faced by social workers.

Laws are rules and regulations with specific penalties, fines and punishments for disobedience established by authorities and based on social ethics and other demands. Laws establish a code of conduct relevant to a specific culture or environment, (for example state, workplace, or national park), and they specifically describe what people in that culture can and cannot do. The same authorities can change laws in response to changing social need or demands. Reamer (2008) describes five types of legal requirements and guidelines relevant to social workers. They include:

1. **Statutory law:** These are Federal and State-legislated laws. For example those requiring mandatory reporting of abuse and neglect, who can consent to treatment and HIPPA requirements.

2. **Case law:** These are laws that have been created as a result of litigation and judicial rulings often upon the discovery of gaps or conflicts in existing laws. For example current duty to warn requirements resulted from a 1970's case in which a client made threats of harm towards an ex-girlfriend and then carried them out. This law exposed a gap in existing therapist-client confidentiality laws, finding that "when a ttherapist determines that his patient presents a serious danger of violence to another, he incurs an obligation to use reasonable care to protect the intended victim against such danger." (Tarasoff v. Regents of the University of California, 1976).

3. **Regulatory law:** Social work practice is also governed by many regulations promulgated by federal and state government agencies, such as the U.S. Department of Health and Human Services and state human service, child welfare, and mental health agencies. Under our system of law, federal and state agencies have the authority to establish enforceable regulations. Public agencies must follow strict procedures when they create regulations (for example providing public notice and opportunity for public comment about drafts of regulations).

4. **Constitutional law:** The U.S. Constitution and state constitutions establish many rights and protections often relevant in social work practices. Examples include: privacy, free speech, protection of incarcerated youth and adults against cruel and unusual punishment, and religious freedom.

5. **Executive orders:** Chief executives in federal, state, and local governments (such as a president, governor, mayor, or county executive), may issue orders that are usually based in federal and state statute. Two related examples include the President's order halting the deportation of hundreds of thousands of illegal immigrants who were brought to the U.S. as children and a governor's order prohibiting services to undocumented immigrants. A social worker committed to ethical principles of service and social justice may be challenged to provide services

to undocumented immigrants within conflicting rules and regulations.

Ethics are based on moral principles and social values and norms. In fact, the word "ethics" is derived from both the Greek word "ethos", which means character, and the Latin word "mores", meaning customs. Ethics are "rules of behavior based on ideas about what is morally good and bad" (Merriam Webster, 2016).. Sometimes what is "good" or "bad" behavior is established by the larger society in which one lives. Other expectations may be established by a subset of that society as in professional rules of conduct. Professional ethics generally address most ethical issues confronted in one's career but may not provide detailed guidance in all possible situations. Individuals are also guided by personal ethics or morals. There may be times when what is considered acceptable behavior by society, a professional organization or an individual may conflict. For example, a social worker who works for an organization that strongly supports and promotes inclusive practices refuses to process applications from LGBTQ individuals seeking to become foster or adoptive parents. In this case the social worker would not only be violating her commitment to her employer but also violating her professional ethical obligations as a social worker.

While there is generally no legal penalty for unethical behavior, one's affiliation with a particular group and the failure to abide by the group's code of ethics could result in negative consequences. For example, individual organizations, professional associations, and schools may have punishments associated with violations of established ethical codes of conduct such as termination of employment or membership in an organization or public censure.

Law reflects the views of those who have political power to make and enforce rules while ethics is a subjective view of how other people should be treated. While law and ethics have many similarities and sometimes reach the same result, there are also times when they may conflict with each other. For example, end of life decisions, services to undocumented immigrants and confidentiality are common areas where there is a conflict between law and ethics. Ultimately, both law and ethics help guide us to make the best decisions on behalf of our clients, co- workers, society, and for ourselves.

History of ethics in the Social Work profession

> *"Action is indeed the sole medium of expression for ethics."*
> Jane Addams (1860-1935)

In the late nineteenth century social work first became a recognized profession. However, in its earliest years the focus of morality was on the individual's served, with social work's purpose being the amelioration of problems resulting from poor choices and immoral behaviors of the poor. Gradually values shifted to a focus on social reform, especially during the Great Depression. (Rothman, 2013; Reamer, 2013).

While there was ongoing discussion around ethical principles since the beginning, it wasn't until the 40's that ethics became a formal area of discussion and study. (Reamer, 2013) Eventually the profession began to look at itself and to focus on what defined appropriate conduct among social work practitioners. The first Code of Ethics for the social work profession was adopted in 1947 by the Delegate Conference of the American Association of Social Workers.

In 1960, following the formation of the National Association of Social Work, another code of ethics was drafted, with multiple revisions in the following years. The original NASW Code of Ethics defined the social work profession and fourteen responsibilities of social workers. The first revision of the Code was in 1967 and added a principle to address non-discrimination.

There were significant revisions in 1979 including principles related to social worker's responsibilities to clients, colleagues, employers, the profession and society. These principles served as the foundation for what are now all ethical standards relevant to professional activities of all social workers. Another reason this revision was so important is that it first introduced using the Code as both the basis for everyday conduct and the enforcement of practices among social workers.

Other revisions followed including:

- In 1990 revisions NASW made revisions related to the solicitation of clients, fee setting and compensation for referrals in response to an inquiry from the Federal Trade Commission

- Five new principles including social worker impairment and dual relationships occurred in were added in 1993.

- A major revision was in 1996 in response to changes in healthcare, media publicity and litigation that led to a better understanding of ethical issues not addressed before.

- In1999 a minor change in the Code clarified when social workers may need to disclose confidential communication without a client's consent.

- The 2008 NASW Delegate Assembly added the terms gender identity and immigration status to the standards: Cultural Competence and Social Diversity (1.05), Respect (2.01), Discrimination (4.02) and Social and Political Action (6.04).

- The most recent revision In 2017 added standards outlining the interface of social work and technology, The revision changed "disability" to "ability" and cultural "competence" to "awareness" reflecting trends in practice. The current NASW Code of Ethics may be viewed at: http://www.socialworkers.org/nasw/ethics/

Professional Standards and Ethical Codes for Social Work Professionals

There are social work codes in many nations around the world and a code of ethics adopted by the International Federation of Social Workers (IFSW). The IFSW Code of Ethics provides important focus on human rights, human dignity, social justice and professional conduct. (IFSW, 2012) The most prominent and best known code of ethics in the United States is the NASW Code of Ethics (sharing importance in North America with the Code of Ethics of the Canadian Association of Social Workers). Additionally the National Association of Black Social Workers (NABSW) and Clinical Social Work Association (CSWA), and the American Clinical Social Work Association (ACSWA) have adopted their own Codes of Ethics.

NABSW was created in 1968 during the Civil Rights Movement. The focus of NABSW members is to promote the welfare, survival, and liberation of the Black Community; and to advocate for social change at the national, state, and local level. According to their Code of Ethics, "Black social workers must use our knowledge of the Black community, our commitments to its self-determination, and our helping skills for the benefit of Black people as we marshal our expertise to improve the quality of life of Black people. Our activities will be guided by our Black consciousness, our determination to protect the security of the Black community and to serve as advocates to relieve suffering of Black people by any means necessary". (NABSW website: About Us/Code of Ethics, n.d.)

According to the preamble of the Clinical Social Work Association Code of Ethics, the Code "is designed to build upon and supplement the core set of values, principles, and standards set forth in the National Association of Social Workers (NASW) Code of Ethics with a specific focus on clinical social work. In no means is the CSWA code of ethics designed to replace or supplant the NASW code, but rather to enhance it. CSWA supports the NASW values of: service, social justice, dignity and worth of the person, importance of human relationships, integrity and competence." (CSWA, 2016)

Clinical social workers who are board certified by the American Board of Examiners in Clinical Social Work (ABE) or clinical social workers who are members of the American Clinical Social Work Association (ACSWA) are required to adhere to its ethics code which contains general principles rather than specific rules and regulations. ABE certified workers and ACSWA members must also observe ethics codes and precepts of relevant state statutes and regulations of the social work membership organizations, employing agencies, or uniformed services to which they may belong. They are also advised to seek additional guidance regarding ethical conduct from state license statutes, state Societies for Clinical Social Work, and the National Association of Social Workers' Code of Ethics.

NASW Code of Ethics

Core Values and Ethical Principles

The Code of Ethics of the National Association of Social Workers (term "Code" is used throughout the course) is comprised of four sections: 1) Preamble; 2) Purpose; 3) Ethical Principles; and 4) Ethical Standards. The Preamble describes the mission of the social work profession which is "to enhance human well-being and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty" (NASW, 2017).

This mission is based on core values, unique to the profession, that help guide the behaviors and actions of social workers. Core values do not define the work social workers do but rather define its purpose and help to distinguish right from wrong. They are the basic foundation for how social workers go about our work. These core values include:

1. **Service:** One of the main values of social work, "service" implies that serving others is more important than the needs of self and is the foundation for all other social work values.

2. **Social Justice:** The focus of this value is rooted in social change or efforts that seek to address problems associated with vulnerable or oppressed populations, such as discrimination, poverty, and unemployment.

3. **Dignity and Worth of the Person:** Social workers are expected to value all human life, regardless of differences in beliefs, backgrounds or behaviors.

4. **Importance of Human Relationships:** This value recognizes and appreciates how the quality of relationships impacts the helping process.

5. **Integrity:** This means social workers must act honestly, ethically and responsibly at all times.

6. **Competence**: Practicing in your area of expertise and honestly representing your skills is the meaning of social work competence.

The second section describes the purpose of the Code of Ethics and the professions responsibility to articulate its values, principles and standards. Another purpose of the Code is to aid social workers in both conduct and decision-making when ethical issues arise. The Code also provides the general public with a set of standards by which it can hold social workers accountable and it informs new social workers about the mission, values, principals and ethical standards of the profession. Finally, the standards outlined in the Code provide a mechanism for assessing possible unethical conduct and to take action including disciplinary rulings or sanctions.

The third section of the Code outlines six broad ethical principles based on the core values and "sets forth ideals to which all social workers should aspire." These are:

1. **"Social workers' primary goal is to help people in need and to address social problems."** This relates to the core value of *Service*. Volunteering and/or providing pro-bono services are common examples. Although most individuals who choose this profession do so because of their desire to help and advocate for others, the value does not imply that social workers should put all their needs aside. Social workers, as addressed further in the Code, also have an obligation to engage in ongoing professional development and self-care.(NASW, 2017, Ethical Principles)

2. **"Social workers challenge social injustice."** Related to the value of *Social Justice*, social change activities "seek to promote sensitivity to and knowledge about oppression and cultural and ethnic diversity. Social workers strive to ensure access to needed information, services, and resources, equality of opportunity, and meaningful participation in decision making for all people." (NASW, 2017, Ethical Principles)

3. **"Social workers respect the inherent dignity and worth of the person."** This principle is drawn from the core value *Dignity and Worth of the Person*. According to the Code, "Social workers treat each person in a caring and respectful fashion, mindful of individual differences and cultural and ethnic diversity. Social workers promote socially responsible self-determination.

Social workers seek to enhance client's capacity and opportunity to change and to address their own needs" (NASW, 2017).This value requires that social workers keep in touch with their personal values, beliefs and biases and work through feelings that may interfere with their ability to help their clients. For example, issues related to self-determination may be at odds with a social worker's personal values, but social workers must work to respect differences on behalf of their clients through self-reflection, supervision, training and other strategies.(NASW, 2017, Ethical Principles)

4. **"Social workers recognize the central importance of human relationships."** The related core value is Importance of *Human Relationships*. It recognizes that relationships are the primary agent of change and that partnering with others is critical to the helping process. Further, "Social workers seek to strengthen relationships among people in a purposeful effort to promote, restore, maintain, and enhance the well-being of individuals, families, social groups, organizations, and communities." (NASW, 2017, Ethical Principles)

5. **"Social workers behave in a trustworthy manner."** Drawn from the core value of *Integrity*, this principle calls for social workers to be "continually aware of the profession's mission, values, ethical principles, and ethical standards and practice in a manner consistent with them" (172008, Ethical Principles). Not only must social workers personally act with integrity, they must also promote integrity in other social workers, professionals and organizations and act when aware of those who do not do so.

6. **"Social workers practice within their areas of competence and develop and enhance their professional expertise."** Not surprising the core value behind this principle is *Competence*. Social workers who uphold this principle engage in ongoing professional development such as conferences, study and supervision and contribute when possible to research or "the knowledge base of the profession." (172008, Ethical Principles)

As we have seen, each ethical principle relates to one of the core values. However broad, these principles provide further guidance for ethical social work practice. They also lay the foundation for more specific guidance for professional functioning defined in the fourth section covering ethical standards.

The following questions will be a review of the content from this section. These questions will **NOT** be graded. Answers to the review questions can be found below.

1. **Which of the following is not an NASW Code of Ethics value?**
    a. Social Justice
    b. Stewardship
    c. Integrity
    d. Competence

2. **A social worker is concerned about access barriers her client is experiencing. Which of the following values and its related principle in the NASW Code of Ethics best exemplifies the social worker's responsibilities in this situation?**
    a. Service
    b. Social Justice
    c. Importance of Human Relationships
    d. Dignity and Worth of the Person

Review Question Answers: 1. b   2. b

Ethical Standards

The fourth section of the Code provides specific guidance for acceptable standards of behavior for all social workers. These are often the basis for public and self-regulatory adjudication (Rothman, 2013). The six areas of professional functioning for social workers include:

1. Ethical Responsibilities to Clients

2. Ethical Responsibilities to Colleagues

3. Ethical Responsibilities to Practice Settings

4. Ethical Responsibilities as Professionals

5. Ethical Responsibilities to the Social Work Profession

6. Ethical Responsibilities to the Broader Society

Social Workers' Ethical Responsibilities to Clients

The section of the Code's ethical standards related to clients is the most extensive. It outlines 16 areas of ethical responsibility: commitment to clients, client's right to self-determination, informed consent, professional competence, cultural competence and social diversity, conflicts of interest, privacy and confidentiality, client access to records, sexual relationships and physical contact with clients, sexual harassment, the use of derogatory language, payment for services, client's who lack decision-making capacity, interruption of services, and termination of services.

Commitment to Clients

This standard clearly represents the value 'Service' as it expands on earlier themes of the social worker's responsibility to keep the client's interest primary. Consider the following example:

Brandon's client Joseph, age 8, has come to the attention of the child welfare system following reports of domestic violence in the home. Brandon's client has been able to stay with his mother on condition the father obeyed a restraining order. Brandon has worked hard to gain the trust of his client's mother who has her own history of child abuse and was victimized by her husband. He also sees the mother for individual therapy and she has been making excellent progress. During the last family session, Joseph shared that his father had been by the house and was planning to move back. Mother stated she would never let anyone harm her child and promised she would not let him back into the home again.

This scenario raises important issues around commitment to the client. In this case, Brandon is also bound by state law and agency policy to report the father's violation of the court order. He is not permitted to make the determination whether the mother will be able to protect her child and not permit the father to return to the home. Brandon believes strongly that the mother is an invaluable partner in the child's recovery and is finally seeing the mother progress in her own recovery. He is worried that reporting the situation will damage their therapeutic alliance and worse might result in Joseph's removal. Weighing all of that, Brandon reminds the mother about his obligations to report and asks the mother to make the call to the case worker together.

The Code recognizes that while the interests of the client are primary, there are also responsibilities to the larger society and there may be situations where legal or agency requirements in limited cases supersede the client's interest. In this case, it is clear that the child's safety is most important but it is less clear regarding the mother's interests and even less clear whether the remedy will be helpful or harmful. Due to potential uncertainty regarding when other obligations may trump loyalty to a client, the Code states that clients should be advised of this fact.

Self-determination of Clients

Brittany is a clinical social worker providing in-home services in a large rural area. Her supervisor notices that treatment plan goals and objectives do not appear to reflect intake and assessment statements made by her clients and caregivers. When asked, Brittany reports that she often struggles with getting measureable clinical goals from her clients so has to develop them herself based on their clinical presentation. Asked to provide an example, Brittany shared, "I asked one mother 'what are your goals?' and she said 'to get a better job' and

I knew that wouldn't meet Medicaid criteria." Her supervisor reminds her of the ethical standard for self-determination and then provides coaching to help Brittany increase her interviewing skills to better elicit specific, relevant treatment goals from her clients.

Closely related to the concept of commitment is client self-determination. Standard 1.02 requires that social workers respect the rights of clients to exercise free will and to support personal autonomy and decision-making including identifying and clarifying service goals. The only exception where a social worker can limit the client's right is in cases where in her/his professional opinion the client's actions "pose a serious, foreseeable, and imminent risk to themselves or others" (NASW, 20017. When exceptions are needed, Barsky (2014) notes: "Ethically speaking, the Code is giving priority to the principle of protecting life over the principle of respecting self-determination" (p. 4).

In social work practice, questions routinely arise that challenge the legitimacy of client self-determination as an inherent right, particularly in the context of the client-social worker relationship. There is no denying the existence of a power differential in favor of the social worker who is considered an agent of change, often with statutory responsibilities that conflict with the client's freedom of choice. For example one might work with a parent required to complete counseling in order to be reunified with his children; a client may express suicidal or homicidal ideation; a homeless veteran may refuse shelter housing; or a client may require involuntary commitment for emergency psychiatric treatment. (Refer to section 1.03 (c) of the Code which specifically addresses clients who are unable to provide consent. NASW, 2017). In addition to legal responsibilities, there are other challenges arising from personal beliefs and values that may cause social workers to take or support actions that don't support client self-determination. As Reamer (2013) explains, "often these situations arise when social workers are inclined to interfere with client's rights to self-determination 'for their own good'. These are cases involving professional paternalism" (p.109). However, it is because of these conflicts and other influences that threaten client self-determination, that the concept as a core social work value is so important. (Barsky, 2014; Reamer, 2013)

Social workers should never ignore the client's right to self-determination, but to protect life it may need to be limited, preferably temporarily and to the least degree possible. Social workers can also promote personal freedom by offering more choices (for example in the choice of services, models or interventions), helping the client to act on their behalf (for example providing information about advanced directives or setting goals and objectives that they prefer to focus on) and advocating on behalf of the client with authorities when appropriate (Spicker, 2000; Barker, 2014; Reamer, 2013).

Informed Consent and Protection of Clients Unable to Consent

Informed consent represents a departure from previous paternalistic views of clients to one that respects the autonomy, actions and self-determination of clients. The Code addresses informed consent first by establishing the expectation that social workers only provide services within the context of a professional relationship. According to subsection 1.03 – Informed Consent, "social workers should use clear and understandable language to inform clients of the:

1. purpose of the service;

2. risks related to the services;

3. limits of services because of requirements of a third-party payer;

4. relevant costs;

5. reasonable alternatives;

6. client's right to refuse or withdraw consent, and

7. time-frame covered by the consent." (NASW, 2017)

Other provisions of standard 1.03 include:

- Providing detailed verbal explanations to clients who may have difficulty understanding primary language used or whenever possible arranging for a qualified interpreter or translator;

- Providing involuntary clients information about the nature and extent of services and the client's right to refusal of such services;

- Informing recipients of services provided via electronic media (computer, telephone etc.) about the risks and limitations of such services;

- Obtaining informed consent prior to audio or videorecordings or allowing the observation of services to clients by a third party. This includes taping or observation for training purposes; and

- Protecting the interests of clients who lack the capacity to consent by seeking permission from a 3rd party, insuring that third parties act consistent with the client's wishes and taking steps to enhance a client's ability to provide informed consent.

- Informing clients about policies concerning technology and obtaining informed consent if using technology prior to during the initial screening for services. This includes obtaining consent prior to conducting an electronic search on the client.

- Assessing client ability to provide consent and suitability and capacity for remote services when these are offered. Alternatives to the technological approaches must be provided.

Social workers who act on behalf of clients lacking the capacity to make informed decisions are required under standard 1.14 to "take reasonable steps to safeguard the interests and rights of those clients." Reasonable steps include collaborating with the client's legal representative, such as guardians, health care surrogates, and individuals with power-of-attorney, and continued promotion of the client's participation in services. NASW Standards for Social Work Case Management (2013) offers further direction regarding services to clients without decision- making capacity. This includes being both knowledgeable about and compliant with federal, state, local and tribal laws, regulations and policies relevant to the client (such as parental rights, advance directives, mandatory abuse reporting, duty to warn, and privacy.

Competence

What defines competence? Simply put competence is "the ability to do something well" (Merriam-Webster, 2016). NASW includes the concept of competence as both a value and a principle. Standard 1.04 (and 4.1 discussed later) further describes competence in social work. Specifically the Code describes ethical considerations, as it relates to ethical service delivery, in three ways:

1. Social workers should only provide service for which they have the necessary education, training and experience (either through consultation, supervision or other experience). This includes possessing the necessary licensure or certification where applicable and expected. In addition a social worker may not represent her/himself as competent to client and the general public unless they meet these requirements.

2. Social workers should not use new intervention techniques or approaches or provide new services before engaging in appropriate education, training, or consultation and supervision from qualified supervisors.

3. If recognized standards do not exist (as in emerging or promising practices), social workers "should exercise care judgment and take responsible steps" (including appropriate education, research, training, consultation, and supervision) to ensure the competence of their work and to protect clients from harm.

4. Social workers who use technology should have the knowledge and skills to provide services in a competent manner. This includes an understanding of the communication challenges when using technology and the ability to implement strategies to address those challenges.

5. Compliance with laws governing technology and social work practice in the jurisdiction where both the social worker and the client are located.

For example, Molly who is not yet licensed and in her first counseling position completed an online pre-requisite course on Trauma-Focused Cognitive Behavior Therapy (TF-CBT) but has not yet satisfied requirements for classroom training and supervised experience. Her supervisor is not trained in TF-CBT either. Therefore, Molly cannot advertise that she is certified in TF-CBT nor can she implement the intervention protocol until she completes all the requirements for certification.

Ethical social work practice requires more than completion of a degree and regardless of the number of years of education, training and experience, competent social work practice is an ongoing learning process. According to Bogie (2000), maintaining competence requires the following:

1. "Have a plan on how to expand your professional competence. Learning should never stop, but it should be pursued in a methodical manner. Research and use of the available education, training, consultation, and supervision opportunities to expand your competency.

2. Have a plan on what to do if you find a client challenging the limits of your competence. Maintain a list of resources and colleagues who could help you.

3. Keep up with the state of the profession. Join the national association and your state chapter and read their professional publications.

4. Adhere to the state licensing laws in your state prior to provision of services."

Cultural Awareness and Social Responsibility

"Diversity makes for a rich tapestry. We must understand that all the threads of the tapestry are equal in value, no matter their colour; equal in importance no matter their texture."

Maya Angelou

There are a number of definitions of cultural competence but the model most cited and foundational to later versions was developed by Terry L. Cross. Barbara J. Bazron, Karl W. Dennis, and Mareasa R. Isaacs, (1989) and is defined as:

*"a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or amongst professionals and enables that system, agency, or those professionals to work effectively in cross-cultural situations, The word **culture** is used because it implies the integrated pattern of human behavior that includes thoughts, communications, actions, customs, beliefs, values, and institutions of a racial, ethnic, religious, or social group. The word **competence** is used because it implies having the capacity to function effectively. A culturally competent system of care acknowledges and incorporates- at all levels—the importance of culture, the assessment of cross-cultural relations, vigilance towards the dynamics that result from cultural differences, the expansion of cultural knowledge, and the adaptation of services to meet culturally-unique needs"* (p. iv).

Standard 1.05 of the Code specifically addresses cultural awareness and social diversity and calls for social workers to both understand culture and its function and to recognize strengths existing in all cultures. Social workers are expected to demonstrate competency in their knowledge and their ability to provide services that are sensitive to differences among people and cultural groups. Further social workers are expected to advance their education and "seek to understand the nature of social diversity and oppression with respect to race, ethnicity, national origin, color, sex, sexual orientation, gender identify or expression, age, marital status, political belief, religion, immigration status or mental or physical ability." (NASW, 2017) Added to the standard in the 2017 revision is the need for social workers using technology to be aware of the cultural and socioeconomic differences among clients and how they use electronic technology. Cultural competence is also an importance concept in a later sub-section of the Code concerning social and political action (standard 6.04).

As an extension to the standard outlined in the Code, NASW developed "Standards and Indicators for Cultural Competence in the Social Work Practice" to provide additional guidance on the implementation of culturally competent practices. In 2015 NASW revised the document following continued advances in understanding. Developed by the 2015 NASW National Committee on Racial and Ethnic Diversity, the revisions reinforced and added to earlier concepts of culture beyond race and ethnicity. It also reiterated that these standards apply to social workers in all levels of practice (i.e., micro, mezzo, and macro) and introduced concepts of "cultural humility" and "language and communication." The standards include:

1. **Ethics and Values:** This standard reinforces expectations to follow the NASW Code of Ethics and includes self-awareness, humility and commitment as requirements for cultural competence.

2. **Self-Awareness:** Being self-aware includes having an appreciation for the cultural identities of self and others and an understanding of the social worker's inherent privilege and power and how this may impact their work with clients.

3. **Cross-Cultural Knowledge:** Social workers should commit to the ongoing pursuit of knowledge and understanding of culture "that is inclusive of, but not limited to, the history, traditions, values, family systems, and artistic expressions such as race and ethnicity; immigration and refugee status; tribal groups; religion and spirituality; sexual orientation; gender identity or expression; social class; and mental or physical abilities of various cultural groups" (pg.4).

4. **Cross-Cultural Skills:** Interventions and techniques used by social workers should demonstrate a respect for culture whether it is at the micro, mezzo, or macro level of practice, including policy development and research. This

means that culture has been a consideration and element in the planning and implementation of these activities.

5. **Service Delivery:** Culturally competent service delivery includes the ability to understand the specific service needs and gaps of multicultural communities, demonstrating the ability to leverage available informal and formal supports and connect clients with the most responsive and effective resources.

6. **Empowerment and Advocacy:** Social workers should be alert to challenges faced by multicultural clients stemming from systemic discrimination and oppression including disparities in access to effective services and community resources. Also, social workers should both advocate for and support client and/or community efforts toward greater self-determination and self-sufficiency.

7. **Diverse Workforce:** Cultural diversity also requires that social workers employed by or volunteering for organizations and programs support and advocate for inclusive workforce practices. This may include for example, expanding the scope of position vacancy advertising to including targeted marketing in multicultural communities and venues and advertising the organizations commitment to non-discriminatory practices. Retention is just as important with diversity being an important consideration for all efforts in that regard.

8. **Professional Education:** Becoming culturally competent is a lifelong process requiring ongoing education and study. When social workers recognize or identify gaps in knowledge and/or opportunities for ongoing professional development in cultural competency they should advocate as necessary.

9. **Language and Communication:** Social workers shall provide and advocate for effective communication with clients of all cultural groups, including people of limited English proficiency or low literacy skills, people who are blind or have low vision, people who are deaf or hard of hearing, and people with disabilities (Goode & Jones, 2009). Social workers are responsible for meeting the language and communications needs of diverse populations either directly or by advocating for the services and supports needed This includes the needs of individuals with limited English proficiency (LEP) or literacy skills, individuals who are blind, have low vision, who are deaf or hard of hearing, and individuals with disabilities (Goode & Jones, 2009 cited by NASW 2015).

10. **Leadership to Advance Cultural Competence:** As social workers we have a responsibility to lead efforts to both work effectively with and support the service needs of multicultural individuals and groups. Social workers also have an obligation to

lead efforts that fight oppression and promote diversity and inclusion in their organizations and communities.

Confidentiality, Privacy and Access to Records

> *"What I may see or hear in the course of the treatment or even outside of the treatment in regard to the life of men, which on no account one must spread abroad, I will keep to myself holding such things shameful to be spoken about."*
>
> Hippocrates, late 5th Century BCE

The Oath of Hippocrates is notable in that it is one of the oldest documents known whose principles continue to be widely known and respected today. Some of these principles include treating other's to the best of one's ability, preserving patient privacy, and sharing knowledge with future generations of healers. In fact, most medical student graduates in the US still swear to some form of the oath. As many of the principles of social work have been influenced by the medical model it comes as no surprise that the concepts of privacy and confidentiality would follow.

First, it is important to distinguish between the two. "**Privacy**" refers to an individual's right to control access to their personal information and is often protected by law. Examples of privacy violations include being videotaped without consent or asked personal questions in a public waiting room. The concept of "**Confidentiality**' refers to the social worker's responsibilities around how they will protect private information shared by clients.

Standard 1.07 of the Code extensively addresses the obligation to respect client privacy and confidentiality and the circumstances in which a social worker may disclose information. In summary social workers should under 1.07:

- Only solicit information essential to service provision and research; once shared standards of confidentiality apply

- Disclose confidential information only with the client's valid consent or the consent from those legally authorized to consent on behalf of the client

- Keep all information confidential except when necessary to "prevent serious, foreseeable, and imminent harm to a client or other identifiable person"

- Inform clients about potential consequences before disclosure is made regardless whether compelled by law or upon client consent

- Educate clients (and interested parties) about their rights, limitations regarding confidentiality and the circumstances in which information may be requested and when disclosure is legally required; further this discussion should as early as possible in the relationship and reviewed as needed

- When providing counseling to couples, families or groups, social workers should seek agreement among participants to uphold confidentiality; inform participants regarding counselor's limitations on enforcement and any agency policy concerning disclosure of confidential information among individuals involved

- Disclose confidential information to third-party payers only with client's authorization/consent

- Discuss confidential information only in private, secure settings (versus hallways, public spaces, etc.).

- Protect client confidentiality during legal proceedings and take necessary steps to request withdrawal or limitations on request when disclosure could cause harm to the client

- Protect client confidentiality in response to media requests

- Protect confidentiality of written and electronic records and limit access to only authorized individuals or as commonly referred, those "with a need to know", for example, co-therapists, supervisors, records clerks, peer reviewers, and licensing bodies.

- Take precautions to protect confidentiality of all electronic communications, including information relayed to third parties.

- Develop policy around notification to clients if there has been a breach in confidential information.

- If there has been unauthorized access to confidential information, should inform clients of such disclosures consistent with laws and professional standards.

- Avoid gathering information electronically unless there are compelling professional reasons; when doing so, client consent should be obtained.

- Avoid posting any identifying or confidential information about clients on professional websites or other forms of social media.

- Take reasonable precautions to protect confidential information upon the death or incapacitation of a social worker and/or practice closure

- Follow state statutes and licensing board requirements regarding the transfer or disposal of client records

- Disclose identifying information with students, trainees and consultants only with client consent or if there is a compelling need for disclosure (note: NASW does not define "compelling" but reference of other standards such as commitment to clients and self- determination may provide further guidance)

- Protect the confidentiality of deceased clients (consistent with other standards)

In addition to the NASW Code of Ethics, the publication "NASW & ASWB Standards for Technology and Social Work Practice" (2017) provides additional guidance regarding the use of technology in practice. Social workers providing clinical services can also consult the CSWA Code of Ethics for additional guidance. Additionally, social workers should be aware of state and federal laws regulations regarding privacy and confidentiality. Of particular interest and relevance are the following:

Health Insurance Portability and Accountability Act (HIPAA) of 1996

In addition to protecting health coverage when workers lose or change jobs, HIPAA sets national standards for electronic health care transactions and requires the establishment of national identifiers for providers, health insurance plans, and employers. As a requirement of HIPAA the U.S. Department of Health and Human Services (HHS) Office for Civil Rights developed regulations protecting the privacy of protected health information (PHI) and administers the resulting HIPAA Privacy and Security Rules.

The Health Insurance Portability and Accountability Act *(HIPAA) Privacy Rule* (2000) establishes national standards for health information privacy protection including descriptions of what is protected and how it can be used and disclosed. It also provides for civil and criminal penalties for violations. The Health Insurance Portability and Accountability Act *(HIPAA) Security Rule* works in tandem with the HIPAA Privacy Rule, describes who is covered by the HIPAA privacy protections and what safeguards must be in place to ensure appropriate protection of electronic protected health information (42 U.S.C. § 1320d-2(d) 45 C.F.R. Part 160 and Subparts A, C and E of Part 164).

HITECH Act

The Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009 [PDF - 266 KB] provides the United States Department of Health and Human Services (HHS) with the authority to establish programs to improve health care quality, safety, and efficiency through the promotion of health information technology, including electronic health records and private and secure electronic health information exchange.

Confidentiality of Substance Abuse Patient Records

Federally funded substance abuse programs must follow strict guidelines including prohibiting the disclosure of patient records and information that identifies an individual as an alcohol or drug abuser without obtaining the written consent of the individual. The regulations also identify the limited circumstances permitting disclosures without consent for medical emergencies, audit/evaluation activities, and research as well as disclosures permitted by court order (42 U.S.C. § 290dd-2, 42 C.F.R. Part 2).

Family Educational Rights and Privacy Act of 1974

This legislation limits disclosure of educational records maintained by agencies and institutions that receive federal funding. It protects the confidentiality of student records to some extent, while also giving students and parents the right to review their educational records (20 U.S.C. § 1232g; 34 C.F.R. Part 99).

Military-related confidentiality law

In addition to HIPAA and other guidelines, social workers who provide services to active-duty personnel and their families must comply with strict rules of confidentiality, for example10 U.S. Code Chapter 47 – Uniform Code of Military Justice). Those employed by the Veteran's administration must also comply with the federal Privacy Act (5 U.S. Code § 552a - Records maintained on individuals and 38 U.S. Code § 7332 - Confidentiality of certain medical records).

Access to Records

In addition to upholding a client's privacy rights and safeguarding their confidential information, social workers should provide clients with reasonable access to records concerning them as outlined in standard 1.08 of the Code. The Code recognizes that in some instances social workers may be concerned that such access my cause misunderstanding and/or harm to the client. Therefore social workers are encouraged to provide assistance to minimize this risk by consulting with the client and/or interpreting the record for the client. With the increase in electronically maintained records and other use of technology in record keeping, the Code also recommends social workers inform clients about their policies relative to access.

Denying or limiting access to the client record should be the exception and done only when there is compelling evidence that doing so will cause serious harm to the client (Reamer, 2006). Ask yourself, how would I feel if someone denied me access to my medical records? Often respectful, gentle inquiry regarding the reasons why the client wants to review their record can be very enlightening.

For example, such a conversation may reveal that the social worker needs to work harder to nurture trust through greater transparency and collaboration. Or it may be that the client only has one question about their diagnosis or treatment that can be quickly answered. Regardless of the outcome, all client requests to review their record and the rationale for limiting or withholding access must be documented in the record. Further, the social worker must protect the confidentiality of other individuals documented in the record. Most organizations have policies and procedures that provide further guidance for handling these requests. Always keep in mind that all client records may be subject to review by a client, funder, supervisor or lawyer and document accordingly.

The following questions will be a review of the content from this section. These questions will **NOT** be graded. Answers to the review questions can be found below.

1. **Brittany's supervisor needs to provide coaching regarding her tendency to develop the goals and objectives for her client's service plan because she is struggling to elicit goals that meet funder requirements. Which standard(s) may offer guidance regarding Brittany's ethical responsibilities to elicit the client's goals for services?**
   a. Client's Who Lack Decision-Making Capacity
   b. Commitment to clients
   c. Competence
   d. Self-determination
   e. Both A and D

2. **The Code of Ethics recognizes that there may be situations when legal requirements may supersede a client's interests.**
   a. True
   b. False

3. **There are no laws requiring social workers to ensure confidentiality in the provision of services to active duty military personnel.**
   a. True
   b. False

Review Question Answers: 1. e   2. a   3. b

Professional Boundaries, Dual Relationships and Conflicts of Interests

Have you ever felt funny about your relationship with a client? For example, have you agreed to treat a close friend's child, found yourself offering to take a client shopping on your day off, or accepted their friend request on Facebook? Do clients seem to always be asking you for special favors? Have you found yourself wanting to be friends with a client or even date her/him?

These scenarios illustrate some of the many situations experienced by social workers related to the concept of professional boundaries. According to Cooper (2012) "Professional boundaries are a set of guidelines, expectations and rules which set the ethical and technical standards in the social care environment. They set limits for safe, acceptable and effective behaviour by workers" (p.11). Like confidentiality, the management of professional boundaries is essential to ethical and effective practice.

Professional boundaries become compromised when there is confusion or ambiguity about the nature and purpose of the relationship between the social worker and his/her client. (Reamer, 2013). Boundary issues occur because there is a conflict of interest between the social worker's professional obligations and duties and their relationship with the client (Reamer, 2003). Generally, conflicts of interest include situations in which an individual is duty bound to more than one person or organization and as a result the interests of each party may be actually or potentially compromised. In this scenario there is a danger that by meeting the needs of one party, the other party may suffer. In social work conflicts of interest result in boundary issues some with serious and harmful consequences for both the client and social worker.

One type of conflict of interest, involves a set of dual or multiple relationships – one is professional and the other(s) may be social, financial, religious or even sexual.(Reamer, 2003). Dual or multiple relationships can also occur either simultaneously or consecutively (Doverspike, 2012). Managing dual relationships is one of the more challenging aspects of professional social work and can create boundary issues for both the social worker and client. Further, the type of practice environment, (for example home vs. office, rural vs. suburban or hospital vs. nursing home); roles (such as case manager, therapist, instructor, supervisor); and client or community expectations and culture further complicate things.

As mentioned earlier, social workers cannot deny the imbalance of power in their relationships with clients. This increases the potential for conflicts of interest including dual relationships and boundary violations. One of the best ways to avoid and even prevent conflicts of interest is to establish and maintain boundaries which serve to clearly define each person's role and responsibilities in the relationship. Professional boundaries provide a protective space between the power gained from our professional position and the social worker's access to very private and sensitive information about the client.

The Code (NASW, 2017) addresses conflicts of interest in standard 1.06(a) first by reminding social workers of their personal responsibility for monitoring and avoiding situations at risk for conflicts of interest. Since conflicts of interest cannot always be forecasted, social workers must inform clients when they arise and take steps to resolve them. The interests of the client must always be primary and if necessary, resolution may include terminating the relationship with the client and referring them to another professional.

Social workers are also prohibited in standard 1.06(b) from exploiting or taking unfair advantage of others to further their interests, including but not inclusive of religious, political, or business interests (NASW, 2017). The Code's position is also very clear regarding dual or multiple relationships (for example when the client

is an intern, employee, friend or business associate). Specifically standard 1.06(c) states, "Social workers should not engage in dual or multiple relationships with clients or former a client in which there is a risk of exploitation or potential harm to the client. In instances when dual or multiple relationships are unavoidable social workers should take steps to protect clients and are responsible for setting clear, appropriate, and culturally-sensitive boundaries" (NASW, 2017).

What do you do when you are providing services to two or more family members, to couples or in other situations when two or more people have a relationship with each other? Similar to guidelines addressing confidentiality, social workers should, according to standard 1.06(d), clearly communicate everyone's roles, such as who is the client of record, the social worker's specific professional responsibilities to each party, and take action to minimize conflicts of interest (NASW, 2017).

A good example is that of a social worker who is assisting a family involved in the child welfare system. While responsible for promoting the safety and well-being of the child, the social worker is also working closely with family members to assist with reunification. In some systems of care the child may formally or informally be considered the "client" versus the family, though this is neither considered best practice nor consistent with social work ethical responsibilities to promote family engagement and partnership (NASW, 2013). Ultimately the social worker will need to present information in case staffings and court hearings that may or may not reflect positively on other family members. Is it a conflict of interest to work with both the child and family?

Typically the answer is "No," provided the social worker is not exploiting or taking unfair advantage of the family (for example pushing religious values on the family with implications that they may have a better case outcome) and is clearly educating the family regarding his/her role, risks, benefits and limitations of the service and how the social worker will use information and for what purposes. In addition to upholding the social worker's ethical obligation to the client and family, being transparent also supports increased engagement with the family, particularly for those individuals who have personal histories of trauma exposure and need to know what to expect.

With the increase in social networking and the use of social media, the Code's 2017 revision requires that social workers be aware of how posting of personal information may cause boundary confusion including how we communicate using technology, involvement within special interest groups and other networking using technology.

There are numerous examples of unintentional or non-exploitive actions, i.e., *boundary crossings*, many of which typically start with the best intentions. For example a social worker may feel compelled to help

the client with transportation or financial assistance. Sometimes they may even be considered "clinically effective interventions", such as self-disclosure or a non- sexual hug or pat on the back. (Zur, 2016). However when a social worker exploits his/her position of power in the client-worker relationship to meet one's own needs rather than the client's this is considered a *boundary violation*. Let's take a look at two ends of the continuum.

According to Reamer boundary crossings occur, "when a social worker is involved in a dual relationship with a client that is not coercive, manipulative, deceptive, or exploitive." (2013, p. 120). For example, in an attempt to validate a client, a therapist may share that she/he experienced a similar circumstance. In doing so, a therapist may not be breaking the law nor would it necessarily be considered unethical but it does impact the client-therapist relationship to a degree. What about inviting a shy client to a social event? These types of actions need to be considered carefully. Are there potentially negative consequences? Whether actions are boundary crossings or something harmful would be determined by the nature of the disclosure and the amount of detail shared. Generally there is no harm done but repeated boundary crossings should be avoided.

As mentioned earlier, *boundary violations* result when roles and responsibilities in the social worker-client relationship become muddy. Additionally, unlike boundary crossings, coercion, manipulation and/or exploitation is involved (Reamer, 2013). These types of violations can cause delayed distress for the client that may or may not be recognized or felt by the client until harmful consequences occur. Typically boundary violations occur because there is a conflict of interest arising **when a social worker assumes a second role with one or more clients**. When we assume other roles – financial, religious, social etc., we compromise boundaries and confuse the client. Boundary violations are also characterized by excessive personal disclosure, secrecy, or even reversal of roles.

Next, let's look at the various types of boundary issues in social work. Reamer (2003) described five categories or themes including 1) Intimate relationships; 2) pursuit of personal benefit; 3) emotional and dependency needs; 4) altruistic gestures; and 5) responses to unanticipated circumstances. It is useful to look at boundary issues as falling on a continuum. In the best cases the actions represent non-harmful and even helpful temporary boundary crossings whereas other actions may result in psychological harm to the client.

1. *Intimate relationships* include physical contact, sexual relations, and gestures such as giving or receiving significant gifts, friendship, and affectionate communication. Holding the hand of hospital client enduring a painful procedure would be more of a benign boundary crossing and appropriate in that context unless the social

worker is doing so to meet one's own needs.

2. *Pursuit of personal benefit* – The various forms this may take includes monetary gain, receiving goods and services, or useful information. Here one has assumed a financial role with the client. Examples include borrowing from or lending to clients; getting stock tips; assuming guardianship of an impaired client, or purchasing property from a client. What about bartering – does it equalize the relationship or risk the therapeutic relationship? (Refer to standard 1.13 – Payment for Services). What about getting referrals from clients? (refer to Standard 4.07 – Solicitations)

3. *Emotional and dependency needs* – The continuum of boundary violations ranges from subtle to glaring and arise from the social worker's need to satisfy his/her emotional needs at the expense of the client. For example, a social worker is motivated to adopt a foster child in their care to fill a void in his/her life.

4. *Altruistically motivated gestures* – These arise out of the social worker's desire to be helpful. Purchasing Girl Scout cookies; giving client money for the bus or providing clinical supervision to a client are a few examples. Doing so does come with risks. For example, it may feel like a bribe, create dependency, or elicit harmful symbolism.

5. *Unintentional/Unplanned* – This category recognizes that there will be situations over which the social worker will have no control. For example accidental crossings at stores and social events or a social worker may find themselves volunteering for the same candidate as their client.

As mentioned earlier, one of the service environments that provide challenges around the management of dual relationships and often unintentional boundary crossings is rural social work. One could even argue that boundary crossings are just as likely to occur in small towns and even city neighborhoods where individuals may work and live most of their lives within the same few blocks. Acknowledging that chance encounters occur, Galambos, Watt, Anderson, and Danis (2006) presented useful guidelines designed to minimize potential negative consequences and challenges to confidentiality and boundary management in rural environments.

1. Always use informed consent procedures in professional relationships. A discussion of policy and ethical considerations, particularly confidentiality rules, is an important component to the client-worker relationship in rural areas. While addressing informed consent, discussions need to deal with the types of boundary crossings and their possible risks to client confidentiality.

2. Include a discussion of dual relationships and potential for boundary crossings during the assessment process. In the completion of psychosocial assessments, include a discussion of relationships and activities that the client is engaged in that may present the potential for boundary crossings between the client and the worker. The use of genograms and ecomaps will help in this process. For instance, during the assessment process, a client genogram may uncover mutual relationships between the client and the worker, whereas a client eco-map may identify mutual social systems. When a potential conflict is discovered, the client and worker should engage in a mutual discussion about how potential encounters should be handled. This technique allows clients to take control of their privacy and reinforces their empowerment. In addition, this type of discussion strengthens the client-worker relationship as they work together to develop a plan of action that protects confidentiality.

3. Develop a plan of action regarding how boundary crossings will be handled. The development of a plan of action regarding boundary crossings prior to their occurrence enhances a client's ability to maintain control of his/her privacy. For instance, upon completing an eco-map, a worker may note that the client shares the same place of worship. A discussion of this association with the client will help each to prepare for chance encounters. Each discussion of mutual associations during the assessment process should include the development of a plan for how to address them. A plan of action should include points of choice making for clients, such as whether and how the client and worker should acknowledge each other in public places.

4. Conduct periodic evaluations on how boundary crossings are being handled. Exploring boundary crossings and their impact on client confidentiality needs to occur throughout the helping process. This evaluation should include a review of the plan of action, and a discussion of information, relationships, and mutual social systems not identified during the assessment phase. Also, any unplanned encounters should continue to be a point of discussion between the worker and client in regard to their confidentiality and the helping relationship. (p. 3)

Ultimately social workers bear the lion's share of responsibility for determining whether actions present harm to the client. Relationships are complicated and emotions go both ways in relationships with clients so it is important that social workers recognize and understand some of the warning signs or "red flags" for boundary violations including:

• Talking with a client about personal or intimate life in detail

• Discussing feelings of sexual or romantic attraction

• Keeping secrets with a client

- Getting defensive when someone questions your relationship with a client

- Feeling that you are the only one who understands the client

- Feeling obligated to solve a client's problems more than the client does

- Spending a disproportionate amount of time with a client

- Planning off-duty activities with clients

- Bending the rules for a client

- Giving gifts to a particular client

- Client dressing up especially for you

- Client giving you gifts, cards, letters

- Reporting only the negative or positive aspects of client behavior

- Failing to explain the importance of boundaries when someone tests you

- Flirtations, off-color jokes, offensive language, sexual innuendo, changing your style of dress for the client

- Feeling that other staff members are jealous of your relationship with client (NCCTINC, n.d.; NCSBN, 2014; Doverspike, 2012)

Managing professional boundaries is not easy as boundaries are often not clearly marked territories. However understanding boundary crossing and violations, seeking supervision when unclear, and assessing one's own attitudes and behaviors through regular check-ins can help prevent them. Some helpful questions to guide self-reflection include:

- Would I do this for all my clients?

- Am I doing this because I feel uncomfortable (for example, to avoid declining an inappropriate request)?

- Am I feeling at a loss to help the client any other way and thus feeling "I must do something" to feel competent?

- How might the client interpret my gesture?

- What are all the potential negative outcomes?

- Finally, am I doing this just for the client's interest or also for me?

Sexual relationships

Strom-Gottfried's (2000) review of ethics complaints filed with NASW between 1986 and 1997 found that 55% of cases with findings of ethics code violations were related to boundary violations. Of these cases 37.4% involved sexual activity with clients.

The profession of social work holds us duty bound to respect the individual dignity and worth of all clients and to vigorously advocate for their rights including self-determination. However, within the worker-client relationships, service provision inevitably increases each person's vulnerability, particularly that of the client. They trust the social worker to maintain appropriate boundaries, to be trustworthy, and to support their goals without compromising their safety. One of the most serious boundary violations and unfortunately one of the most frequent violations, involves sexual relationships between the social worker and client. Sexual boundary violations occur when the professional or clinical relationship becomes a sexual or sexualized one. All professional ethical codes for the helping professions address sexual relationships with the NASW Code of Ethics being most stringent regarding sexual relationships with former clients.

Specifically, all social workers are strictly prohibited from engaging in sexual activities or contact with current and former clients, individuals who have close personal relationships with their clients or with a former sexual partner. The Code does not distinguish between sexual relations that are consensual versus forced. Both are prohibited and if a social worker chooses to deviate from this, the social worker assumes full burden of responsibility for demonstrating whether the client was exploited, coerced or forced. Regardless of evidence of coercion or force all sexual relations are perceived to be exploitive.

One study of empirical literature from 1970 to 2006 (Halter, Brown and Stone, 2007) concluded that the majority of health professionals (in the fields of psychiatry, psychology, mental health counseling and social work) view sexual contact with patients or clients harmful and inappropriate. Findings also indicated that between 38 and 52% of professionals report knowing of colleagues who have been sexually involved with patients and between 22 and 26% of patients report to another practitioner that they have been sexually involved with a previous therapist. However, studies consistently reported that many professionals would not report colleagues who had violated sexual boundaries

The literature review by Halter, Brown and Stone (2007) also revealed confusion among professionals regarding whose responsibility it is to maintain sexual boundaries and a lack of consensus regarding the definition of "ex-client". The authors also concluded that professional education on sexual ethics, including how to handle situations involving sexual ethics was widely perceived as inadequate. For example, in one study by Mattison, et.al. (2002), over 95% of social workers considered going on a date and having sex with an ex-client as inappropriate but the definition of an "ex-client" varied as follows:

- 46.8 % - client is always a client (with those in private practice more likely to agree)

- 40.9 % - client becomes an ex-client upon termination

- 12.1% - responses varied from 6 months to 10 years post termination

In another study involving master's level social work students, 30-35% approved of sexual contact when the professional relationship was terminated more than five years ago, or the duration of service was two or less contacts or involved concrete services such as the provision of advice or mobility aids (Berkman,Turner, Cooper, Polnerow and Schwartz, 2000).

Based on their review, Halter, Brown and Stone (2007), concluded that professionals who received education and training on sexual boundaries were less likely to offend. Also a positive training environment and training that addressed such topics as communication skills, sensitivity to perception, chaperone use, and the avoidance of sexual humor promoted healthy coping and decision making. However, they also cautioned that the study was based on self-report of behaviors that by their very nature are secretive and that further study was needed.

While the Code is clear regarding prohibitions against sexual contact with former and current clients and others, there continues to varying opinions, attitudes, and interpretations regarding what constitutes sexual misconduct. All states have regulations for the protection of public interest therefore social workers are advised to also to be knowledgeable about state licensing regulations including both standards for sexual misconduct and requirements for reporting sexual misconduct by colleagues. Also, some states may impose additional criminal penalties for sexual misconduct particularly when perpetrated by those in the practice of psychotherapy (Morgan, 2013).

Physical contact

Dennis has been providing hospice social worker services to Albert and his family during his battle with end-stage cancer for the last 2 months. Dennis was able to assist the client and his family with free durable medical equipment and Albert was able to work through some feelings that he didn't want to burden his family with. After Albert peacefully dies in his sleep, Dennis is called by his family. When Dennis arrives at the home he is warmly greeted by approximately twelve family members, some of whom usher him in with a hug and handshake. Albert's brother shouts, "Hey, everyone, its Albert's social worker, get him some coffee." Dennis approaches Albert's widow Grace who is crying softly next to her husband. He takes her hand, offers his condolences and asks what he can do to help.

Physical contact with a client is another behavior that can be considered totally appropriate in some settings and a boundary violation in another. Hugs or kissing on the cheek for example may be correct and clearly non-sexual in certain cultures and contexts but may confuse or intimidate a client in other contexts. In the example above, the family culture is characterized by close family relationships, physical displays of affection and hospitality. In the circumstances and context Dennis has not violated any boundaries with Albert's widow Grace. Rather he has respected the family

culture. Further, Dennis' display of physical compassion in the company of Grace's family member's is not likely confuse boundaries or result in psychological harm.

This scenario illustrates the main concepts of standard 1.10 of the Code, which cautions social workers against the use of any physical touch where there is potential for psychological harm and to only engage in appropriate culturally sensitive physical contact within clearly maintained professional boundaries.

Sexual Harassment and derogatory language

Other acts prohibited by the Code includes sexual harassment (standard 1.11) the use of written or verbal derogatory language (standard 1.12). In the workplace sexual harassment is against the law. Harassment on the basis of sex, in addition to other forms of discrimination, is a violation of section 703 of title VII of the Civil Rights Act of 1964 and is defined as: "Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when (1) submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment, (2) submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual, or (3) such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment" (current as of 1/5/17).

NASW prohibits sexual harassment of clients defined as sexual advances, solicitation, requests for sexual favors and other conduct of a sexual nature, either verbal or physical. Sexual harassment is also addressed in its ethical standards covering ethical responsibilities to colleagues, (2.08). Sexual harassment in any context is a form of discrimination with negative psychological implications for all involved A few examples include:

- deliberate touching, leaning over, cornering, or pinching
- sexual teasing, jokes, remarks
- sexual looks or gestures
- neck massage
- touching or rubbing oneself sexually around another person
- making sexual comments about a person's body, clothing
- looking a person up and down (also referred to as 'Elevator eyes') (Adapted from http://www.un.org/womenwatch/osagi/pdf/whatissh.pdf)

Additional Business Practices

The current code addresses other social work activities relevant to the "business" of social work and obligations to clients to provide fair and responsible services. These include payment, interruption and termination of services.

Payment of services

Standard 1.13 advises social workers to charge fees that are reasonable, fair and consideration of the client's ability to pay. Sliding scales for privately paid services are one way this can be accomplished. The social worker should ensure that the fees set are appropriate to the level and type of services provided and considers both the community where the service is provided and financial status of the client. Further, social workers may not solicit compensation from clients who are entitled to receive services funded or provided by the social workers employer or agency (NASW, 2017).

Many related organizations have similar language in their respective code of ethics. Additionally, organizations such as the American Association for Marriage and Family Therapy, American Counseling Association, Clinical Social Work Association, and American Psychological Association provide guidance regarding bartering. The NASW Code of Ethics specifically encourages social workers to avoid bartering, or the acceptance of goods or services from clients in lieu of money but it doesn't necessarily prohibit bartering in some circumstances. As with other codes, the central concern about bartering involves the professional relationship with the client and the potential for conflicts of interest and exploitation.

In some communities bartering may be an accepted business practice. Social workers are not necessarily prohibited from bartering If a client initiates such an arrangement, it is negotiated without coercion, and proceeds with informed consent, However, the social worker assumes full responsibility for proving that a bartering arrangement does not pose harm to the client. Even if coercion is not involved, what could happen if the arrangement is unsatisfactory and how might that affect the therapeutic relationship? For example, in exchange for counseling services a beautician colors the social worker's hair and it turns orange. Will the social worker be reluctant to ask for a correction or resent the client? What if the beautician doesn't feel that counseling is meeting her expectations? There is always the possibility that things may go badly.

Referral for Services

The previous standard also requires that social workers keep informed about the expertise of their colleagues. This is particularly useful when a client needs services social workers cannot provide or provide fully, because they do not feel effective, the client is not making reasonable progress and/or the client requires specialized services. Standard 1.16 encourages making referrals when needed and the importance of transferring in an orderly fashion.

When making referrals, especially when cases are transferred, social workers should exercise due diligence to protect the client's best interest and decrease the potential for harm. Social workers can also take steps to manage their risk of liability for a negligent referral.

Bogie (n.d.) recommends two risk management techniques for handling referrals. First, whenever available, provide multiple options to the client to allow them the opportunity to check credentials evaluate how well each option meets their needs and ultimately make the final decision on which option to take. When presenting options, social workers should strive to be neutral and objective to minimize the chance that the client is unduly influenced toward one option.

If there is only one option available Bogie (n.d.) recommends routinely checking credentials, licensing and the presence of any sanctions. It is also prudent to interview any agency or provider you are considering for a referral and to periodically evaluate the reputation or competence to provide good service. Essentially, social workers can best protect themselves and their clients by maintaining connections in their community and keeping informed.

Referrals also need to be clearly documented in the record including the names of all individuals, agencies or other referral options provided to the client and any discussion about the risks and benefits. Not only will this provide defense against ethics complaints or claims, more importantly it provides a useful record of what had been explored, selected or rejected any degree of success, should the client either continue concurrently with the social worker or return in the future (Bogie, n.d.).

The Code also states that social workers may not give or accept payment for a referral in which no professional service is provided by the referring professional. Members of the Clinical Social Work Association (CSWA) are provided additional direction. The CSWA code of ethics states that: "It is unethical for a clinical social worker to offer, give, solicit, or receive any fee or other consideration to or from a third party for the referral of a client. They accept reimbursement from clients and from third party payers only for services directly rendered to the client(s). Clinical social workers may, however, participate in contractual arrangements in which they agree to discount their fees." (CSWA, 2016)

Additionally Federal law prohibits anyone working for an organization that receives funding from Medicare, Medicaid, or Private Insurance from "knowingly and willfully "accepting money or gifts in exchange for referrals (Anti-Kickback Statute, 42 U.S.C. § 1320a-7b). The law makes it a criminal offense to "knowingly and willfully" solicit or receive anything of value (including a kickback, bribe or rebate) in an effort to induce or reward the referral of Medicare or Medicaid covered services and includes stiff penalties for doing so.

Continuity of services

Sometime services may be interrupted for various reasons including family leave, promotions, changes in eligibility or funding and event the death of the worker. Standard 1.15 establishes responsibility to make reasonable efforts in those cases to assure continuity of services and to discuss the risks and benefits of each

option. This standard also requires social workers to consider interruptions due to technology disruptions. Sometimes interruptions may mean termination of the professional relationship. Standard 1.17 identifies proper actions regarding termination of services (NASW, 2017).

Social workers are obligated to terminate services when they are no longer needed and/or the client is not benefiting from the service. Sometimes termination of services may be precipitated by changes in the social worker's employment. Regardless of the circumstances, social workers should promptly notify clients and take reasonable steps to arrange for services the client still needs. The code also prohibits social workers from terminating services in order to pursue another type of relationship with the client (for example, a financial, social or sexual relationship). As discussed earlier when a social work client is no longer a client is somewhat muddy; terminating services to avoid a conflict of interest or boundary violation is never appropriate.

Social workers may terminate clients for nonpayment as long as the financial arrangement has been clearly communicated and agreed to at the beginning. If termination becomes necessary it can only be done if discontinuation does not present imminent danger to self or others and the consequences have been discussed fully with the client.

review questions...

The following questions will be a review of the content from this section. These questions will **NOT** be graded. Answers to the review questions can be found below.

1. **The NASW Code of Ethics makes a distinction between sexual relations with clients that are consensual versus forced.**
   a. True
   b. False

2. **Grace has decided not to return to work after the birth of her baby and has a full caseload of active clients. What actions must she take with her clients?**
   a. Continue working with her clients and wait to tell them she is leaving closer to her departure so they can focus on treatment as long as possible
   b. Discuss the benefits and risks of transferring to another worker, terminating counseling or other options
   c. Explore each client's needs, interests and available options
   d. Both B and C
   e. All of the above

Review Question Answers: 1. b   2. d

Part 2: Personal, Collegial, and Community Responsibilities

Introduction

In addition to comprehensive standards specific to the clients served by social workers, the NASW Code of Ethics in section 2 outlines responsibilities to fellow professionals, including but not limited to students, co-workers, and supervisors. The third section pertains to professional social workers employed by organizations including commitment to the organization's mission and values, responsibilities to uphold policies and procedures and stewardship. Social workers are also expected to continue to advocate for the rights of their clients.

Section 4 of the code defines what it means to be a professional social worker and the fifth section establishes responsibilities to the social work profession, for example commitment to professional values and social work's knowledge base. The sixth and final section addresses responsibilities to the larger society in which the social worker claims membership. While more attention tends to be given to ethical standards relating directly to clients these sections are no less important. Together all the standards interact with each other and support the overall mission and values of the practice of social work.

Ethical Responsibilities to Colleagues

Many of the standards in section 2 of the NASW Code of Ethics are similar to those that apply to work with clients including respect, confidentiality, sexual relationships and sexual harassment. Others address professional business behaviors such as interdisciplinary collaboration, dispute resolution, consultation, and referrals. Additionally this section of the code outlines responsibilities when social workers encounter unprofessional behaviors by other social work professionals including impairment, incompetence, and unethical conduct.

Respect

Blaire has group supervision later in the day and as it gets closer to the time her dread increases to the point she is tempted to skip it. One of her colleagues routinely challenges her case presentations and has an uncanny ability to ask questions for which Blaire is unprepared to answer. Even when her colleague offers a compliment it appears disingenuous. Blaire used to consider this co-worker a friend but has begun to distrust her intentions. For example, after sharing a recent success with a difficult client, her colleague stated, "That's great work Blaire, I know being assertive has always been a challenge for you." Blaire is mortified that her colleague highlighted a weakness in front of her peers and without her consent.

One of the key principles of the code calls for social workers to respect the dignity and worth of the person.

This extends to all people including colleagues. As outlined in standard 2.01 all social workers should treat colleagues with respect and:

- Represent their qualifications, views and obligations fairly and accurately

- Avoid unwarranted negative criticism including demeaning comments about their competence and attributes (as exemplified by Blaire's colleague) verbally, in written, or electronic form; and

- Cooperate with other social workers on behalf of the well-being of clients.

Confidentiality

Social workers must inform colleagues about their obligation to respect confidentiality and any exceptions and respect confidential information shared by their colleagues. (2.02).There are many situations in which it may be appropriate to discuss confidential information, for example while engaging in care coordination activities, case conferences, group supervision, and training.

But what information and how much should be shared needs to be carefully considered, especially in cases not typically covered by a traditional consent to release information. Even with a release, social workers should share only the minimum amount of information needed for the purpose. In group supervision for example, it would not be necessary to share the client's name and other PHI. Also, when making a referral or providing a report generally a summary will suffice and sending a copy of the client's entire medical record would not be appropriate unless court ordered.

Interdisciplinary Collaboration

Aurelio works in a shelter and provides counseling services to the youth residing there. Day to day care and management is provided by non-clinical personnel. He tends to stay in his office, not interacting much with the other staff and only meeting with his clients. Can ethics guide Aurelio toward making more informed decisions around treatment planning and intervention? Could more interaction and collaboration even improve treatment outcomes?

Most would recognize that the answer to both questions is "yes." As a member of an interdisciplinary team, in this case the youth workers, case manager, parent, and Guardian Ad Litem (GAL) working on behalf of his client, standard 2.03 encourages social workers to draw on the perspectives of the social work profession to meaningfully contribute to the discussions and decisions affecting the well-being of the client. This standard is rooted in the social work core value – Importance of Human Relationships. The social worker also benefits from the perspectives and experience of other members of the team. If ethical concerns arise during the course of team decision-making the social worker is compelled to address these concerns and

pursue other options if the conflict cannot be resolved.

Disputes involving Colleagues

Standard 2.04 addresses another area of interpersonal behavior by establishing the expectation that social workers do not benefit personally from disputes between a colleague and an employer. Further social workers may not exploit clients in disputes or involve clients in any discussion regarding conflicts with other colleagues. For example:

Harry conducts a monthly group that one of Sally's clients attends. Harry and Sally frequently disagree on theoretical approaches to treatment. One day, while chatting with Sally's client before group, Harry casually mentions a recent conversation he had with Sally about the efficacy of each therapist's treatment modalities. The conversation not only made Sally's client uncomfortable it caused the client to question whether he was making the level of progress with Sally that he could expect..

Consultation

Best practice dictates that social workers, regardless of training, experience and years in the field, seek the advice and counsel of colleagues as necessary to best meet the interests of clients. When doing so it is the social worker's responsibility to only seek consultation from colleagues who have demonstrated knowledge, expertise, and competence. Further, they should observe other standards of confidentiality by disclosing only what information is essential for effective consultation. (NASW, 2017, 2.05)

Sexual Relationships and Sexual Harassment

In addition to standards addressing ethical behavior with clients, standards 2.06 and 2.07 respectively, address sexual relationships and the sexual harassment of colleagues, specifically, social workers should avoid sexual relationships with supervisees, students, trainees, or others with whom they exercise professional authority or with any colleague where there is a potential for a conflict of interest. In addition social workers must also refrain from any form of sexual harassment with supervisees, students, trainees, or colleagues.

Not only is this unprofessional collegial behavior it would be naïve to think that the potential for similar behavior with clients isn't there as well. In one case a part-time clinical social worker called the agency's Administrative Secretary from his full time job and made several sexually inappropriate remarks to her. She filed a complaint with Human Resources and his supervisor decided to counsel the social worker about the incident. However because of his reputation as a skilled therapist, she erroneously assumed that it was an isolated incident and there was no reason to think he would ever be inappropriate with clients. Following further investigation and review by the organization's ethics committee, evidence obtained through record review and client interviews revealed a similar pattern

of behavior. The social worker's contract was terminated and his actions were reported to both the state licensing board and since he was a member, a complaint was filed with NASW.

Impairment, Incompetence and Unethical Conduct of Colleagues

The Code includes several powerful standards relevant to impaired, incompetent, and unethical colleagues. Standard 2.08 describes the ethical obligation of social workers when they are aware of colleagues who are experiencing various forms of impairment that are affecting their ability to provide services. The Social Work Dictionary defines an impaired social worker as "one who is unable to function adequately as a professional social worker and provide competent care to clients as a result of a physical or mental disorder or personal problems, or the ability or desire to adhere to the code of ethics of the profession. These problems most commonly include alcoholism, substance abuse, mental illness, burnout, stress, and relationship problems" (Barker, 2014).

Social workers who have such direct knowledge of a social work colleague's impairment must first, if feasible, consult with the colleague and assist the colleague in taking remedial actions. If the colleague does not take sufficient steps to remediate the impairment or the measures do not result in satisfactory improvement, the social worker must take action through appropriate channels established by employers, agencies, NASW (if the colleague is a member), licensing bodies, and other professional organizations. Standards 2.09 and 2.10 provide similar guidance for situations involving colleagues who are acting in an incompetent or unethical manner.

The decision to take action through a licensing board, employer or other entity is one that most social workers find disconcerting. One concern is that the social worker might be misinterpreting things - fearing that this would cause unjustified scrutiny and damage to a colleague's reputation. Another may be fear of retaliation or shunning by other colleagues if anonymity is not possible. Unfortunately "whistle blowing" has developed a negative connotation leading some social workers to choose not to report resulting in further risk for and/or continued harm to clients, colleagues, students etc. Yet, social workers have an ethical responsibility to confront misconduct in a responsible manner.

As noted earlier the NASW Code of Ethics advised social workers to first consult directly and offer assistance before "blowing the whistle." Before taking such action, Reamer (2013) also suggests that "social workers must carefully consider the:

- Severity of the harm and misconduct involved

- Quality of the evidence of wrongdoing (one should avoid blowing the whistle without clear and convincing evidence)

- Effect of the decision on colleagues and agency

- Motives of the whistle-blower (that is, whether the whistle-blowing is motivated primarily by a wish for revenge)

- Viability of alternative, intermediate courses of action (whether other, less dramatic means might address the problem – for example, directly confronting the alleged wrongdoer) (p.175)"

review questions...

The following questions will be a review of the content from this section. These questions will **NOT** be graded. Answers to the review questions can be found below.

1. **Anna, a child welfare case manager and Keith, a substance abuse counselor both work for the same organization and in the same office location. During informal after work get-togethers it has become apparent that their political beliefs are on opposite ends of the spectrum and now they frequently clash over election news. They have been assigned to work with the same family. In this case, which ethical standard most clearly addresses their responsibility to set aside differences on behalf of their clients?**
   a. Disputes Involving Colleagues
   b. Respect
   c. Unethical Conduct of Colleagues
   d. Interdisciplinary Cooperation

2. **Standard 2.05 Consultation requires social workers to do all of the following except:**
   a. Seek advice and counsel when in best interests of the client
   b. Refer to professionals with specialized knowledge or expertise
   c. Keep informed about colleagues' areas of expertise or knowledge
   d. Disclose the least amount of information necessary

Review Question Answers: 1. d   2. b

Ethical Responsibilities in Practice Settings

This section of the code addresses a variety of issues related to the relationship between the social worker and practice setting including supervision, consultation, education, staff development, training, performance evaluation, and other requirements related to the practice setting including social work administration, billing practices, client records, transfers, commitment to employers and labor-management disputes.

Supervision and Consultation

Supervision conducted on a regular basis for a sufficient length of time allows for review and discussion of the

supervisee's work as well as discussion and evaluation of the supervisee's skills and self-awareness. Some, but not all social workers by nature of their position have specific supervision requirements mandated by state statute and/or professional license or certification. It is especially important that those direct care staff without specific, mandated supervision still receive the benefits of regular, substantive supervision.

The section of the Code related to supervision and consultation (3.01) requires that social workers functioning in that capacity have the necessary knowledge, skills and competence in the area of practice. Additionally supervisors and consultants are expected to:

- Set clear, appropriate and sensitive boundaries
- Refrain from engaging in dual or multiple relationships where the is a risk of exploitation or harm to the supervisee
- Fairly and respectfully evaluate the supervisee's performance

Regarding the latter, section 3.03 extends the requirement further when supervisors have evaluation responsibility for employees; requiring that performance evaluations be based on objective and clear criteria.

Education, Training and Staff Development

Standard 3.02 relates to social workers who function as educators, field instructors for students or trainers. As in the standard covering supervision, individuals with these roles should only provide instruction within the scope of their knowledge, skills and abilities and ensure that what knowledge is shared is current. Responsibilities of educators or field instructors mirror that of supervisors and consultants regarding the evaluation of student or trainee performance, boundary setting and the avoidance of harmful dual or multiple relationships including those which might arise while using social networking sites. Additionally, social workers who function as educators or field instructors need to take reasonable measure to ensure that clients who receive services from students are fully informed.

Specific to social work administrators and supervisors, Standard 3.08 sets forth the expectation to arrange for continuing education and staff development activities for their staff. Staff development programs should include ongoing training in ethics and emerging development in the field. Although not specifically stated here, this implies that supervisors keep abreast of advances in best practices and continue to maintain their knowledge, skills and expertise as required in the first standard described in this section. Licensing boards, regulatory and accreditation bodies typically require ongoing professional development.

One example of a stakeholder with established standards related to staff development is the Council on Accreditation (COA), an international, independent, nonprofit, human service accrediting organization with standards covering administration and service delivery. In the introduction to the Training and Supervision standards for private organizations COA states: "staff competence is the product of a dynamic combination of factors including supervision and training along with educational background, work experience, and maintaining an appropriate workload. This multi-faceted approach to competency allows programs to respond to the individual needs of employees by providing them with the appropriate combination of training and supervision to ensure staff are capable of providing services effectively." (2016).

Client Records and Billing

The Code also spells out expectations pertaining to client records in standard 3.04 and standard 3.5 3.05 requiring social workers to establish and maintain billing practices that accurately reflect services provided and by whom. Specific documentation standards to which social workers are held include ensuring:

- documentation that accurately reflects services provided
- sufficient, timely documentation that facilitates service delivery and continuity of care
- client privacy is protected to the extent possible
- documentation only includes what is relevant to service delivery

The most important reason to document effectively is to help ensure that the client will receive the best services possible based on review of current and historical documentation. Probably at some time or another social workers have heard, "if it isn't documented" it didn't happen." Some take this literally to mean "less is more" especially if interpreting code language that guides social workers to document only what is relevant. While most social workers conduct their daily work honestly and ethically, documentation is often the only way to support that.

Therefore social workers always need to ask the question, "Who might need to read this and under what circumstances?" when entering documentation into the client record. Documentation standards vary depending on the type of service and who oversees it (for example statutory laws, funder requirements, or accrediting guidelines. Case notes for example minimally should include dates of service, the type of service provided and actions taken by both the client and social worker. Further, as Doverspike (2012) recommends:

"Ideally, notes should also include a summary of topics discussion, techniques or interventions employed during the session, and the patient's reaction. In order to minimize subjectivity or unsupported impressions, any clinical impressions should be supported by behavioral observations. One useful sentence structure involves the following format: 'Client appeared [clinical interpretation] as evidenced by [behavioral observation]." Further, documentation of significant

service decisions should include specific of the discussion related to informed consent including the purpose, risks, benefits, alternatives and justification for proceeding with the chosen intervention or service.

Client Transfer

Consider the following situations:

- Jerrold is resigning his position to attend graduate school full time

- Agency X's contract for their foster care program isn't renewed and funding and clients will go to another provider

- Angie's client expresses that she would like a counselor more experienced in affair recovery

When circumstances dictate that a client's case needs to be transferred to another organization or individual, the Code in section 3.06 recommends that social workers carefully consider the best interest of the client, any conflicts of interest and issues of informed consent. Jerrold's colleague for example would need to have a clear understanding of the client's needs and then carefully consider whether he or she has the necessary skills and experience to provide the level of service needed. Both Jerrold and his colleagues also need to consider other issues including match or fit, for example if the client would be more comfortable with a social worker of the same gender.

The code also directs social workers to share information concerning the nature of their relationship with the other provider and to openly discuss the implications of transfer, including potential risks and benefits. Also, when a new client discloses that they have been previously served by another individual or organization, social workers should explore with the client whether consultation with the previous provider would be beneficial to the social worker and client. Before contacting previous providers, social workers must first obtain written informed consent to request information

Administration

There are several standards relevant to social work administrators and their obligations to both clients and workers. Key responsibilities include:

- Advocating for adequate resources both inside and outside their agency or organization

- Advocating for open and fair resource allocation and when not available for all, ensuring that the organization employs non-discriminatory allocation practices that are based on consistently applied principles

- Providing an appropriate amount of staff support including supervision and continuing education

Ensuring the work environment consistently demonstrates commitment to compliance with NASW Code of Ethics and taking action to eliminate conditions that "violate, interfere with, or discourage compliance

with the code"(NASW,2017)

In meeting these key responsibilities, social work administrators play a key role in promoting culturally sensitive practices. For example, administrators need to evaluate community composition and specific population needs, take steps to recruit and retain multicultural staff, promote diversity in the organization and governing board, develop programs, policies and procedures that minimize barriers and discriminatory practices, advocate for the needs of clients in the community and include cultural sensitivity in employee training programs and performance measures. Additional guidance can be found in NASW's Standards and Indicators for Cultural Competence in the Social Work Practice (2015).

Commitment to Employers

Seema was recently hired by a large well-established organization. The organization pays well and she is excited by the many opportunities for advancement.. Two weeks after starting her new position, Seema attended a monthly meeting of her local chapter of NASW and is disturbed to learn from some respected colleagues that the organization has a long history of unethical and possibly illegal practices. While no one can recall any legal action taken against the organization or corrective actions by state authorities, some suspect it will only be a matter of time before that happens. Seema decides she needs to share her concerns with her new supervisor for two reasons: 1) as an employee she has a responsibility to alert the organization of potentially damaging perceptions in the community; and 2) as a social worker she is obligated to reassure her supervisor of her commitment to ethical and legal practice while employed with the organization. She realizes that if the rumors are true she may be jeopardizing her employment but is comfortable in knowing that if her actions are not supported it will mean that it wasn't a good fit for her.

The preceding scenario illustrates several issues addressed by the Code (NASW, 2017) related to commitment to employers. This section of the code includes a number of ethical standards for social work employees starting with honoring commitments made to employers and organizations and working to improve agency policies and procedures and the delivery of services. Additionally, social workers should communicate their commitment and obligations under the NASW Code of Ethics, which for members of NASW would take precedence over organization policy, regulations or other orders that would interfere with ethical social work practice. In the example, Seema has accepted an offer of employment and as an employee has an obligation to protect the interests of the organization. She is also displaying her commitment to her social work values and ethics, which trumps organization expectations when they conflict with ethical practice.

While that may seem a tall order, social work members covered by the Code also have a responsibility to prevent or eliminate discriminatory employment practices in the organization and accept employment or facilitate student field placements only in organizations demonstrating fair employment practices such as recruitment, hiring and the assignment of work duties. Further, the Code clearly expects social workers to be good stewards of organization resources and prohibits social workers from misappropriating funds and/ or using funds for purposes that were not originally designated.

Labor Management Disputes

The Code permits social workers to engage in organized action against employers particularly when those actions are intended to improve working conditions and client service delivery (3.10). Social workers may even organize the formation of or participate in labor unions. The Code doesn't offer specific instructions regarding preferred action when a social worker engages in labor-management disputes such as strikes, instead encouraging social workers to be guided by the profession's values and ethical principles and to consider the impact of any actions on clients.

review questions...

The following questions will be a review of the content from this section. These questions will **NOT** be graded. Answers to the review questions can be found below.

1. **Which of the following social work roles have a responsibility to evaluate performance fairly?**
   a. Supervisors
   b. Consultants
   c. Educators
   d. Field instructors
   e. a, b, and c
   f. All of the above

2. **Storage of records according to the NASW Code of Ethics must continue after termination of services for how long?**
   a. 7 years
   b. 10 years
   c. as required by state statute or contract
   d. there is no requirement to retain records

Review Question Answers: 1. f   2. c

Ethical Responsibilities as Professionals

Standards related to ethical responsibilities as professionals would be applicable to most work environments as they reflect social norms for professional conduct.

Competence

Natasha has her Masters in Clinical Social Work but is not working towards licensure nor is registered as an intern. When asked, she shared that it was too much work and if registered or licensed she would then need to complete continuing education on a regular basis to maintain it. "I learned what I needed in graduate school and don't have time to get all these extra hours, exclaims." Is Natasha an ethical social worker?

The first set of standards address competence (4.01) and the social worker's responsibility to only accept responsibilities or employment for which they are competent to provide, or are willing and able to gain the necessary education, training, and experience to become competent. For example, an agency may hire a social worker contingent on completing requirements to obtain necessary certification. Or a social worker may be promoted based on successful completion of a higher level degree and/or completion of a leadership development program. Both of these would be acceptable scenarios, and once agreed to, previous ethical standards (remember Commitment to Employer?) would also apply, such as upholding the agreement to achieve the necessary credentials within the time frame established by the employer.

Ethical professionals also commit to maintaining competence in their respective area of practice and the profession through ongoing professional development activities including regular review of the social work literature, participation in continuing education (including ethics) and participation in regular peer-led supervision groups. Natasha's refusal to continue her education post-graduation is contrary to the ethics of her profession.

In addition to professional development, competence also requires that social workers provide services based on generally accepted standards of practice and whenever feasible, supported by empirical study, commonly referred to as evidence-based practice (EBP). Evidence-based practice defined by Barker (2014) is "the use of the best available scientific knowledge derived from randomized controlled outcome studies, and meta-analyses of existing outcome studies, as one basis for guiding professional interventions and effective therapies, combined with professional ethical standards, clinical judgment, and practice wisdom" (p.148). In its definition of EBP, the Social Work Policy Institute includes the importance of client preferences and culture in its definition (2010).

Unfortunately there are "experts" who at best misguidedly believe that their new intervention can be called an evidence-based practice based on their personal experience with clients and a few self-published blog posts. Worse are those that knowingly tout their intervention as evidence- based in the absence of evidence derived from peer-reviewed, published studies that employed accepted research methods.

Social workers should exercise due diligence when exploring new interventions and training programs. The Social Work Policy Institute website is an excellent central resource that has for links to reputable registries and databases: accepted research methods. Social workers should exercise due diligence when exploring new interventions and training programs. The Social Work Policy Institute website is an excellent central resource that has for links to reputable registries and databases: accepted research methods. Social workers should exercise due diligence when exploring new interventions and training programs. The Social Work Policy Institute website is an excellent central resource that has for links to reputable registries and databases:

Discrimination, Dishonesty, Fraud and Deception

The next few standards and subsections address the obligation of social workers not to practice, condone, facilitate or collaborate with any form of discrimination (4.02) and to not participate, condone or be associated with dishonesty, fraud or deception (4.04). The latter can take various forms, some naïvely altruistic and some self-serving, and are often the basis for legal action or ethics complaints, for example:

- A clinical social worker in private practice presents herself to the public as an Infant Mental Health Therapist despite dropping out of the training program and not completing all the requirements

- A social worker asked to provide a reference for a colleague chooses to share only positive characteristics despite misgivings and concerns about some aspects of the individual's job performance

- An overwhelmed hospital social worker documents patient visits that did not occur

- A social work administrator reports school performance outcomes based only on clients who successfully graduated from the program (a small sample) and fails to mention in presentations and reports that the sample was not based on all clients enrolled in the program or at least those that participated at least two school quarters.

- A social worker embellishes client assessment information and the diagnosis to help the client qualify for services and to be able to bill for her services

Private Conduct

Section 4.03 establishes the social worker's responsibility to ensure that their private behavior does not interfere with their ability to fulfill their professional responsibilities. For example, consider the case of two social workers in a long-term romantic relationship. In the last few years their personal relationship has devolved to the point that they nearly constantly argue with each other, even in front of their office staff. Each refuses to participate in couples counseling and/or individual clinical supervision yet they both continue to provide couples counseling. How might this affect their ability to provide objective, unbiased and effective counseling with their clients?

With the emergence of social media this standard has become increasingly relevant. Many people erroneously believe that they can ensure their privacy when using social media and digital communications.

Consider another example: After a tough day a social worker shares a sarcastic meme on Facebook that perfectly illustrates his frustration with the population he works with. He doesn't share any PHI but through an unfortunate virtual accidental crossing, a friend of a friend shares his post and it is seen by one of his clients. The next morning his supervisor summons him after receiving a call from his irate client. In addition to violating the organization's code of conduct and irreparably damaging his professional relationship with the client, his actions may have also caused psychological harm to the client.

Social workers have a responsibility to consider the perceptions of others in both public and private behavior, especially now that very few private behaviors are in fact "private." Questionable, unethical or illegal behavior, if known to clients, other professionals and the general public is likely to damage not only the social worker's credibility but that of their employer and the profession at large. In addition to violating 4.03 - Private Conduct, the social worker in the previous example may be violating additional standards including 3.09 - Commitment to Employers (3.09) and 2.01 - Respect (NASW, 2017).

Impairment

Standard 4.05 establishes social workers' personal responsibilities for the quality of their professional judgment and performance. It compliments standard 2.08 which addresses social workers' responsibilities to intervene when aware of a colleague who is impaired. Impairment here is distinguished from competence in that it generally represents a change or decline in previously acceptable functioning due to personal problems, psychosocial distress, legal problems, or behavioral health issues including substance abuse. Those responsibilities include ensuring that such problems do not interfere with their ability to exercise good judgment or jeopardize the best interests of clients.

The Code provides some direction to social workers when impairment is an issue or concern in order to protect clients and others. First the social worker needs to immediately seek and take remedial action including but not inclusive of:

- seeking professional help

- making workload adjustments

- terminating practice

While burnout is a common condition that can impair professional functioning, there is greater recognition for more serious consequences of work with vulnerable

and oppressed individuals, particularly those with histories of trauma exposure. Any professional who works directly with traumatized individuals and is in a position to be exposed to a client's history of traumatic experiences, is at risk of secondary traumatic stress (STS). Related terms include compassion fatigue and vicarious traumatization but all share similar qualities (Figley, 1995; Pearlman & Saakvitne, 1995). Exposure to these stories can be either indirect for example reviewing case histories or direct as might occur when interviewing clients and families or removing a child from family custody). Consider the following example:

Aaliyah provides counseling services primarily to at-risk children and their families with histories of complex trauma. Recently a colleague's client attempted suicide. Aaliyah has been experiencing some job-related burnout but a recent vacation hasn't seemed to help. She finds herself spending more time almost obsessively reviewing and preparing for her sessions, finds it hard to stop worrying about her clients and has been troubled of late with frequent nightmares and restless sleep. Aaliyah's partner recently complained that lately she feels like Aaliyah is rarely present for her.

Professionals with high caseloads, who are highly empathetic, have inadequate training or have their own history of unresolved trauma are most at risk of developing STS (Sprang, Whitt- Woosley, & Clark, 2007; Bride, Hatcher & Humble, 2009; Craig & Sprang, 2010; NCTSN, 2011). However, regardless of credentials and experience all social workers are at risk and the manifestations of STS often share similar characteristics and symptoms with individuals suffering from Post Traumatic Stress Disorder. Examples include:

- *Emotional* difficulties such as depression, anger/ rage, emotional numbing, hypervigilance, intrusive thoughts and feeling hopeless or inadequate

- *Physical* symptoms such as headaches, frequent illness, sleep disturbance, fatigue and being accident-prone

- *Personal* changes including feeling of mistrust, cynicism, social withdrawal and having difficulty separating work form personal life

- *Workplace* issues such as increased absenteeism or missed appointments, obsession with detail, lower productivity and even avoidance of clients.

There is some debate whether STS can be prevented but self-awareness, training and quality supervision seems promising. Self-assessment tools such as the ProQOL (Stamm, 2010) which is free and readily available on the internet can assist social workers in monitoring any signs or symptoms of STS. There is also some evidence that interventions such as mindfulness activities, training and reflective supervision can reduce the impact of secondary traumatic stress on workers (NCTSN, 2011).

Considering the effects of STS on personal functioning, social workers have an ethical obligation to self-monitor for signs and symptoms of STS and take steps to care for their emotional and physical health. In addition to training another source of helpful information, tools and techniques include workbooks, some of which readily available and free via the internet. (For example "What About You? A Workbook for Those Who Work with Others" by Volk, Guarino, Grandin & Clervil, 2008). Social work supervisors and administrators also have an ethical obligation to provide opportunities for self care, education and the promotion of organizational practices that mitigate the effects of STS.

Additional Professional Obligations

The fourth section of the Code also addresses behaviors related to the core value "Integrity" including misrepresentation, solicitations and acknowledging credit. Standard 4.06 addresses "misrepresentation" and calls for social workers to clearly present and distinguish their actions and statements as a private individual from their role as a social work professional. This standard extends to multiple social work roles including membership and employment in social work organizations.

This delineation can be challenging for some and highlights the fact that for members of the social work profession and other public-serving professions (for example law enforcement, medicine, and politics) there is less separation between public and private life. Further this standard requires social workers to be very knowledgeable about the "official and authorized positions" of the organizations they represent and speak for. At times this may mean that the social worker must avoid participating in community activities and events that support views in contrast to social values and ethics. Social workers can prevent such breaches by keeping abreast of NASW's stand on current events, their employer's strategic plan, and legislative agendas.

Regarding another aspect of this standard, social workers must represent their credentials, education, experience, and other qualifications accurately. Standard 4.08 requires that social workers only take credit for work they have substantially contributed to or authored. Also, social workers must always give credit to contributions made by others (NASW, 2017).

One obvious example of the concept of representation is how social workers in private practice should advertise themselves and their services on their website, brochure, or other venue. The following examples would <u>not</u> be considered ethical:

- Embellishing education, experience or credentials

- Advertising outcomes based on weak or skewed evidence

- Portraying one's abilities in a misleading manner (for example, describing self as a "healer")

- Including outdated and no longer current

affiliations with organizations and other groups

- Describing home-grown interventions lacking independent empirical support as evidence-based
- Listing services that the practitioner does not or cannot provide

Further, if a social worker becomes aware that another individual or entity is inaccurately representing their qualification, they are obligated to take steps to correct it. For example, one social worker noticed that an organization advertising her upcoming workshop made errors transcribing her biographical information for the announcement resulting in an extra credential she did not possess. The social worker was obligated to contact the organization to request a correction, and explain the error to the participants of the workshop.

The Code in standard 4.07 also prohibits social workers from taking advantage of individuals vulnerable to manipulation or coercion by soliciting them as potential clients. Further social workers may not solicit testimonials or request consent to use statements made by current clients or any individual at risk for exploitation due to their circumstances (NASW, 2017).

review question...

The following questions will be a review of the content from this section. These questions will **NOT** be graded. Answers to the review questions can be found below.

1. **Nancy has been supervising for several years and has managed to avoid learning the funder requirements for service delivery and documentation. Instead, when asked for clarification by her staff she consults with a colleague in another location. This same colleague routinely assists her with generating reports and other duties. Her employer recently praised Nancy for sharing her extensive knowledge with the staff and credits her with the program's successful compliance outcomes. Nancy never acknowledges the assistance she has received from her colleague. Which of the following standards best highlights this ethical violation?**
   a. Dishonesty, Fraud and Deception
   b. Competence
   c. Integrity
   d. Acknowledging Credit

Review Question Answer:
1. d

Ethical Responsibilities to the Social Work Profession

> *"It is not only for what we do that we are held responsible, but also for what we do not do."*
>
> --Moliere

When individuals choose to make social work a profession they are also making a commitment to the profession as a whole and with that comes additional responsibility. The fifth section of the standards addresses issues related to the integrity of the profession and research and evaluation.

Integrity of the Profession

Section 5.01 advances the concept of integrity from the personal sense to social workers responsibilities in maintaining and promoting the integrity of the profession as a whole

What does that entail? To summarize the key provisions of the Code, social workers should:

- Maintain and promote high practice standards
- Uphold the values, ethics, knowledge, and mission of social work
- Engage in study, research, discussion, and responsible criticism to help advance the integrity of the profession and support improvements
- Contribute time and expertise. (This might include teaching, legislative testimony, and community or professional participation
- Share knowledge with colleagues related to practice, research and ethics (for example through participation in research studies or conference presentations)
- Protect the integrity of social work practice by taking action to prevent unauthorized and unqualified social work practice

Evaluation and Research

The last major revision to the Code occurred in 1996 and one of the areas significantly expanded addressed standards for evaluation and research (5.02). This standard stresses the importance of ongoing evaluation of social work practice including policies, interventions and programs and activities that contribute to the professions knowledge base. Social workers are also expected to honor their commitment to professional development by remaining current on advances evidenced by evaluation and research and using that knowledge to inform practice.

The Code also emphases the importance of following established guidelines designed to protect evaluation and research participants. Expanded guidance on informed consent for participants includes providing information regarding the "nature, extent and duration of the participation" and full disclosure regarding risks

and benefits. Evaluation and research with individuals unable to provide informed consent is allowed as long as the evaluator or research obtains written informed consent from an appropriate proxy and effort is made (in a non-coercive or manipulative manner) to help participants understand what is involved and to obtain their assent to the degree they can. Social workers doing research using technology must also ensure that clients are able to use the technology and when possible, provide alternatives to participate if the individual is unable to effectively use the technology.

Additional requirements related to informed consent also apply including the participant's right to withdraw consent, and understand risks and benefits. Further, participants should have access to supportive services and be protected from deprivation and physical or emotional distress or harm. Client confidentiality and their right to anonymity is avoidance of conflicts of interest. Also addressed is the expectation that information gleaned from evaluation or research is used for professional purposes and only discussed with individuals with a professional interest. The standard also requires that social workers report findings of evaluation and research accurately and to educate themselves and others about responsible research practices.

Responsibilities to the Broader Society

> *Each time a man stands up for an ideal, or acts to improve the lot of others, or strikes out against injustice, he sends forth a tiny ripple of hope… and crossing each other from a million different centers of energy and daring those ripples build a current that can sweep down the mightiest walls of oppression and resistance.*
>
> – Robert F. Kennedy

Social Welfare

Catalina has worked hard to achieve her dream of having her own private practice and over the years has established a niche in the community for her work with couples. She enjoys a full caseload and was recently invited to present a workshop for her local NASW unit. Feeling somewhat guilty about not renewing her membership in the last few years, she rejoins. As she is reviewing the website she is reminded of the Code of Ethics and decides it would be wise to review the Code prior to her presentation. As she reviews her ethical responsibilities to society she is taken aback by the realization that she has done nothing in the last few years to promote social causes.

Historically, one of the major distinctions between the field of social work and similar professions such as psychology is its roots in social justice. Initially guided by Christian beliefs of charity and moral obligation, the field of social work has continued to transform in response to national and world events as well as advances in understanding about how external social and economic influences impact the human condition. Increased focus on the treatment of behavioral health problems and greater emphasis on specialization have also led to some identity confusion about how social work is practiced. Still the commitment to the broader society remains an essential aspect of social work.

The NASW Code of Ethics states that social workers should "promote the general welfare of society from local to global levels and the development of people, their communities, and their environment. Social workers should advocate for living conditions conducive to the fulfillment of basic human needs and should promote social, economic, political, and cultural values and institutions that are compatible with the realization of social justice" (6.01). This means participating in activities that improve social conditions that will enable all people to both meet basic needs and to have the opportunity to achieve their full potential.

On a global level, The International Federation of Social Workers (IFSW), which is guided by a similar code of ethics, commits to actions addressing the root causes of oppression and inequality. The IFSW established a global agenda in 2012 that focused efforts on the following areas:

- Promoting social and economic equalities
- Promoting the dignity and worth of peoples
- Working toward environmental sustainability
- Strengthening recognition of the importance of human relationships

Additionally social workers are called to help inform members of the public who participate in the development of social policy and institutions (6.02) and to provide assistance during public emergencies (6.03). One example is demonstrated by social workers that volunteer as members of a Mental Health team for Red Cross Disaster Services. Since the early 90s social workers and other disciplines have supported volunteers during disaster relief operations following traumatic and disaster-related events.

Standard 6.05 encourages participation in social and political actions that promote equal access, expanded choice and opportunity for all, particularly for disadvantaged, oppressed and exploited individuals. Social workers should also advocate for policies and legislation that positively impact social conditions and promote social justice. This part of the standard doesn't mean to imply that running for office is the primary focus although that is always welcome. Social workers can help influence decisions in a variety of ways including attending local school board, city and county meetings, participating in legislator meet and greets, joining with other chapter members in annual visits to their state capital, canvassing for endorsed candidates

or by corresponding with lawmakers when critical issues are being considered.

Further, social workers are called to take action to prevent and help eliminate discrimination and exploitation based on "race, ethnicity, national origin, color, sex, sexual orientation, gender identify or expression, age, marital status, political belief, religion, immigration status, or mental or physical ability" (NASW, 2017).This part of the standard requires that social workers take action, speak out, and advocate regardless of personal risk. For example, if an organization's policies are discriminatory, the social worker is bound by professional ethics to challenge the policy even if this may have negative consequences on their continued employment. As the scenario illustrates, while there are social workers serving in national and state policy making roles, social action can and should occur in all levels of practice. A commitment to this standard starts with ongoing personal reflection and recognition of potentially discriminatory or exploitive practices and if occurring, taking specific actions to prevent or end such practices. Other examples may include evaluating whether there are access barriers for immigrant community members; engaging culturally diverse community leaders in the development of new programs; or challenging peers in group supervision who laugh about the cultural practices and beliefs of their clients.

review questions...

The following questions will be a review of the content from this section. These questions will **NOT** be graded. Answers to the review questions can be found below.

1. **A major concern repeatedly addressed in the standards for Evaluation and Research is the issue of:**
   a. Public Participation
   b. Informed Consent
   c. Interdisciplinary Collaboration
   d. Administration

2. **Responsibilities to the Broader Society include promoting the general welfare of society from local to global levels.**
   a. True
   b. False

Review Question Answers: 1. b   2. a

Summary

> *"The time is always right to do what is right."*
> Martin Luther King, Jr.

Individuals who choose a career in social work are first guided by their heart and often ill- prepared to appreciate the context and complexity of professional practice. Education, supervision, federal and state laws, agency procedures and professional ethics help define and clarify proper conduct in service to clients. There are times when ethical obligations conflict with obligations to our employers, the government and society at large. Additionally there may not be a legal or professional requirement to adhere to a particular code of conduct, especially if not a member of a professional organization. However, in keeping with the mission and core values of the profession, all social workers regardless of affiliation can best serve their clients, community and profession by using professional ethics to inform and help guide their practice.

Ethical decision-making opportunities will occur throughout a social worker's career but there are several simple strategies to keep in mind that will help clarify action needed. First, consult the Code – identify the values, principles and standards that relate to the situation. Second, review applicable state and federal laws, keeping in mind that law and ethics may still conflict. Third, seek supervision from an employer, clinical supervisor, or consultation with a peer supervision group. The latter resource is an especially important asset to participate in when social workers are in private practice or otherwise not working within a social work team. Just because one is licensed does not meant that ongoing professional development and consultation is not needed. A fourth strategy is to take advantage of NASW or state ethics hotlines, if available, to confidentially consult with another professional. Finally consider everything and don't rush to a decision unless there is an imminent health and safety concerns. In that case, don't hesitate to call in the cavalry!

As Reamer so eloquently wrote, "The bottom line is that social work is by definition a profession with a moral mission, and this obligates its members to continually examine the values and ethical dimensions of practice. Anything less would deprive social work's clients and the broader society of truly professional practice" (2013, p.220).

Bibliography

American Board of Examiners in Clinical Social Work (ABE). (n.d.). *Code of Ethics*. Retrieved from: https://abecsw.org/about-abe/code-of-ethics/

American Clinical Social Work Association. (n.d.). ACSWA *Code of Ethics*. Retrieved from http://www.acswa.org/code-ethics/

Barker, R. L. (2013). *The Social Work dictionary* (6th Ed.). Washington, DC: NASW Press.

Barsky, A. (2014). Do Involuntary Clients Have a Right to Self-Determination? *The New Social Worker*, 21(2), 4-5.

Berkman, C. S., Turner, S. G., Cooper, M., Polnerow, D., & Swartz, M. (2000). Sexual contact with clients: Assessment of social workers' attitudes and educational preparation. *Social Work*, 45(3), 223-235.

Bogie, M.A. and Coleman, M. (2000). *Professional Competence*. Retrieved from: http://www.naswassurance.org/home/practice-pointers/professional-competence/?doing_wp_cron=1478746689.0036160945892333984375

Bogie, M.A. (n.d.) *Referrals*. Retrieved from: http://www.naswma.org/?page=87

Bride, B.E., Hatcher, S.S., & Humble, M.N. (2009). Trauma training, trauma practices, and secondary traumatic stress among substance abuse counselors. Traumatology, 15, 96-105.

Clinical Social Work Association. (2016). *Clinical Social Work Association Code of Ethics*. Retrieved from http://www.clinicalsocialworkassociation.org/CSWA-Ethics

Council on Accreditation. (2016). *Training and Supervision*. Retrieved from http://coanet.org/standard/ts/

Craig, C.D., & Sprang, G. (2010). Compassion satisfaction, compassion fatigue, and burnout in a national sample of trauma treatment therapists. Anxiety, Stress, & Coping, 23(3), 319-339.

Cross, T., Bazron, B., Dennis, K. & Isaacs, M., (1989). *Towards A Culturally Competent System of Care: A Monograph on Effective Services for Minority Children Who Are Severely Emotionally Disturbed*. Washington, DC: Georgetown University Child Development Center, CASSP Technical Assistance Center.

Doverspike, William F. (2012). *Ethical Risk Management: Guidelines for Practice, 2nd Edition*. Sarasota FL: Professional Resource Press.

Figley, C.R. (1995). Compassion fatigue as secondary traumatic stress disorder: An overview. In C.R. Figley (Ed.), Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized (pp. 1-20). New York, NY: Brunner/Mazel.

Galambos, C., Watt, J.W., Anderson, K. & Danis, F. (2006). Ethics Forum: Rural Social Work Practice: Maintaining Confidentiality in the Face of Dual Relationships. Journal of Social Work Values and Ethics. Retrieved from http://www.jswvearchives.com/index2.php?option=com_content&do_pdf=1&id=23

Halter, M., Brown, H. & Stone, J. (2007). *Sexual Boundary Violations by Health Professionals – an overview of the published empirical literature*. The Council for Healthcare Regulatory Excellence. Retrieved from http://www.pinktherapy.com/Portals/0/Downloadables/Library/Clear_Sexual_Boundaries.pdf

International Federation of Social Workers (2012). *Statement of Ethical Principles*. Retrieved from http://ifsw.org/policies/statement-of-ethical-principles/

Mattison, D., Jayaratne, S., & Croxton, T. (2002). Client or former client? Implications of ex- client definition on social work practice. *Social Work*, 47(1), 55-64.

Merriam-Webster Dictionary. (2016). Retrieved from: http://www.merriam-webster.com/

Morgan, S. (2013). *Criminalization of Psychotherapist Sexual Misconduct*; National Association of Social Workers. Retrieved from http://c.ymcdn.com/sites/www.naswca.org/resource/resmgr/imported/7_13_legal_issue.pdf

National Association of Black Social Workers. (n.d.). *Code of Ethics*. Retrieved from http://nabsw.org/?page=CodeofEthics

National Association of Social Workers. (2017). *NASW, ASWB, CSWE, & CSWA standards for technology in social work practice*. Retrieved from https://www.socialworkers.org/includes/newIncludes/homepage/PRA-BRO-33617.TechStandards_FINAL_POSTING.pdf

National Association of Social Workers. (2017).*Code of Ethics of the National Association of Social Workers* (Rev. Ed.). Retrieved from www.socialworkers.org/pubs/code

National Association of Social Workers. (2013). *NASW Standards for Social Work Practice in Child Welfare*. Retrieved from https://www.socialworkers.org/practice/standards/childwelfarestandards2012.pdf

National Association of Social Workers. (2015). *Standards and Indicators for Cultural Competence in Social Work Practice*. Retrieved from http://www.socialworkers.org/practice/standards/PRA-BRO-253150-CC-Standards.pdf

National Association of Social Workers. (2013). NASW *Standards for Social Work Case Management*. Retrieved from http://socialworkers.org/practice/naswstandards/CaseManagementStandards2013.pdf

National Child Traumatic Stress Network, Secondary Traumatic Stress Committee. (2011). Secondary traumatic stress: A fact sheet for child-serving professionals. Los Angeles, CA, and Durham, NC: National Center for Child Traumatic Stress.

NCCTINC (n.d.). *Boundaries in Allied Health: Are you at risk?* Retrieved from http://www.homecaremissouri.org/events/documents/19TighteningDowntheHatchHandouts2.pdf

Pearlman, L. A., & Saakvitne, K.W. (1995). Treating therapists with vicarious traumatization and secondary traumatic stress disorders. In C.R. Figley (Ed.), Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized (pp. 150-177). New York, NY: Brunner/Mazel.

Reamer, F. G. (2003). Boundary Issues in Social Work. *Social Work*, 8(1), 124-129.

Reamer, F. G., (2006). Client Rights. *Social Work Today*. Retrieved from http://www.socialworktoday.com/news/eoe_0106.shtml

Reamer, F. G. (2008). When Ethics and the Law Collide. *Social Work Today*. 8(5).

Reamer, F. G. (2013). *Social Work Values and Ethics, 4th Edition*. New York: Columbia University Press.

Rothman, J. (2013). From the Front Lines: Student Cases in Social Work Ethics. Upper Saddle River, NJ: Pearson Education, Inc.

Social Work Policy Institute (2010): Evidence-based practice. Retrieved from http://www.socialworkpolicy.org/research/evidence-based-practice-2.html

Spicker, Paul. Social Work and Self-Determination (1990). *British Journal of Social Work*, 20, 221-236.

Sprang, G., Whitt-Woosley, A., & Clark, J. (2007). Compassion fatigue, burnout and compassion satisfaction: Factors impacting a professional's quality of life. Journal of Loss and Trauma, 12, 259-280.

Stamm, B.H. (2010). The Concise ProQOL Manual. Pocatello, ID: ProQOL.org.

Strom-Gottfried, K. (2000). Ensuring ethical practice: An examination of NASW code violations, 1986-97. Social Work, 45(3), 251-261.

United States Department of Education. Family Educational Rights and Privacy Act Regulations (FERPA) 34 CFR Part 99. Retrieved from http://www.ed.gov/policy/gen/reg/ferpa/index.html

United States Department of Health and Human Services. (2000)). *Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule*. Retrieved from: http://www.hhs.gov/hipaa/for- professionals/index.html

United States Department of Health and Human Services. (2003). *Health Insurance Portability and Accountability Act (HIPAA) Security Rule*. Retrieved from:

United States Code. *Part 2 – Confidentiality of Alcohol and Drug Abuse Patient Records*. Retrieved from http://www.ecfr.gov/cgi-bin/text- idx?c=ecfr&sid=b7e8d29be4a2b815c404988e-29c06a3e&rgn=div5&view=text&node=42:1.0.1.1.2&idno=42

United States Code. *42 U.S. Code § 1320a–7b - Criminal penalties for acts involving Federal health care programs*. Retrieved from https://www.law.cornell.edu/uscode/text/42/1320a-7b

United States Equal Employment Opportunity Commission. (n.d.). *Sexual Harassment*. Retrieved from: https://www.eeoc.gov/laws/types/sexual_harassment.cfm

Volk, K.T., Guarino, K., Edson Grandin, M., & Clervil, R. (2008). What about You? A Workbook for Those Who Work with Others. The National Center on Family Homelessness. http://508.center4si.com/SelfCareforCareGivers.pdf

Zur, O. (2015). *Dual Relationships, Multiple Relationships & Boundaries in Psychotherapy, Counseling & Mental Health* Retrieved 10/24/16 from http://www.zurinstitute.com/dualrelationships.html.

PARTICIPANT TRAINING EVALUATION

Course Title: Ethics for Social Work Practice	Date:
Sponsored By:	
Student Name (Optional)	

To the participant:
Please complete the following evaluation at the conclusion of the program. Your comments are necessary to assist us in offering the best continuing education programs possible in the future.

Use the following rating scale: 5 – strongly agree, 4 – agree, 3 – neither agree nor disagree, 2 – disagree, 1 – disagree strongly Circle N/A if the topic is not applicable to you.

Program Content

Topic	Rating						Comment:
The stated goals and objectives of the course were met	5	4	3	2	1	N/A	
The topics were covered in sufficient detail	5	4	3	2	1	N/A	
The topics covered in this course will improve my social work practice	5	4	3	2	1	N/A	
Content was well-organized and informative	5	4	3	2	1	N/A	

Instruction/Final Exam

Orientation was thorough and clear	5	4	3	2	1	N/A	
Completion requirements were clearly stated	5	4	3	2	1	N/A	
Exam assessed stated learning objectives	5	4	3	2	1	N/A	
Exam was graded promptly	5	4	3	2	1	N/A	
The course presentation style was effective	5	4	3	2	1	N/A	

COURSE MATERIALS/CUSTOMER SERVICE

Satisfied with format of the course	5	4	3	2	1	N/A	
Satisfied with overall learning experience	5	4	3	2	1	N/A	
Sponsor was well organized and responsive to participant needs (customer service, registration, certificates, etc.)	5	4	3	2	1	N/A	
I would recommend this course to others	5	4	3	2	1	N/A	