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# Perceptions and Penalties: Exploring Aspects of Ethics in Social Work

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Perceptions and Penalties:  
Exploring Aspects of Ethics in Social Work  
by  
Michelle Gricus

A Banded Dissertation in Partial Fulfillment  
Of the Requirements for the Degree  
Doctor of Social Work

St. Catherine University—University of Saint Thomas  
School of Social Work

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### Abstract

Social workers are responsible for interpreting their professional code of ethics in such a way that they can provide competent services dependably. This banded dissertation explores the effects of those interpretations. Symbolic interactionism provides a useful framework for understanding the ways in which people can interpret the same situation in different ways.

A systematic review of the literature reveals that social workers' perceptions of what constitutes ethical and unethical practice are inconsistent. These inconsistencies can, at times, lead to social workers engaging in unethical or unprofessional practice.

An exploratory mixed methods study examines a group of social workers disciplined by a state licensing board and found that the experience had significant psychological and vocational impacts on their lives.

A Council on Social Work Education conference workshop exploring the polarities of social work ethics ties together the learning from the systematic review and the mixed methods research studies.

Perception and context are important contributors to how social workers make practice decisions. For social work education, this means more of a teaching focus on critical thinking involved in decision-making, and gatekeeping support for students who cannot demonstrate such skills. The research implications are many, such as exploring social workers' perceived responsibilities to restore the "in-group" status of their colleagues who have been disciplined.

Dedication/Acknowledgements

I often insisted that I needed to go through this process alone to make me a better student, scholar, and teacher. Thank you to all of you who knew better and kept showing up and checking in anyway.

Special thanks to my adviser, Robin Whitebird, my mentors Lisa Richardson and Ann Henderson for their continuous support, and their gentle and not-so-gentle nudging. Thank you, also, to my Cohort One classmates for making it okay to go first.

## Table of Contents

Perceptions and Penalties: Exploring Aspects of Ethics in Social Work .....	i
Abstract .....	ii
Dedication/Acknowledgements .....	iii
List of Tables .....	v
List of Figures .....	vi
Introduction.....	1
Conceptual Framework.....	2
Summary of Banded Dissertation Components .....	5
Discussion.....	6
Implications for Social Work Education.....	8
Implications for Future Research .....	10
Comprehensive Reference List.....	12
Product 1: Social Workers' Perceptions of Ethical and Unethical Behavior: A Systematic Review .....	22
Product 2: "Of All the Social Workers... I'm the Bad One:" Impact of Disciplinary Action on Social Workers.....	55
Product 3: Neither Heroes nor Villains: Navigating Professional Ethics .....	84

List of Tables

Table 1.1

Sample and Demographic Information Reported.....31

Table 1.2

Beliefs Regarding Ethical and Unethical Practices by Frequency.....37

Table 2.1

Nature of Violation Leading Up to Disciplinary Action.....64

List of Figures

Figure 1.1

Flow Chart of Process of Systematic Literature Search.....28

Figure 2.1

Types of Sanctions from the Board of Social Work.....36

## Perceptions and Penalties:

### Exploring Aspects of Ethics in Social Work

The profession of social work has attempted to articulate its expectations for ethical practice through the creation of educational and licensing standards. Per the National Association of Social Workers (NASW) (2008), one of the many purposes of the Code of Ethics is to provide “ethical standards to which the public can hold the social work profession accountable” (“Code of Ethics,” para. 6). The Code of Ethics provides guidance on various types of unethical behavior, and offers a framework for ethical decision making (NASW, 2008). The Council on Social Work Education’s (CSWE) Educational Policy and Accreditation Standards Policy 2.1.2 requires its accredited social work programs to have a focus on helping students apply social work ethics to practice (Council on Social Work Education, 2015), though only 60% of social workers reported having specific instruction on ethics in their programs (Grady et al., 2008). To reinforce the content of the Code of Ethics and support ethical practice, 25 state boards of social work across the United States currently require at least some continuing education credit to come from training on ethical practice (Association of Social Work Boards, 2013). Specific training in ethics increases confidence in moral judgments and use of resources related to resolving ethical dilemmas (Grady et al., 2008).

Despite gatekeeping attempts by the profession, however, social workers engage in unethical behavior resulting in disciplinary action, which can lead to loss of employment and loss of licensure (Boland-Prom, 2009; Sowbel, 2012; Strom-Gottfried, 2000). Unethical behavior by social workers often does not start out as such. For example, making a mistake in billing and failing to correct it becomes insurance fraud, and lack of appropriate consultation or supervision can lead to incompetent service provision ending in malpractice.



Some of these violations are reported to state licensing boards who determine the outcome of the social worker's actions, others are reported directly to the NASW, and still others are not reported at all. Research on these complaints has centered on the number and nature of these reports (Boland-Prom, 2009; Daley & Doughty, 2006; Strom-Gottfried, 2000); however, little has been documented on the precipitating factors of these violations. While the impact of the harm done to the client because of sexual contact with the social worker has been examined (Gutheil & Brodsky, 2008), the literature has revealed very little about the impact that these violations have on the social workers themselves which is another important factor to consider (McAuliffe, 2005). The focus of this banded dissertation is to examine social workers' perceptions of what ethical and unethical behavior looks like, and to explore the impacts of disciplinary action on social workers who have engaged in unethical practice through the lens of symbolic interactionism.

### **Conceptual Framework**

Symbolic interactionism provides a unique framework for understanding, interpreting, and researching areas of social work ethics because of its focus on the interpretation of action and language. Symbolic interactionism is primarily concerned with the nature of interactions among people and the actions related to these interactions (Charon, 1998). Another way to describe this relationship is three-pronged: (1) action depends on meaning; (2) meaning is based on social interaction, and different people can interpret different meanings for the same interaction; (3) meanings can change. The ways in which people interact with each other are by reconstructing meaning, teaching skills for improved communication, asking for empathy and understanding, reconstructing social roles, and re-framing messages (Forte, 2014).

**Assumptions**

Each of the assumptions of symbolic interactionism supports a unique understanding of how human behavior is different from that of other living beings and are built on understanding “self” and “self-concept:”

(a) “Human beings are unique creatures because of their ability to use symbols; (b) people become distinctly human through interaction; (c) people are conscious, self-reflexive beings who shape their own behavior; (d) people are purposive creatures who act in and toward situations, (e) society consists of people engaging in symbolic interaction; (f) emotions are central to meaning, behavior, and the self; (g) the ‘social act’ should be the fundamental unit of analysis”. (Sandstrom, Lively, Martin, & Fine, 2014, p. 15).

It is evident in each of these assumptions that there is a reciprocal relationship between the person and the environment. Each of these assumptions can help people “understand culturally different interpretations of similar social experiences, explore meanings such as those of the members of undervalued groups, and attend to the social aspects of intense emotions” (Forte, 2004, p. 391).

**Concepts**

Symbolic interactionists focus on the transactions, or interactions, between people that involve communication in various forms. These transactions are influenced by symbols, meaning, language, and thought. Symbols are words, non-verbal communication indicators, or things that represent other words, ideas, or things (Sandstrom, Lively, Martin, & Fine, 2014). Much attention is paid to the meaning of these symbols and the use of language itself (Schwalbe, 1983; Charon, 1988). The ascribed meaning is central to human behavior, and language provides

the vehicle for sharing that meaning in a social interaction (Charon, 1998). Thought allows people to understand the role of another, and permits the interpretation of the symbols.

### **Propositions**

Long a champion of the use of symbolic interactionism in social work, Forte (2014) identifies these propositions: “If there are changes in symbolic interaction processes, then there will be changes in problem-sustaining (or problem-resolving) transactions. If there are changes in socialization processes, then there will be changes in problem-sustaining (or problem-resolving) transactions” (p. 97). These changes often come on the heels of situations involving difficulty in interpretation (Forte, 2014). The ways in which people interact with each other are by reconstructing meaning, teaching skills for improved communication, asking for empathy and understanding, reconstructing social roles, and re-framing messages (Forte, 2014).

### **Symbolic Interactionism and Social Work Ethics**

Forte (2003) indicates that symbolic interactionism can “contribute to our understanding of the social labeling process and the impact of labels on a member’s self-image and self-esteem” (p. 922). Symbolic interactionism pays close attention to the groupings in which people find themselves, including those who are “in” and those who are “out” based on their actions or characteristics (J. Forte, personal communication, October 27, 2015). When considering social workers’ decision-making that might result in unethical behavior, Forte asks, “How does this change a person’s identity? How does the authorized group take action on the member and the organization to ameliorate this problem to return to optimal status?” (J. Forte, personal communication, October 27, 2015).

### **Summary of Banded Dissertation Components**

This banded dissertation adds to the existing body of literature on unethical behavior by: (1) examining the behaviors that social workers deem as ethical and unethical and (2) exploring the psychological and vocational impacts of licensing board disciplinary action on social workers. This was achieved through a systematic literature review, a mixed methods study, and a presentation of the findings at a national social work education conference.

In order to understand the behaviors social workers identify as ethical and unethical, the researcher conducted a systematic literature review of peer-reviewed research. This systematic literature review sought to answer the question: What are social workers' perceptions of behaviors that constitute ethical and unethical practice? The purpose of this literature review was to identify patterns found among studies with similar methodologies and present the results in a way that allowed for analysis. The review included 19 articles that involved survey data from varying samples of social workers. Analysis of the data indicated some consistency across those behaviors considered to be absolutes in the profession (e.g. sexual relationship with a current client), but significant variability across many other behaviors (e.g. reporting an impaired social worker).

The mixed methods study involved in this banded dissertation examined the effects of disciplinary action on social workers who had engaged in unethical or unprofessional practice. A survey was sent to all social workers in one state who had been disciplined by the Board of Social Work in a ten-year period. The last question of the survey invited participants to share their contact information if they wished to be interviewed, of which 58% did. Survey results, aside from the demographic information extracted from the surveys of interview participants, are not included in this banded dissertation. The interviews were coded and themes extracted. The

themes indicated that the participants were impacted vocationally and psychologically by the disciplinary action.

The results of the systematic literature review and the mixed methods study provided the foundation for a presentation titled “Neither Heroes nor Villains: Navigating Professional Ethics” delivered to an audience at the Council on Social Work Education Annual Program Meeting. The presentation’s primary objectives were to engage participants in an examination of their own practice and apply strategies for managing ethical dilemmas. Through reflection exercises, small group discussion, and a review of relevant literature, the presentation accomplished these goals.

### **Discussion**

Social workers make thousands of practice decisions throughout their careers. Some of these decisions are easy, while other decisions are significantly more challenging. Some can be life-changing. Social work practice is not formulaic and cannot always be guided by policies, procedures, previous experience, or the Code of Ethics. This banded dissertation considers some highly nuanced components of the work—the perceptions that guide decision-making and the penalties that are enacted when a poor choice is made or a decision backfires.

The effects of perception are important to note. When a social worker perceives an action to be “always ethical” or “never ethical,” the decision-making dialogue or process is halted because the answer appears clear. As the systematic review results indicate, very few behaviors are labeled by social workers with such certainty, and the bell curve of social work behavior leaves a large space in the “gray area” (Glass, 2003). When faced with identical situations and sets of facts, different people may draw dissimilar conclusions, and choose to respond contrarily. One response may be considered ethically sound, another ethically questionable, and a third

response to be unethical. While social workers rarely find themselves able to see the effects of their decisions in such a measured way, the perception of their actions through others' eyes may be an important consideration in future practice.

One of the major themes revealed in the interview data was the permanent "branding" of the disciplinary action on the affected social workers, which led to changes in many participants' self-perception and the ways in which they were viewed by others. Symbolic interactionism suggests that the perceived or real opinions of others play a role in social workers' practice experiences (Forte, 2014). In some cases, these opinions further separated these social workers from other professionals and the profession itself, creating a damaging "out-group" experience.

These perceptions pose additional challenges. Social work is built on the strengths perspective, yet many participants in the mixed methods study found the process of disciplinary action with the Board of Social Work to be focused only on their individual deficits. Several participants felt shamed by the experience, and did not disclose to other professionals about their mistake. More than a third of the studies in the systematic literature review indicated that social desirability may have played a role in the ways in which participants defined whether an action was ethical or not. Feeling as though one's beliefs or actions do not align with the majority, or feeling separated because mistakes were made public, can create a sense of isolation and may lead to secrecy (Forte, 2014; Ringel & Mishna, 2007). The context of a situation has previously been substantiated as playing an important role in social workers' decision-making processes (Fine & Teram, 2009; Knox, Williams, Hess, & Hill, 2003). Perceptions of self, others, and others' perceptions of self may play just as important of a role.

Engaging in recovery efforts after engaging in unethical or unprofessional behavior is an important component to restoring one's connection to the "in-group." Welfel (2005) states that

when practitioners “confront the problem and constructively address it, they can restore the quality of their functioning and minimize the negative effects on clients and themselves” (p. 123). These personal recovery efforts may be thwarted by the lack of closure related to the indefinite public posting of disciplinary action on the Board of Social Work’s website, as well as the unknown viewpoints of their social work colleagues who see professional mistakes as sufficient reasons to keep them in the “out-group.”

### **Implications for Social Work Education**

Social workers who engage in unethical or unprofessional behavior retain their status as graduates of a social work program. Because not all states require social work graduates to be licensed and some social workers practice in isolation, the gatekeeping function of social work education may be an important consideration of this research (Sowbel, 2012). Field education, the signature pedagogy of social work, provides opportunities for faculty to determine whether social work students have the potential to practice responsibly, professionally, and ethically.

The 2015 Educational Policy and Accreditation Standards (EPAS) identify “demonstrate ethical and professional behavior” as the first of nine competencies guiding social work education (Council on Social Work Education (CSWE), 2015). Per the EPAS, social workers are responsible for “us[ing] reflection and self-regulation to manage personal values and maintain[ing] professionalism in practice situations” and “understand[ing] how their personal experiences and affective reactions influence their professional judgment and behavior” (CSWE, 2015, p. 7). The Council on Social Work Education (2015) supports flexibility in the ways in which these outcomes are met. Thus, how these skills are taught and then demonstrated by students is variable across social work programs.

In this banded dissertation's mixed methods study on the impact of disciplinary action, several study participants who were sanctioned for violating licensing protocols stated that their social work programs did not sufficiently discuss the licensure process in that state, which is why they were not in compliance. Another participant stated that she did not have any role models in her graduate program that practiced ethically. The systematic literature review indicated that social workers are rarely in complete agreement about whether an action is ethical or unethical.

Each of these examples may illustrate a need for more explicit education on what it means to be a social work professional. Students report not learning how to navigate complex practice situations related to boundaries, for example (Ringel & Mishna, 2007). Students who are not deliberately engaged in discussions about anticipated or actual dilemmas may be more likely to withhold information when guidance might change the outcome (Ringel & Mishna, 2007).

Because anticipating all practice challenges is not possible for any social work program, a significant component of social work education is to develop graduates with critical thinking abilities to apply to a variety of dynamic professional situations (CSWE, 2015). While learning to manage ambiguity and uncertainty is an important component of developing skills as a social worker (Gray & Gibbons, 2007), these situations cause anxiety and may lead to unexamined decisions or practice mistakes (Thomas, 2005). These considerations contribute to a need for social work educators to discuss social workers' ethical violations and identify the complexities of practice (Ringel & Mishna, 2007). This may facilitate more transparency and consultation across graduates' careers, and reduce the likelihood of someone engaging in unethical or unprofessional practice.



**Implications for Future Research**

Research on the causes of unethical behavior abounds in business literature; however, the social sciences has not published content at the same pace. Because of this dearth of literature and the presence of a common Code of Ethics, social work researchers have opportunities to add to the existing body of research in important ways. This body of research lends itself to future studies related to delineating what constitutes unethical practice and the impact on those who engage in it. The inclusion criteria in the systematic literature review resulted in studies that utilized survey data, which contributed only perception and belief data. While social workers' perceptions of what behaviors are considered ethical and unethical can guide practice, survey data cannot predict behavior. Missing from the literature are studies whose methodology examines actual practice decisions, and expands possibilities for experimental or observational data.

The exploratory nature of the mixed methods study in this banded dissertation generates several possibilities for further research. First, expanding the geographic reach from one state to a larger area may allow for comparisons across states regarding the ways in which disciplinary action impacts social workers. Studies focusing on the practice ramifications for this group of social workers who feel unsupported by their Board and their profession may also be useful. The current study's results indicated that some participants felt significant amounts of distress during the disciplinary action process, and a deeper look into the causes of this distress may prove helpful to understanding the impact of the experience. Further research about social workers' beliefs regarding their responsibility to restore and rehabilitate those who have been disciplined may also benefit the field in new ways.

This banded dissertation contributes new perspectives to better understanding social work ethics and ethical practice. Multiple stakeholders are involved in engaging in, teaching, and overseeing professional social work practice. Social workers steer their way through highly nuanced practice decisions every day. Social work educators assess and evaluate future practitioners' ability to do the work competently and ethically, and social work regulating bodies are responsible for protecting the public. Each of these stakeholders is also invested in upholding the integrity of the profession.

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Social Workers' Perceptions of Ethical and Unethical Behavior: A Systematic Review

### Abstract

**Summary:** The NASW Code of Ethics is considered an important foundation guiding social work practice, and has also been critiqued as not providing sufficient guidance for navigating ethical dilemmas. This lack of guidance may contribute to social workers' differing beliefs regarding what behavior is considered ethical and unethical. The purpose of this systematic review is to examine 19 articles focused on the perceptions of social workers regarding appropriate behaviors in domains such as gift giving, confidentiality, appropriate interventions, and dual relationships.

**Findings:** Seventy nine percent of the articles were obtained through database searches, and the remaining articles were identified through reference lists and a citation index.

The studies, published between 1988 and 2014, involved more than 10,000 social workers in direct practice in two countries. The author independently evaluated the eligibility of all selected studies and assessed study quality. Several of the 19 articles identified the research as “exploratory” and indicated a lack of generalizability. Overall, results indicated that while some behaviors are consistently considered unethical, there are few absolutes, and several areas are confusing for social workers.

**Applications:** These findings support the critique that the interpretable nature of the NASW Code of Ethics creates a lack of clarity for and consistency among social workers. Empirical knowledge is necessary to improve these deficits. Developing a stronger understanding of these situations could be useful to social work educators and supervisors in tailoring consistent and comprehensive instruction.

**Keywords:** Ethics, social workers, systematic review, belief, ethical decision making

### Social Workers' Perceptions of Ethical and Unethical Behavior: A Systematic Review

The profession of social work has attempted to articulate its expectations for social workers' ethical practice through educational and licensing standards guided by the National Association of Social Workers' (NASW) Code of Ethics (National Association of Social Workers [NASW], 2008). The present study was undertaken with the aim of identifying social workers' perceptions of what behaviors are considered ethical and unethical through a systematic review of published research articles. The objective was to determine patterns in the results, and to assess the methodological quality of the studies. In this article, I argue that the results found in these studies establish a need for more empirical research to determine the role the Code of Ethics plays in helping social workers understand what constitutes appropriate professional conduct.

Offering guidance on various types of professional behavior such as how to handle confidential information, the Code of Ethics is careful not to spell out absolutes; however, it serves a purpose in defining unethical behavior (NASW, 2008). The information regarding unethical and unprofessional behavior is publicly accessible and thus has been well documented and evaluated at various points in time (Boland-Prom, 2009; Daley & Doughty, 2006; Strom-Gottfried, 2000). The most frequent violations cited across studies are boundary violations (which includes sexual contact with clients), "poor practice," and improper treatment (Boland-Prom, 2009; Daley & Doughty, 2006; Reamer, 1995; Strom-Gottfried, 2000), each area encompassing a wide range of professional decisions influenced by a variety of factors.

Efforts have been made to align perceptions with the Code of Ethics and prevent ethical violations through education. Ethics content is increasingly a part of social work education and professional development. The Council on Social Work Education's (CSWE) Educational Policy

and Accreditation Standard 2.1.2 requires its accredited social work programs to focus on helping students apply social work ethics to practice (Council on Social Work Education, 2015), and 25 state boards of social work across the U.S. currently require at least some continuing education credits to come from training on ethical practice (Association of Social Work Boards, 2013). The effects of this increased attention on incorporating ethics into teaching and training curricula have varied. In some studies, targeted training in ethics increased confidence in moral judgments and use of resources related to resolving ethical dilemmas (Grady et al., 2008), and helped social workers withstand pressures encountered in the practice environment (Croxton, Jayaratne, & Mattison, 2002). Knowledge of the Code of Ethics can also serve to increase a social worker's adherence to its principles (Berliner, 1989).

Conversely, other evidence suggests that didactic courses on ethics may not result in improved behavior (Berkman, Turner, Cooper, Polnerow, & Swartz, 2000), which may be connected to beliefs that the Code of Ethics do not align with what is best for the client (Fine & Teram, 2009). Some social workers have mixed opinions regarding the usefulness of the Code of Ethics as a tool for providing sufficient clarity in navigating difficult decisions (DiFranks, 2008; Fine & Teram, 2009; McAuliffe, 1999). These differences in perception may also contribute to the lack of consistency regarding the resolution of some ethical dilemmas.

Social workers' effectiveness in navigating complex ethical dilemmas may not depend only upon the instruction they receive or their explicit knowledge of the Code of Ethics, but rather on their ability to think critically in the moment of the decision (Gray & Gibbons, 2007). Efforts to improve critical thinking and heighten social workers' awareness have been made through the creation of decision-making frameworks. Such tools guide the social worker through a series of questions or considerations to assist in making a sound decision based upon each of



the choices available (Dolgoft, Harrington, & Loewenberg, 2012; Gray & Gibbons, 2007; Pope & Keith-Spiegel, 2008). According to qualitative findings, context plays a significant role in ethical decision making (Fine & Teram, 2009; Knox, Williams, Hess, & Hill, 2003), and ethical dilemmas can result in negative emotions for the social worker (DiFranks, 2008; McAuliffe, 2005). Each of these factors may contribute to the creation of a personal practice perspective aligning or misaligning with the intent of the Code of Ethics.

Quantitative research has tended to focus on the attitudes and beliefs of social workers regarding what constitutes ethical and unethical behavior, but the research has been mostly limited to exploratory data collection through self-report survey designs, and has not involved observational or quasi-experimental studies. Overall, the studies indicate a lack of consistency between what behavior social workers consider “appropriate” and professional (DiFranks, 2008; Jayaratne, Croxton, & Mattison, 1997), and reveal some differences in beliefs across practice settings, gender, and years of experience. Drawing attention to the similarities and differences among these previously conducted studies may provide the background information necessary to conduct more empirical studies regarding ethical decision making. This systematic literature review will delineate those behaviors and the implications these results have for social work practice and research.

### **Method**

The methodology selected for this research is a systematic literature review to answer the question: What are social workers’ perceptions of behaviors that constitute ethical and unethical practice? Systematic literature reviews can be helpful in identifying gaps in available research and practice (Hallinger, 2013), and require transparency so that the findings can be duplicated and updated (Evidence for Policy and Practice Information and Coordinating Centre, n.d.).

Petticrew and Roberts' (2006) approach to systematic literature reviews in the social sciences outlines best practices for article selection and article analysis. While literature reviews often concentrate on the effectiveness of an intervention indicated through experimental designs, they can also serve the purpose of condensing the results of large quantities of data and pointing out discrepancies in results (Petticrew & Roberts, 2006). The purpose of this literature review was not to analyze the effectiveness of an intervention, but rather to identify patterns found among similarly conducted studies and present results in an interconnected way.

The search strategy for this literature review was developed with the assistance of a research librarian. During January 2016, the following databases were searched: PsycINFO, which retrieved relevant articles spanning the years 2005 to the present; Academic Search Premier which located articles written between 1978 through the present; Social Work Abstracts via EBSCO (1979 to 2012); and Soc Index via EBSCO (1912 to date). Several combinations of search terms were utilized in locating articles through these databases. The term attitude was searched as well as perception and belief. To identify articles related to studies about ethics, the following terms were searched: ethics, professional ethics, unethical, and dual relationship. Social work, social worker, and social services were terms used to identify the population being studied.

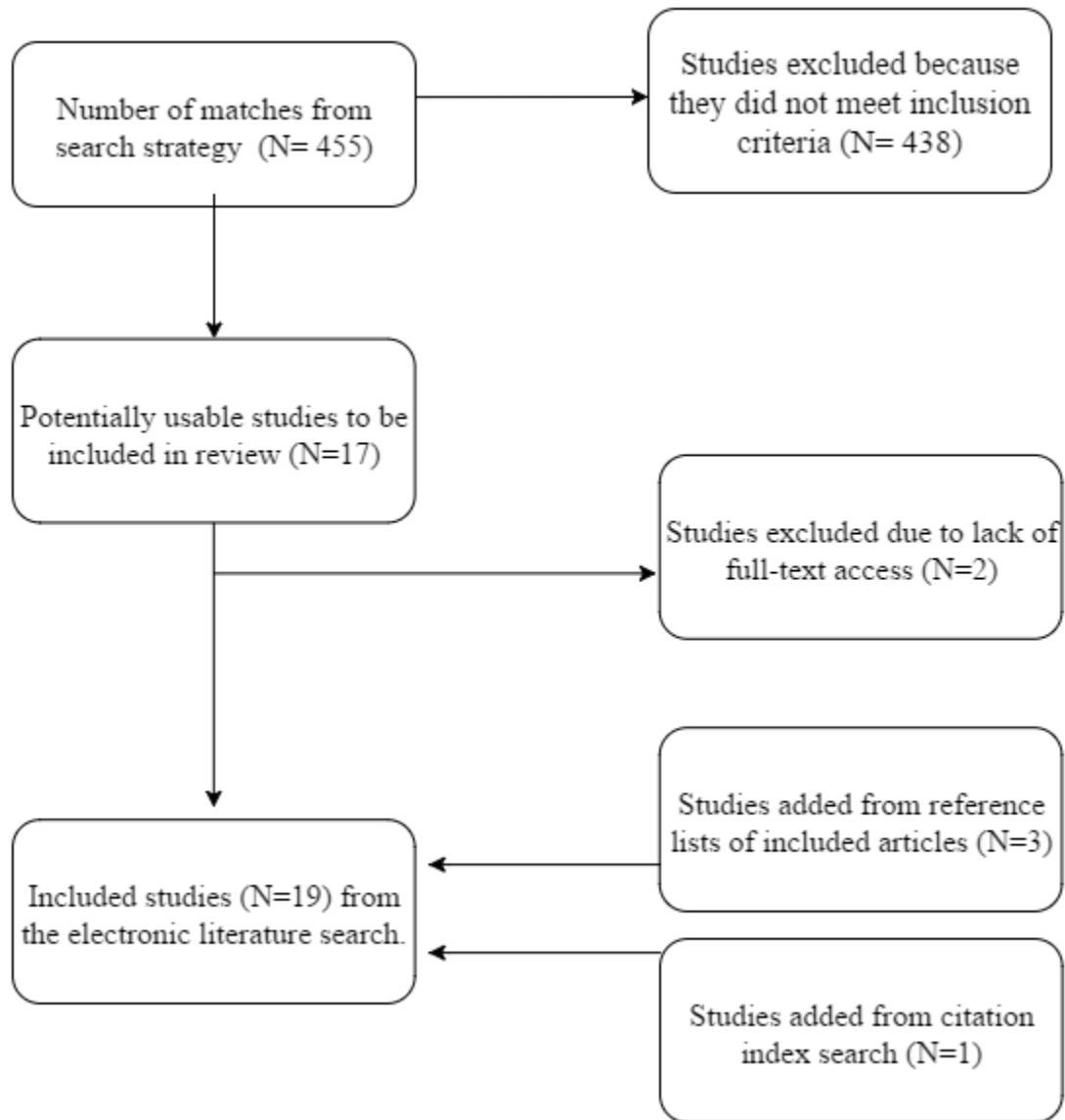
### **Inclusion Criteria**

An article was included in this systematic literature review if it met all of the following criteria: (a) the study sample consisted of at least 30 percent of social workers or social work students; (b) the study explicitly focused on perceptions regarding what constitutes ethical and unethical behavior in at least one domain; (c) the study was quantitative; (d) the study was in English; (e) the study was published in a peer-reviewed journal. The initial search parameters

resulted in 455 articles. Studies that did not meet the inclusion criteria (N=438) were eliminated. After a manual search of references, three were added. An additional article was added when Google Scholar was used as a citation index to locate more recent articles that cited the included articles. Two articles could not be located in full text. As a result, 19 studies were included in the systematic literature review based on the inclusion/exclusion criteria. Though all empirical designs were included in the search, only survey data emerged in the results. See Figure 1.1 for the process of systematic literature search. To reduce bias and improve methodological errors, the research process was overseen by a faculty adviser.

### **Coding**

Often, systematic reviews utilize a tool such as the Methodological Quality Rating Scale (Miller & Wilbourne, 2002) or the Quality Index (Downs & Black, 1998) to compare the quality of studies. These tools work effectively with a systematic review question that identifies the effectiveness of an intervention or an instrument. Because this review focused on comparing perceptions captured through surveys, such tools would not provide the parameters needed to determine quality. Instead, an adapted version of Gauthier's (2003) framework for assessing survey research was chosen as the analysis tool. This framework employs four criteria (rigor, neutrality, balance, and transparency) for assessing quality in the major aspects of survey delivery; however, unlike the tools mentioned above, this framework does not result in a final score or grade for a study (Gauthier, 2003).



*Figure 1.1.* Flow chart of process of systematic literature search.

## Results

A total of 19 articles, spanning 26 years, were identified when the inclusion criteria were applied (i.e. At least 30 percent of social workers or social work students in the sample, purpose of study focused on perceptions of ethical and unethical behavior, quantitative). Each of the included studies utilized a survey as the research method, even though other methodologies were not screened out in the inclusion criteria. An adaptation of Gauthier's framework provided an

assessment tool for determining rigor, neutrality, balance, and transparency in the questionnaire, sampling methods, data collection, analysis, and reporting (Gauthier, 2003).

### **Questionnaire**

Four of the studies (21%) utilized the Therapeutic Practices Survey (TPS) (Pope, Tabachnick, & Keith-Spiegel, 1987) as the basis for their questions, a tool not explicitly tested for reliability and validity. The TPS, created by psychologists and first included in a sample of 456 psychologists, identifies 83 practice behavior statements and asks whether the respondent considers the behavior ethical on a 5-point Likert agreement scale. The TPS also identifies the frequency the respondent engages in the behavior. The brief statements cover a wide expanse of ethical domains (e.g. "Filing an ethics complaint against a colleague," "using self-disclosure as a therapy technique," "becoming sexually involved with a former client").

A fifth study in this systematic literature review utilized the Ethics Assessment Survey (Baer & Murdock, 1995), also rooted in the TPS. Six additional studies (31.6%) pretested new surveys that were designed for their studies. For those authors that tested for internal consistency using Cronbach's alpha, acceptable reliability was found in the majority, but not all domains studied. Only one study published the questionnaire in its entirety, a limitation which may be due to the space constraints of the journals in which they were published.

### **Sampling**

Sample sizes in studies utilizing random sampling, employed in 12 of 19 studies, varied significantly, from 34 to 1,684 and participation rates varied from 30.1 percent in a random sample to 91 percent in a convenience sample. Only five studies (26.3%) indicated a second attempt was made to increase the participation rate. Two studies (10.5%) did not indicate their sampling methodology.

Participant demographics are contained in Table 1.1. Most collected information on gender (84.2%), age (73.7%), practice area (63.2%), and combined race/ethnicity (52.6%). Collected less often collected was information on years in practice (47.7%) and marital status (10.5%). Only those studies that examined end-of-life issues and spiritual practices collected data on participants' religious affiliations (15.8%). In all studies where gender was reported, more females participated than males, ranging from 52.8 percent of the sample to 87 percent. In studies where race and ethnicity information was collected, the participation rate of White respondents was significantly larger than that of other racial or ethnic backgrounds in all but one study. White participation ranged from 46 percent to 90.6 percent of the total respondents.

Statistical significance regarding differences in opinions regarding ethical practice was noted across demographic areas (see Table 1.1). For those demographic areas not captured in the table, significant differences were also found. Religious affiliation was noted as significant in one study involving beliefs around euthanasia and assisted suicide, level of education was revealed as significant in a study about appropriateness of sexual behaviors, and another found significance correlated to membership in a professional organization.

Sampling strategies identified students or practitioners in direct practice in 88 percent of the studies (n=17). One study's primary focus was on social work researchers who may or may not have also been involved in direct practice. Another study's sample was derived from deans in schools of social work. The voice of other administrators, policy makers, educators, and indirect service practitioners were not identified in this set of studies.

Table 1.1

*Sample and demographic information reported*

<u>Study ID</u>	<u>Year</u>	<u>Journal</u>	<u>Location</u>	<u>Sampling strategy</u>	<u>Response rate</u>	<u>Sample size</u>	<u>Age</u>	<u>Gender</u>	<u>Race/ethnicity</u>	<u>Yrs. exp.</u>	<u>Geo region</u>	<u>Practice area</u>
1	1988	<i>Social Work</i>	New Jersey	Random sample of 25% of 488 NASW members in New Jersey	54.10%	66	Yes*	Yes	No	No	N/A	No
2	1989	<i>Professional Psychology: Research and Practice</i>	National	Random sample 800 females and 800 males from social work, psychology, and psychiatry	30.8% social workers	658	Yes*	Yes	No	Yes*	Yes	Yes*
3	1997	<i>Social Work</i>	Michigan	Stratified random sample of 1494 Michigan NASW members	56.60%	846	Yes*	Yes*	Yes	No	Rural/urban*	Yes
4	1998	<i>Journal of Contemporary Psychotherapy</i>	Missouri	Random sample of 100 members of each of four Missouri mental health groups	34% social workers	34	Yes	Yes*	No	Yes	No	Yes
5	1999	<i>Social Work in Health Care</i>	Southern rural state	Random sample of 305 social workers in 100 hospitals	42%	129	Yes	Yes	Yes	Yes*	No	Yes
6	2000	<i>Social Work</i>	Unknown	Convenience sample of 380 students in a field seminar at one private college	91%	349	No	Yes	No	Yes*	No	No

PERCEPTIONS AND PENALTIES

7	2001	<i>Journal of Social Work Education</i>	National	120 deans of accredited MSW programs, sampling strategy unknown	72.50%	87	No	No	No	No	Yes	No
8	2002	<i>Social Work</i>	National	Simple random sample of 1,200 selected from 58,056 NASW members, reduced to 1,143. Additional random samples of 478 were added from African American, Asian American, and Hispanic groups. 485 private practitioners were added. Final n=3062	55%	1,684	No	No	Yes	No	Rural/urban*	No
9	2002	<i>Journal of Social Service Research</i>	National	Simple random sample of 1,200 selected from 58,056 NASW members, reduced to 1,143. Additional random samples of 478 were added from African American, Asian American, and Hispanic groups. Final n=3062	67.8% for simple random; 54% White sample; 48.7% African American; 41.2% Asian American; 44.8% Hispanic	1,091 simple random; 502 White; 219 African American; 185 Asian American; 185 Hispanic	Yes*	Yes*	Yes*	No	No	Yes*



PERCEPTIONS AND PENALTIES

10	2002	<i>Social Work</i>	National	Simple random sample of 1,200 selected from 58,056 NASW members	57.20%	654	Yes	Yes	Yes	No	No	Yes*
11	2003	<i>Ethics &amp; Behavior</i>	New York	9,841 New York NASW members; random sample of 700, stratified by gender--350 females and 350 males	44.50%	305	Yes*	Yes	Yes	Yes	N/A	Yes
12	2003	<i>Social Work in Health Care</i>	Washington	2,498 Washington NASW members	34.50%	862	Yes	Yes	No	Yes	N/A	No
13	2005	<i>Journal of Baccalaureate Social Work</i>	Florida	400 MSW, 400 BSW; random sample	35%	280	Yes	Yes	Yes	Yes	N/A	No
14	2005	<i>Journal of Social Service Research</i>	National	Sample of 240 taken from 785 Society for Social Work Research members, strategy not indicated.	67%	160	Yes*	Yes*	Yes	Yes*	No	Yes
15	2007	<i>Journal of Public Child Welfare</i>	Pennsylvania	67 county social workers	39.5% social workers	43 (not all social workers)	Yes	Yes	No	Yes*	Rural	N/A

PERCEPTIONS AND PENALTIES

16	2008	<i>Families in Society: Journal of Contemporary Social Services</i>	California	300 MFTs and 300 LCSWs employed as therapists randomly selected	46.5% (not separated by discipline)	220	No	Yes*	No	No	Yes	Yes*
17	2008	<i>Social Work</i>	National	Random sample of 500 NASW members, stratified for MSWs	41%	206	No	No	No	No	No	Yes*
18	2009	<i>Australian Social Work</i>	Australia	2,186 Australian Association of Social Workers	30.1% Study 1; 33.5% Study 2	602 Study 1; 705 Study 2	Yes	Yes	Yes	No	No	Yes
19	2014	<i>Clinical Supervisor</i>	Major metropolitan area	75 BSW; 674 MSW	63.70%	477	Yes	Yes	Yes	No	No	No

\*Statistically significant

### **Data Collection, Analysis, and Reporting**

All studies were cross-sectional, providing a snapshot of a certain population at a moment in time, but were limited in their ability to determine changing beliefs or correlations over time. Half of the studies identified the “exploratory” nature of the design. Responses across studies came largely in the form of agreement scales related to statements of behavior (i.e. “I would discuss religious beliefs with clients”) regarding whether a behavior was considered appropriate, ethical, or acceptable. Two studies expanded behavior statements by utilizing scenarios. Given a lack of information regarding survey construction, it was unclear why specific statements were worded the way that they were.

To address the possibility of contamination that can often be a concern in surveys about attitudes and beliefs (Stopher, 2012), social desirability was mentioned as a threat to reliability in seven studies (36.8%) as an area for potential bias. This concern, regarding the degree to which participants may have responded so that they were seen favorably, may have caused under-reporting of beliefs. Similarly, validity concerns regarding the study methodology were identified in five studies (26.3%), naming concerns that those who responded may have different beliefs about what constitutes ethical and unethical behavior than those who did not participate. Seven studies (36.8%) noted that sample size or methodology limited the generalizability of their findings. Only one study made note of a significant social event that could have impacted the participants’ responses to the survey questions.

The findings indicate variable agreement regarding social workers’ perceptions of what is considered ethical practice. Fourteen of the 19 articles (73.7%) ranked participants’ responses regarding what constitutes ethical and unethical behavior in a variety of domains (Table 1.2). “Uncertain” or “not sure” responses were captured in six studies (31.6%), revealing considerable

confusion regarding many behaviors. High levels of uncertainty were indicated among survey respondents regarding whether it is ethical to continue to interview a research subject who is using alcohol or drugs (52.6%), use current students as research subjects (42.2%), provide assistance to an impaired colleague (42.2%), engage in sex with a former survey respondent (39.3%), provide therapy to a former research subject (38.6%), use a former student as a research subject (37.9%), and accept a client’s invitation to a party or special event (36.7%; 32.9%).

Figure 1.2 indicates several areas of uncertainty where the range of frequency varied greatly. Uncertainty was also indicated in the following areas, but with less variability: filing an ethics complaint against another social worker (24.2%; 23.2%; 20.3%; 19.4%), knowing whether euthanasia and/or assisted suicide is legal in their state (24%), participating in recreational or social activities with clients (15%; 13.7%), inviting a client to an office open house (14.4%; 14%), using treatment techniques for which no formal training was received (13.4%; 13.2%), allowing a client to enroll in one’s class for a grade (12.1%; 8.5%), and accepting relatives or friends as clients (11%; 5.8%)

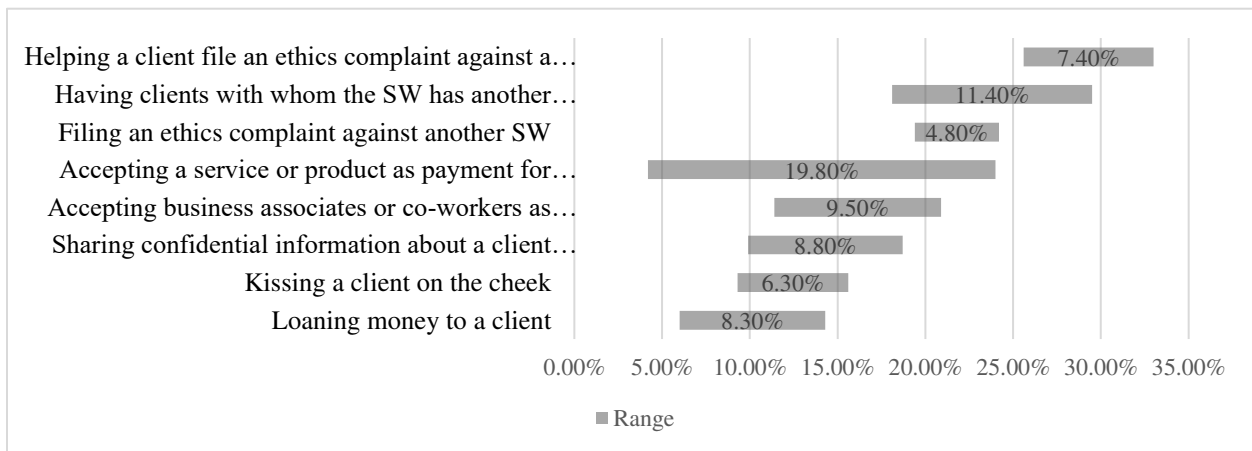


Figure 1.2. Range of frequency for “uncertain” or “unsure” responses

Table 1.2

*Beliefs regarding ethical and unethical practices by frequency*

<u>Study ID</u>	<u>Domains</u>	<u>Acceptable/ethical/ appropriate</u>	<u>Unacceptable/unethical/ inappropriate</u>
2	Dual relationships, sexual feelings, bartering, gifts, confidentiality, financial transactions <sup>a</sup>	<ol style="list-style-type: none"> <li>1. Accept gifts under \$10 (45.1%)</li> <li>2. Client's invitation to special occasion (25.4%)</li> <li>3. Employing a client (21.2%)</li> </ol>	<ol style="list-style-type: none"> <li>1. Sex with a current client (98.8%)</li> <li>2. Selling a product to a client (88.8%)</li> <li>3. Sex with a client after termination (91.6%)</li> </ol>
3	Intimate relationships <sup>b</sup> , dual relationships, mixed modalities, advice giving, boundary behaviors, financial transactions	<ol style="list-style-type: none"> <li>1. Accept lower payments from clients who are unable to pay (98.4%)</li> <li>2. Suggest lifestyle changes such as exercise or nutrition (94.8%)</li> <li>3. Refer clients unable to pay to other service providers (84.2%)</li> </ol>	<ol style="list-style-type: none"> <li>1. Accept a former romantic partner as a client (98.2%)</li> <li>2. Accept expensive gifts from a client (97.7%)</li> <li>3. Kiss a client (97.4%)</li> </ol>
4	Dual relationships, sexual feelings, bartering, gifts, confidentiality, financial transactions <sup>a</sup>	<ol style="list-style-type: none"> <li>1. Offer or accept a handshake from a client (97.6%)</li> <li>2. Break confidentiality to report child abuse (94.8%)</li> <li>3. Address or be addressed by first name (93.6%)</li> </ol>	<ol style="list-style-type: none"> <li>1. Sign for hours a supervisee has not earned (100%)</li> <li>2. Discuss a client by name with friends (100%)</li> <li>3. Do therapy while under the influence of alcohol (100%)</li> </ol>
6	Sexual contact with clients	<p>Sex could be considered appropriate when:</p> <ol style="list-style-type: none"> <li>1. Clinical relationship ended 5+ years ago (31.2%)</li> <li>2. The social worker's role was to assist the client with concrete services (17.5%)</li> <li>3. The clinical relationship had been terminated and lasted only two sessions (17.3%)</li> </ol>	<p>Sex with clients is inappropriate when:</p> <ol style="list-style-type: none"> <li>1. The sexual contact happened only once (99.4%)</li> <li>2. The social worker is in love with the client (99.2%)</li> <li>3. If the social worker engaged in sex in order to help the client gain a sense of self-worth because the client felt undesirable (98.8%)</li> </ol>

7	Sexual contact; professional employment; social (individual and group); therapeutic; professionals/collegial relationships	<ol style="list-style-type: none"> <li>1. Professional-collegial dual relationships (e.g. collaborating on conference presentation) (95.8%)</li> <li>2. Hire a current or former student to work on research (92%)</li> <li>3. Have a drink with a former student (91.4%)</li> </ol>	<ol style="list-style-type: none"> <li>1. Sex with current students (98.9%)</li> <li>2. Provide therapy to current students (94.3%)</li> <li>3. Hire a student for an unprofessional position (e.g. beautician, home decorator) (88.5%)</li> </ol>
8	Bartering, maintaining confidentiality, competency, dual relationships, forming social relationships with clients	<p>Urban:</p> <ol style="list-style-type: none"> <li>1. Accept client’s invitation to a party or special event (17.7%)</li> <li>2. Participate in recreational/social activities with a client (15.5%)</li> <li>3. Share confidential information without client’s consent when it is in their best interest (12.2%)</li> </ol> <p>Rural:</p> <ol style="list-style-type: none"> <li>1. Participate in recreational/social activities with a client (22.8%)</li> <li>2. Accept client’s invitation to a party or special event (21.9%)</li> <li>3. Share confidential information about client (not family relatives) without client’s consent when it is in their best interest (18.9%)</li> </ol>	<p>Urban:</p> <ol style="list-style-type: none"> <li>1. Look after a client’s belongings (96%)</li> <li>2. Ask favors from a client (94%)</li> <li>3. Invite client to personal home for social event (93.6%)</li> </ol> <p>Rural:</p> <ol style="list-style-type: none"> <li>1. Ask favors from a client (89.5%)</li> <li>2. Look after a client’s belongings (89.1%)</li> <li>3. Invite client to personal home for social event (88.3%)</li> </ol>
9	Accept gifts/loans, file ethics complaints, maintain confidentiality/privacy; sexual and intimate relationships; concrete assistance; engage in multiple/dual relationships; peripheral/professional advice; body focused interventions; modify billing practices; engage in social relationships; bartering; religion/prayer practice	<ol style="list-style-type: none"> <li>1. File ethics complaints against colleague (White: average 2.25; Asian American: average 2.59; Hispanic: average 2.69; African American: average 2.79)</li> </ol>	<ol style="list-style-type: none"> <li>1. Accept gifts and loans (African American: average 4.78; Asian American: average 4.71; Hispanic: average 4.76; White: average 4.74)</li> <li>2. Engage in sexual and intimate relations (African American: average 4.69; Asian American: average 4.62; Hispanic: average 4.67; White: average 4.58)</li> <li>3. Modify billing practices (African American: average 4.68; Asian American: average 4.62; Hispanic: average 4.65; Asian American average 4.62; White: average 4.40)</li> </ol>
(Scale: 5 is “inappropriate”)			
10	Peripheral professional advice, concrete assistance, dual relationships, intimate relationships <sup>b</sup> ,	<ol style="list-style-type: none"> <li>1. Use the “serenity prayer” as part of treatment program (38.2%)</li> <li>2. Give a ride to a client (24.0%)</li> </ol>	<ol style="list-style-type: none"> <li>1. Kiss a client on the lips (98.1%)</li> </ol>

	confidentiality/privacy; social relationships; religion/prayer in practice	3. Pray with a client at their request (21.4%)	2. Have sex with a client’s relative or other individual with whom the client has a close personal relationship (97.6%) 3. Loan car to a client (97.2%)
11	Incidental activities; social/financial activities; multiple professional roles	1. Accept a gift worth less than \$10 (34.1%) 2. Provide therapy to a friend of a client (30.4%) 3. Provide therapy to a lover of a client (19.1%)	1. Selling a product to a client (94.3%) 2. Inviting client to a personal or social event (89.4%) 3. Accepting a gift worth more than \$50 (85.8%)
13	Sexual contact <sup>c</sup>	BSW: 1. Clinical relationship was terminated 5+ years ago (33.6%) 2. Social worker’s role was to assist with concrete services only (12.1%)  MSW: 1. Clinical relationship was terminated 5+ years ago (15.5%) 2. Social worker’s role was to assist with concrete services only (6.9%)	BSW: Clinical relationship has been terminated and lasted only one year (100%) 1. Social worker engaged in sexual contact in order to help the client gain a sense of self-worth because the client felt undesirable (100%)  MSW: 1. Clinical relationship has been terminated and lasted only one year (99.4%) 2. Social worker engaged in sexual contact in order to help the client gain a sense of self-worth because the client felt undesirable (99.4%)
14	Research reporting; data management; appropriate research subjects; sex with current/former subjects	1. Publish corrections (91.1%) 2. Co-author article with current student (90.5%) 3. Report negative (research) findings (89.1%)	1. Disclose identifying information on a research subject (93.6%) 2. Does not give credit to colleague who helped collect data (90.3%) 3. Have sex with current interviewee (90.3%)
15	Selling a product to a client; providing therapy to an employee; employing a client; buying goods or services from a client; inviting clients to a personal party or social event; providing individual treatment to a relative, friend or lover of an ongoing client <sup>a</sup>	1. Buy goods/services from a client (30.2%) 2. Provide therapy to an employee (20.9%) 3. Employ a client/ Provide individual therapy to a relative, friend, or lover of an ongoing client (tie) (18.6%)	1. Invite clients to a personal party or social event (83.7% never ethical) 2. Sell a product to a client (79.1% never ethical) 3. Provide individual therapy to a relative, friend, or lover of an ongoing client (74.4% never or rarely ethical)

16	Incidental; social; financial; dual professional role <sup>a</sup>	<ol style="list-style-type: none"> <li>1. Accept a gift worth under \$10 (32%)</li> <li>2. Invite client to office/clinic open house (30%)</li> <li>3. Accept client's invitation to special occasion (22%)</li> </ol>	<ol style="list-style-type: none"> <li>1. Sex after termination (92%)</li> <li>2. Invite a client to personal party/social event (91%)</li> <li>3. Sell a product to a client (91%)</li> </ol>
18	Praying with a client at their request; use of herbs/alternative therapies; sharing one's religious beliefs; use of psychic readings/astrology; use or suggest techniques such as yoga, tai chi, reiki	<p>Study 1/Study 2:</p> <ol style="list-style-type: none"> <li>1. Use or suggest techniques such as yoga, tai chi, reiki (32.3%/84.9%)</li> <li>2. Pray with clients at their request (24.4%/62.4%)</li> <li>3. Use of herbs/alternative therapies (18.3%/60.1%)</li> </ol>	<p>Study 1:</p> <ol style="list-style-type: none"> <li>1. Use of psychic readings/astrology (88.8%)</li> <li>2. Share one's religious beliefs (42.4%)</li> <li>3. Pray with a client at their request (28.3%)</li> </ol> <p>Study 2:</p> <ol style="list-style-type: none"> <li>1. Share one's religious beliefs (51%)</li> <li>2. Use of psychic readings/astrology (40.7%)</li> <li>3. Pray with a client at their request (37.6%)</li> </ol>

<sup>a</sup> Domains and accompanying survey questions based upon the Therapeutic Practices Survey first developed by Pope, K. S., Tabachnick, B. G., & Keith-Spiegel, P. (1987). Ethics of practice: The beliefs and behaviors of psychologists as therapists. *American Psychologist*, 42(11), 993-1006. doi:10.1037/0003-066X.42.11.993

<sup>b</sup> Study did not include "sex with current clients" as a behavior

<sup>c</sup> Survey questions based upon survey created by 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), 223-35. doi: 10.1093/sw/45.3.223



### Discussion

This study appears to be the first systematic review to examine social workers' perceptions of ethical and unethical behavior. Such a study is important because it highlights a range of viewpoints and identifies gaps in the field related to how these differing opinions shape practice. More contemporary studies were expected to build on the findings of previous studies; however, only some reference lists overlapped. As a result, some authors considered their research novel when similar studies had previously been conducted.

The Code of Ethics indicates that some contents are considered “enforceable” and others are “aspirational;” however, many state licensing boards across the U.S. reference the Code of Ethics as a standard of practice for social workers (NASW, 2008). The inability of a social worker to adhere to these standards can have licensure and employment ramifications. Fourteen of the 19 studies utilized an NASW membership sample, and variations among responses in those samples were significant, specifically in the number of “unsure” or “undecided” responses. Social workers who live in states utilizing standards other than the Code of Ethics are only bound to the Code of Ethics if they are also members of an NASW chapter. Less is known about the perceptions, behaviors, and influences of those not affiliated with the NASW; however, the studies using different samples also indicated extensive variability in opinions.

These findings may suggest that the Code of Ethics should be made more prescriptive; however, more rigidity may deter social workers from adherence, particularly if the recommended course of action interferes with one's professional judgment (Doel et al., 2010). Reactance theory may explain the respondents' engagement in unethical behavior, which may be applicable to social workers who feel that their freedom is restricted by a set of rules, and so they resist adherence (Brehm & Brehm, 2013). Beliefs about behaviors may mean little when context

is not taken into consideration; furthermore, clinical choices need room for interpretation (Doel et al., 2010; Fine & Teram, 2009). A lack of context in most the studies included in this systematic review, and a lack of space for survey respondents to explain their reasoning, creates gaps in understanding the implications of the results.

### **Strengths and limitations**

This study, the first of its kind, presents the wide range of published beliefs regarding what is considered ethical and unethical, and lays the groundwork for additional data to be collected. Few exclusion criteria allowed for a comprehensive view across timeframes, sample sizes, and results. Another strength of this study is that the inclusion criteria broadened the definition of a social worker's scope of practice, which has previously been limited only to those providing therapy (Pope, Tabachnick, & Keith-Spiegel, 1987). Much attention has been paid in social work and other human service literature to the phenomenon of professionals engaging in sexual relationships with current clients, yet little has emerged in the literature about other practice behaviors leading up to sexual relationships (Gutheil & Brodsky, 2008). This study's focus on a wide range of practice domains may contribute to increased understanding.

This study's most significant limitation is that it lacked a co-reviewer to assist in the determination of an article's significance to the overall research question. Although the articles were reviewed by a social work ethics content expert, another independent search of the articles was not done, and two or more researchers can reduce the likelihood of bias in article selection (Petticrew & Roberts, 2006). Though the search terms were broad, the database search may not have captured all articles relevant to the research question. While all efforts were made to identify a salient research question that either partially or completely identified social workers'

perceptions of ethical practice, the question did not examine the aspects of these studies identifying whether social workers participated in such activities.

### **Implications for Practice**

The findings of this systematic literature review may have implications for social work practice, the Code of Ethics, and the teaching and training of ethics. It is evident from the results that the interpretable nature of the Code of Ethics creates a lack of clarity for and consistency among social workers. The ranges of survey responses indicating approval of certain behaviors are surprising, and when examined collectively, may help shape conversations around this interpretation. For example, in one study, 21.9 percent of respondents considered it ethical to accept a client's invitation to a party or special event, while 91 percent in another study identified it as never ethical. These results may suggest that a discipline-wide code of ethics encompassing such a diverse range of roles and duties cannot provide sufficient guidance. Instead, codes of ethics related to practice areas or job duties may be more fitting.

While several behaviors involving clients were very clearly considered unethical across studies, the definition of who constitutes a "client" caused some discrepancies, specifically regarding whether students or research participants fall into that category. Additionally, the common social work axiom "once a client always a client" guided one study's research questions, and revealed that this adage may not be as universally believed as previously thought. This may illustrate the need for clarification in training and teaching or a clearer definition in the Code of Ethics. Social workers need to be able to consistently identify the "client" to decrease confusion for themselves and the clients with whom they work.

As mentioned in the discussion sections of several the articles, the frequency with which survey respondents identified "unsure" or "undecided" is cause for concern. When social

workers misinterpret or are confused by what is considered appropriate, they put themselves at risk for harming clients, which may lead to negative consequences for both parties and accusations of malpractice for the social worker (Jayaratne, Croxton, & Mattison, 1997). The litmus test by which something is considered ethical is by the harm it does to the client; however, the extent of this harm may not ever be fully understood, especially considering the nearly one fifth of study respondents who were uncertain if it was ethical to report a colleague's unethical practice. This finding is concerning given the remarkably clear Code of Ethics' standards regarding social workers' responsibilities for reporting colleagues' unethical behavior.

The cognitive dissonance experienced by those who struggle with ethical dilemmas can cause feelings of isolation (McAuliffe, 2005). The actions of hesitant social workers who find themselves conflicted may result in significant complications, especially those in which a decision is needed in the moment, such as responding to affection from a client or being approached by a client in a public place. These findings also may reveal the need for additional research on how consultation is accessed in the course of an ethical dilemma. Access to quality supervision and consultation is imperative for social workers across the spectrum of experience.

While the belief that certain behaviors are acceptable under certain circumstances may not cause specific harm to a client or a social worker, it is certainly possible that trends leaning toward flexibility could lead toward the "slippery slope" ultimately resulting in significant harm (Bazerman & Tenbrunsel, 2011). Another important consideration may involve the concept of ethical fading, which occurs when a decision is no longer seen as having moral consequences, so unethical behavior becomes justified: "We are creative narrators of stories that tend to allow us to do what we want and that justify what we have done. We believe our stories and thus believe that we are objective about ourselves" (Tenbrunsel & Messick, 2004, p. 225).

Furthering this justification, Barsky (2011) demonstrated that when people mentally distance themselves because they see their own actions as outside of their control, they begin to displace responsibility to a superior or other outside entity. For instance, social workers may consider that if a specific policy, law, or standard in the Code of Ethics does not prohibit a behavior, it must be condoning it. Because years in practice were determined to be an area of significant difference in five of the studies (26.3%), signifying more flexibility in some areas and more rigidity in others, a longitudinal study examining the factors that impact a social worker's beliefs might provide useful information related to these concepts of justification. To identify these risks, and to prevent ethical fading, social workers need access to an ethics curriculum that provides opportunities for critical thinking and demands accountability.

### **Implications for Research**

The exploratory groundwork for understanding attitudes about ethical practice has clearly been laid by the number of studies focused on the topic. This systematic review draws attention to the need for more experimental research focused on the ways in which social workers' attitudes influence their behaviors. The social work profession must also conduct more empirical research on the ways social workers resolve their ethical dilemmas, and how supervision or other factors impact the course of the resolution of a dilemma.

The concern about social desirability was strong in the articles included in this systematic review, suggesting concern about the accuracy of the information captured in the results. One study published a paragraph from the Code of Ethics in the survey; however, the potential impact of this addition on the study's results was not addressed in the limitations of the study. In addition, the wording of some survey questions may have indicated all behaviors listed were considered unethical, thereby slanting the participants toward a certain pattern of response. To

resolve the impact of social desirability on participants' responses, additional studies involving observational or scenario-based data are needed.

It is also interesting to note that only one study was sponsored by a state chapter of the NASW, and that no study's methodology identified consultation with the NASW for their survey items. The sponsored study also revealed the greatest number of practice behaviors in which survey respondents identified uncertainty. Given the NASW is responsible for authoring the Code of Ethics, it may be advantageous to the field for additional research to specifically involve authors or administrators involved in the writing and revision of the Code.

When the demographic information found in these studies is compared to the 2004 NASW Workforce study (NASW, 2006), the most recent study of its kind, similar patterns are found. Only 14 percent of social workers are non-Hispanic White, compared with 30 percent of the U.S. population. Female social workers outnumber male social workers more than four to one (NASW, 2006). Additional empirical research is needed regarding the extent race and gender impact attitudes and opinions about ethical practice.

### **Conclusion**

Social work ethics is a complex area to navigate for practitioners and researchers alike. A systematic review of studies involving perceptions of social workers' beliefs reveals significant inconsistency regarding some practice behaviors. Examining these complex issues through a more experimental or observational methodology would benefit the field, and potentially shed light on the training and teaching needs of social workers as they attempt to decipher the characteristics of ethical practice.

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“Of All the Social Workers... I'm the Bad One:” Impact of Disciplinary Action on Social  
Workers

### Abstract

The NASW Code of Ethics makes several professional responsibilities clear; however, no explicit duty exists to restore dignity and reintegrate a social worker who has been reported to the licensing board for engaging in unethical or unprofessional behavior. This article, which reports the qualitative results of a mixed methods study, examines the personal and professional effects of disciplinary action on those social workers who have been sanctioned by a state board of social work. Through a symbolic interactionist lens, the author interviewed 18 social workers who had been disciplined by their licensing board and found that participants were often notably affected by the experience. The themes in the findings involved negative psychological and personal impacts, long-term vocational concerns, poor treatment by the Board, and the importance of support to endure the experience. A notable social work implication includes generating clearer responsibilities for social workers around rehabilitation of those who have been disciplined.

*Keywords:* Ethics, licensing, qualitative research, sanction, Board of Social Work

“Of All the Social Workers: I’m the Bad One:”

Impact of Disciplinary Action on Social Workers

Headlines regarding social workers often focus on professional or personal misconduct. Social workers are in the news for instances of identity theft, sexual contact with a vulnerable person, or lack of follow through that resulted in a poor outcome. Such information regarding these violations are publicly accessible through state licensing boards and NASW and have been studied from several angles throughout the past 20 years (Boland-Prom, 2009; Daley & Doughty, 2006; Strom-Gottfried, 2000). The types of violations most frequently appearing across studies are boundary violations (which includes sexual contact with clients), “poor practice,” and improper treatment (Boland-Prom, 2009; Daley & Doughty, 2006; Reamer, 1995; Strom-Gottfried, 2000). Similar findings have been tracked across disciplines (Garfinkel, Bagby, Waring, & Dorian, 1997; Neukrug, Milliken, & Walden, 2001).

Given the frequency and gravity of the infraction, sexual violations have been researched most heavily. The factors leading up to sexual contact with a client involve the professional’s personal stressors, role reversal, excessive self-disclosure, and exploitation (Berkman et al., 2000; Gutheil & Brodsky, 2008; Garfinkel, Bagby, Waring, & Dorian, 1997; Pope, Sonne, & Holroyd, 1993; Somer & Saadon, 1999). Violations of a sexual nature have had lasting psychological impacts on clients (Feldman-Summers & Jones, 1984; Gutheil & Brodsky, 2008; Lamb & Catanzaro, 1998; Luepker, 1999; Somer & Saadon, 1999); however, the research contains little about the impact of other types of violations on clients’ well-being and even less about the impact of a violation on the professional (Reamer, 2003).

It is important to gain a better understanding of the effects disciplinary action has on social workers. The purpose of this exploratory article was to identify the personal and



professional effects of disciplinary action on social workers who have been sanctioned by a state board of social work to learn how to support this subset of the population while protecting the integrity of the profession.

### **Violations**

Practice violations are reported to state licensing boards or directly to NASW, who determine the outcome of the social worker's actions, while others are not reported at all. The number and types of violations against social workers have been reviewed at various intervals since 1956 (Berliner, 1989; McCann & Cutler, 1979; Reamer, 2003; Strom-Gottfried, 2000). While these studies once focused on the violations reported to NASW, more recent studies have focused on state licensing board data available through state websites and the Association of Social Work Boards Disciplinary Action Database (Boland-Prom, 2009; Daley & Doughty, 2007). Data collected over the past 15 years indicates similar patterns surrounding the nature of the violations.

Strom-Gottfried's (2000) often cited research examined 781 total violations and found that the most frequently reported complaint involved boundary violations (n=254, 32.5%), which includes a subset of 107 involving sexual relationships with a client or supervisee. Claims data from the NASW insurance division showed that 18.61% (n=118) of malpractice suits were related to "incorrect treatment," and 18.45% (n=117) of them were related to "sexual impropriety" (Reamer, 1995). These two categories alone made up nearly 60% of the dollars paid to the claimant through lawsuits. Daley and Doughty (2007) reviewed complaints in Texas and found 22.3% (n=310) classified as "poor practice" and 21.0% (n=291) related to "boundary violations." Boland-Prom (2009) found similar results involving boundaries in her review of 874

violations reviewed through 27 state licensing boards, indicating that dual relationships (both sexual and non-sexual) were the most sanctioned offense (n=205, 23.4%).

Complaints are often filed by a social worker's colleagues rather than by a client or a person closely connected with a client (Berliner, 1989; McCann & Cutler, 1979; Strom-Gottfried, 1999). It is important to note that while the majority of violations and lawsuits directly involve clients, not all do. Compliance with licensing board regulations such as working without a license or a lapsed license represented 18.2% (n=159) of all violations, continuing education requirements accounted for 10.5% (n=92) of offenses (Boland-Prom, 2009), and 4.2% (n=33) were related to colleague/co-worker interactions (Strom-Gottfried, 2000). The data collected in these studies did not include any information from the social workers themselves.

### **Sanctions**

Consequences for disciplinary action vary by type and length of time between the reportable action and the resolution of the complaint. Lack of criteria, withdrawals of complaints, or complaints related to procedural errors are often not referred for hearings and thus do not result in sanctions in many the cases filed (Strom-Gottfried, 2000). McCann and Cutler (1979) found that the most frequent reprimand was a private condemnation in 24.6% (n=38) of complaints. Similarly, Boland-Prom (2009) indicated that a "reprimand or letter of admonishment" was the most serious consequence levied in 21.0% of complaints and a revocation of license or non-renewal made up 12.1% of the cases. The average time for adjudication has also varied significantly, from several months to several years, which can result in significant legal expenses and lost productivity for the social worker and, often, the employing agency (Reamer, 1995).

Correlational data between the nature of the offense and the type of disciplinary action was not found in the existing literature. Some violations, namely those related to neglect, theft, assault, or impaired driving, could also have significant legal consequences for the offending social worker. However, no consistent data were found to substantiate this. Scholarship available on the sanctions of disciplinary action was limited to aggregate data and did not involve the impact of the experience on the social workers involved.

### **Unethical Behavior: Contributing Factors**

Unethical behavior or patterns of behavior by social workers often start out as intentional or unintentional instances of crossing the line. For example, a boundary crossing can turn into a boundary violation when left unchecked (Epstein, 1992). Given the harm it causes clients and the consequences it has for the professional, more research has been conducted on professional-client sexual contact than any other ethical violation. Between 2-5% of social workers reported having sex with their clients (Berkman et al., 2000; Jayaratne, Croxton, & Mattison, 1997).

Qualitative data on professionals who identify as therapists, which includes disciplines other than social work, indicated several themes that can lead up to sexual contact with clients. These themes include exploitation of the client for the therapist's own interests (Pope, Sonne, & Holroyd, 1993); role reversal in which the therapist begins sharing more about his/her personal life (Somer & Saadon, 1999); personal stress or transitions (Garfinkel, Bagby, Waring, & Dorian, 1997); rationalization of the therapist's actions (Gutheil & Brodsky, 2008) because the sexual contact was seen as a therapeutic intervention (Somer & Saadon, 1999) or a result of the client's increased self-esteem (Berkman et al., 2000). For a specific subset of therapists who were themselves engaged in sexual contact "with their own therapists, supervisors, or educators at an earlier time have an increased probability of becoming offending therapists, supervisors, or

educators themselves” (Lamb & Catanzaro, 1998, p. 498). Epstein’s (1992) self-administered exploitation index has proven to be a useful tool in alerting professionals to many of the above risk factors; however, it does not examine the impact the disciplinary action itself had on the professional.

### **Impact on Clients**

Inevitably, clients and their loved ones who are the casualties of a social worker’s unethical or unprofessional behavior are impacted by those experiences. While little is known about the effects of other types of violations on clients (Reamer, 1995), sexual contact between clients and their social workers results in clients experiencing mistrust, anger, psychosomatic symptoms (Feldman-Summers & Jones, 1984; Gutheil & Brodsky, 2008), and notable mental health consequences, including post-traumatic stress disorder, depression and suicidal ideation, and alcohol and drug use (Luepker, 1999). Additionally, 18% have been re-victimized by other professionals they sought help from after the initial violation (Luepker, 1999).

### **Impacts of Corrective Action across Disciplines**

While the impact of disciplinary action on social workers does not appear in the literature specifically, research in related disciplines reveals that disciplinary action stemming from unprofessional and unethical behavior can have important life-changing consequences for a practitioner (Coy, Lambert, & Miller, 2015). Marriage and family therapists reported feeling “powerless,” and did not feel supported to rehabilitate by the licensing board in any way during the process (Coy, Lambert, & Miller, 2015). Psychologists reported experiencing significant stress, anxiety, and depression because of licensing board investigations (Thomas, 2005). For those whose sanction included revocation or surrender of a license, a deep sense of grief accompanied the loss of professional identity (Coy, Lambert, & Miller, 2015).

Lacking in the literature are studies focused on the impacts disciplinary action has on social workers (McAuliffe, 2005). One of the 13 standards in the National Association of Social Workers' Code of Ethics specifically indicates that "Social workers should defend and assist colleagues who are unjustly charged with unethical conduct;" however, there is no explicit professional responsibility to restore dignity and eliminate maltreatment of a social worker who has been reported to the licensing board for engaging in unethical or unprofessional behavior (NASW, 2008, "Unethical Conduct of Colleagues," para. 5). This absence of language may contribute to the "poignant sense of loneliness or isolation" experienced by social workers who grapple with ethical dilemmas in general (Holland & Kilpatrick, 1991, p. 140) and may put them at risk of violating ethical principles or licensing standards.

## **Methods**

### **Participants**

To determine the impacts of disciplinary action on social workers, this mixed methods study was conducted with a subset of social workers who were disciplined by the state licensing board in one Midwestern state for engaging in unethical or unprofessional conduct. Though some information regarding licensed social workers is publicly available online, consistent contact information is not. As a result, the researcher purchased contact information from that state's Board of Social Work regarding licensees who had been disciplined by that board between the years of 2006 and 2015. This list contained 154 unique names.

### **Procedures**

The mixed methods study incorporated both surveys and in-person interviews. Surveys were distributed via Qualtrics for those participants for whom email addresses were known, and the U.S. mail for those whom only mailing addresses were available. While a total of 154

surveys were distributed, 16 surveys were returned as undeliverable via email or mail, making the total sample 138 participants. Thirty-nine surveys were completed (28.2%). The last question of the survey asked respondents for their contact information if they were interested in being interviewed to discuss their experience further. Interview data were expected to capture more in-depth perspectives than the survey alone could provide (Creswell, 2014).

A total of 23 survey respondents indicated interest in participating in an interview (58.97% of survey respondents) and provided their preferred contact information(s). Upon receipt of this information, the researcher made two attempts to reach each respondent. Four respondents could not be reached, and one withdrew from the study before setting up an interview. Seventeen participants were interviewed face-to-face or over the telephone and one respondent provided responses to questions via email. Each participant received a \$25 gift card for their participation in the interview. This article focuses only on the qualitative strand of the study related to the psychological and vocational impacts of disciplinary action.

Between May and July 2016, qualitative interviews were conducted in locations of the participants' choice, which included private meeting rooms at coffee shops, libraries, and participants' workplaces. Interviews lasted an average of 45 minutes. The interviews followed a semi-structured procedure and included questions about the events leading up to the violation as well as the subsequent impacts of the violation. Questions included: "Please tell me about how the whole experience affected your life," "In what ways has this incident impacted your view of the social work profession and your identity as a social worker?" Probing questions were used to help participants expand on their responses. Though information about each of the violations was publicly available online through the participant's name, the researcher did not access this data to decrease bias and increase consistency across interviews.

### **Protection of Human Participants**

This study received IRB approval from a private Midwestern university. Participants were emailed a copy of the consent form to review in advance of the interview. Before beginning the interview, the researcher reviewed the consent form with the participant and asked questions to ensure clarity. Signatures were collected on paper or electronically before beginning the interview. This study incorporated a member checking component, in which the researcher restated or summarized information heard from the participants to determine whether the summary accurately reflected the viewpoint of the participant (Harper & Cole, 2012). If accuracy and completeness were affirmed, the follow-up was complete. During the interview, the participants could decline to answer any question or terminate the interview at any time.

### **Data Analysis**

All interviews were audiotaped and transcribed verbatim by the researcher or a professional transcription service. Each transcript provided by the transcription service was checked for accuracy by the researcher. Data were analyzed thematically using MAXQDA 12. In vivo coding was selected in the first round of coding, an approach considered appropriate for honoring the voice of ostracized participants (Saldaña, 2015). Then, the researcher organized the data by categories, and again into themes and subthemes.

### **Results**

The interview participants consisted of 12 females and six males. Participants earned their most recent social work degree between 1982 and 2016. During the time of the interviews, five were licensed at the BSW level, five at the MSW level, six were licensed as independent

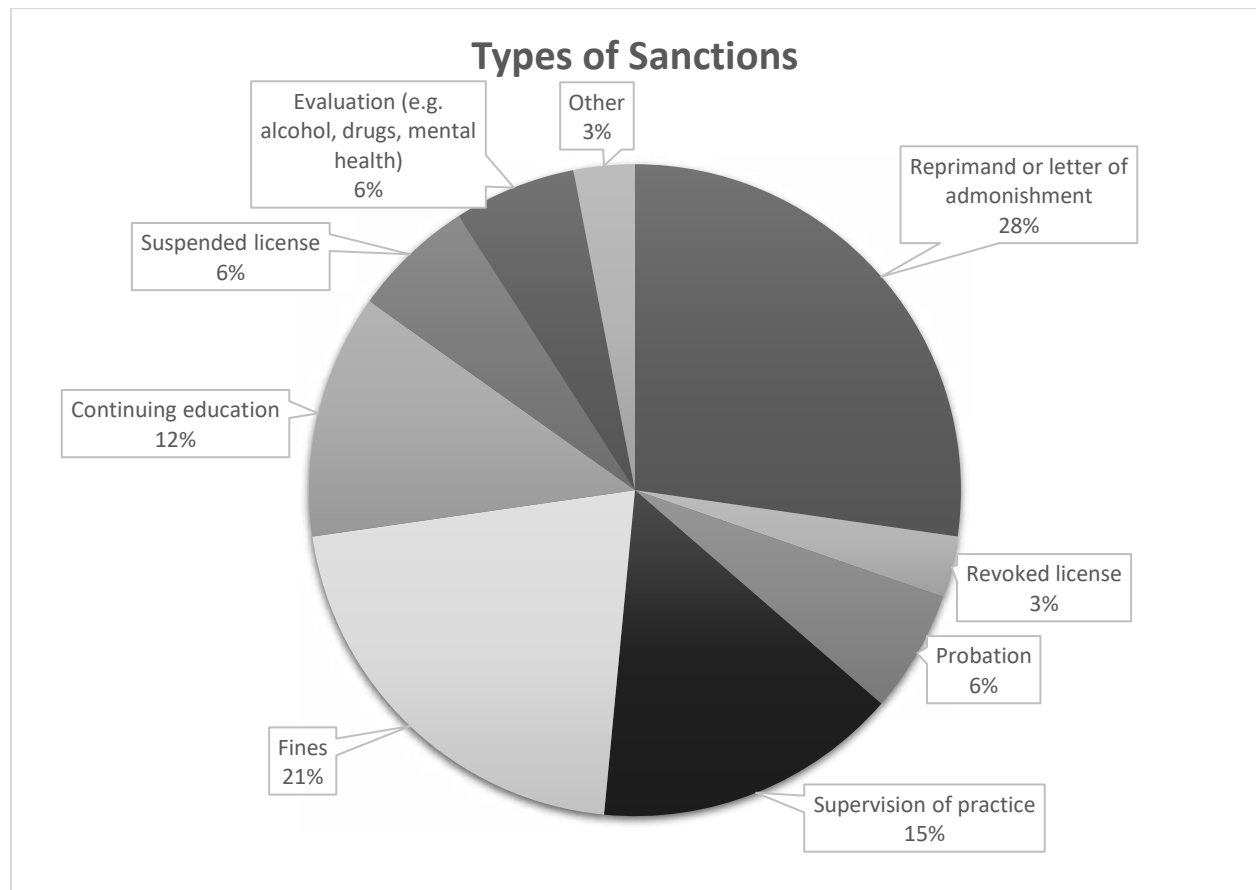
clinical social workers, and three were no longer licensed as social workers. The types of disciplinary action and the sanctions levied by the Board of Social Work for those actions, as reported by the participants themselves, are found in Table 2.1 and Figure 2.1, respectively.

Table 2.1.

*Nature of violation leading up to disciplinary action*

Nature of the violation	Percent of total	Number reported
Basic practice (e.g. records, consent, confidentiality)	16%	3
Dual relationships and boundary violations	26%	5
License-related problems (e.g. CEUs, practicing without a license)	53%	10
Personal	5%	1
<b>TOTAL</b>	<b>100%</b>	<b>19*</b>

\*Participants could indicate more than one type of violation





*Figure 2.1. Types of sanctions from the Board of Social Work*

Fifteen percent of participants (n=3) received their disciplinary action in the six months prior to completing the survey, 20% (n=4) in the previous 7-11 months, 20% (n=4) in the past 1-2 years, 30% (n=6) received disciplinary action between 3-5 years, and 10% (n=2) in the past 6-10 years. Thematic analysis identified six major themes connected to the personal and professional effects of disciplinary action on this study's participants. They are described below.

**Negative effects of disciplinary action on personal life**

Most participants described negative psychological and personal impacts of the experience. These impacts began as soon as the first contact with the Board of Social Work and sometimes extended a decade into the future. Several participants connected the experience of disciplinary action with feelings of being watched, and became hyper-vigilant, sometimes professionally and personally. Expressions such as “a hammer could drop on my head,” “walking on eggshells,” and “waiting for the other shoe to drop” were common. Another reported that the experience caused “this kind of overwhelming panic and fear about everything that I say and do.” Another participant agreed, stating, “we become so afraid of doing harm that we're not doing any good either.” For another participant, the effects:

...permeated my whole ideas of self-worth and self-esteem and I find myself just dealing with the lasting effects of doubt with decisions I make and who I can kind of trust and where I can get help... These mistakes that are going to follow me forever. [The feelings] sometimes take over my life.

Participants also identified feelings of embarrassment, shame, fear, anxiety, and shock. One participant described her anxiety in this way: “I would just have all of a sudden these panic

attacks... I left that hearing, and I [said], 'I'm a really horrible person.'" Another participant said, "It was one of the most painful things I think I've ever been through, really hard." Another participant indicated that the feelings are just as strong as they were when the incident occurred: "The stress... hasn't let up. I've just had to learn to... put it in a box and just put it on the shelf.. And just say, this is what I have control of... and this is what I don't."

The negative personal effects extended to long-term physical impacts as well. Several participants explained notable periods of sleep problems, including nightmares and sleeplessness. One participant who reported having continuing stomach problems said, "There's not a doubt in my mind that it's probably taken some time off my life." The financial impact of the disciplinary action was also shown to create hardships. Attorney fees, fines from the Board of Social Work, and costs of evaluations were mentioned. One participant reported filing bankruptcy as a result of the expenses incurred during the disciplinary process and the loss of income during that time.

### **Long-term effects of licensure violations on vocational life**

When considering the effect disciplinary action has had on their lives, a few participants reported that the experience was "no big deal" and "not the end of the world." However, many participants also indicated the long-term vocational effects they experienced in addition to the personal and psychological impacts of disciplinary action.

**Scarlet letter.** By far, the consequence identified most often across participants, regardless of nature of the violation, was the permanent scarlet letter of having their name listed on the Board of Social Work website. In the state where the study's sample was derived, all Board action is subject to listing, regardless of the length of time since or the severity of the violation. The experience was stated in this way by one participant: "Of all of the social workers in the state, I'm the bad one;" however, that opinion was felt across participants' responses.

“There's this bad mark against me. It's not that it's wrong or unfair. It's that it's never going to go away,” “I think there should be a statute of limitations,” “My name goes on the ‘bad social worker list’ forever.” One participant said that continuing to publicly post the disciplinary action is misaligned:

I'm still doing the work so clearly I might have did [sic] something back in the day but I've clearly come through and I'm okay now and you're still letting me do the work. I don't feel the need for it to come up 15, 20 years later.

Another participant agreed, seeing the violation of practicing without a license as not warranting the permanent sanction: “It is just humiliating that they can publicly post my name as being disciplined when it was a simple mistake and lack of education.” Similarly, another participant felt trapped by stating, “There's no way of outgrowing or earning your way out by good behavior for this reprimand. It stays on my record.” Another participant compared the stigma of this list to the registry of people with criminal sex offenses.

Three participants lost their jobs as a direct consequence of boundary violations against a client or a co-worker, and indicated difficulty finding and keeping employment connected to the “big black mark” associated with their social work license. One participant indicated, “[One supervisor] wanted to hire me and ultimately somebody further up the ladder wouldn't let her” and another had a similar experience: “I went to two interviews... but when I had to tell them, then it was all shut down.” Several other participants worried about the ways in which the sanction would affect future hiring decisions. For example, one participant stated: “Every time I fill anything out, I have to say, ‘Yes, I've had a disciplinary action’ and it looks horrible... a big fat yes, you don't look any further, you have no idea” and another wondered, “Is this going to ruin my career?...What does that mean for my life?”

**Concealing and revealing.** Participants expressed different viewpoints regarding whether or not to disclose information about the disciplinary action. Shame and embarrassment seemed to drive several participants' decisions regarding "the dark secret." One participant expressed some hesitancy about sharing the information: "I wasn't reluctant, necessarily, to disclose that to my employer but to have to open up about that after being in a new position for a period of time it was embarrassing." Another participant saw disclosure as a necessary component of surviving the experience, "Because I was not willing to walk alone feeling ashamed as everyone at every single agency I consulted with, I went directly to the person in charge and told them." Others chose not to disclose information about the disciplinary action in any professional capacity, finding the disclosure "irrelevant" or unnecessary. "I don't know if my boss there, my immediate supervisor ever actually knew or not." Several participants shared the sentiment of this participant who stated, "I didn't tell them what had happened because I didn't have to."

**Change for the better.** Some participants stated that some good came out of the experience. These benefits have improved participants' practice and changed agency policy. About practice improvements, one participant reported, "I've learned a lot about how to be professional and how to how to carry myself in that professional role" while another stated, "I do better record keeping than I've ever done in my entire life." Another participant reported, "I've become aware that I probably was not as vigilant as I thought... I've become much more vigilant in my practice." Another participant saw improvements by accessing supervision and consultation more frequently.

**Mirrors and magnifying glasses**

When discussing the incident that led up to the disciplinary action, participants reported viewpoints that indicated they had made a mistake and should have some consequence of that error. Other participants saw the situation as “unfair” or unjustified, which highlighted participants’ beliefs about who was responsible for the disciplinary action. These attributions were also extended to the ways in which a participant saw their violation in relation to those of others.

**I made a mistake.** Some participants identified a sense of personal responsibility for the disciplinary action. These participants stated that they were “guilty” of making an error, and “I learned my lesson.” Several noted that they took “full responsibility” for their actions, as one participant stated, “I made this mess-up, and I am going to be an adult and take the consequences.” Looking back on the situation, one participant stated, “I didn’t realize how proactive I needed to be to know all of the rules and regulations.” Another participant continued to stand by the decision that led to the disciplinary action, which involved a boundary concern that “saved [the client’s] life,” though understood that the decision was outside the norm of typical social work practice. Some participants acknowledged that the situation could be attributed to an error on their part; however, the circumstances required some understanding and “leeway” from the Board of Social Work, adding that the Board “should be looking at individual circumstances.”

**It’s not my fault.** Several participants felt that the incident was a result of the actions of another. The responsibility was shifted externally, extending to the Board of Social Work, university professors, employers, and clients. Several participants whose disciplinary action involved becoming licensed shared the perspective that “no one told me.” Another participant,

whose violation involved boundaries with a client, attributed the situation to that person, indicating the client took no responsibility: “The lies [the client] told me... through the course of therapy were well-thought out and [the client] defended them vigorously.”

**This is not as bad as you think.** Regardless of whether the participant looked in the mirror regarding the licensing violation or examined the external environment with a magnifying glass, participants seemed to find it helpful to lessen the impact of their violation(s) through comparison with others who had broken professional or societal rules. During the interactions with the Board of Social Work, one participant said it felt “like I was being investigated for a murder.”

How the Board of Social Work viewed the violation and how the participant viewed the violation generated the most comparison responses. One participant defended the violation stating, “It seemed from my perspective I was not maliciously intentionally trying to beat the system or try to practice or try to sneaky and not paying dues or whatever.” Another participant indicated, “It's one thing if you're sexually abusing a client, or if you're embezzling money. I mean, if you're doing something bad, this is a problem. But, I just didn't feel like mine was on that same level.” Other comparisons included, “doctors who write faulty prescriptions,” “hidden money from the IRS,” “abusing a child client,” “falsifying records,” bribery, and “purposefully harmed a client.”

### **Shame on You**

Most participants saw their interactions with the Board of Social Work as directly related to the way they interpreted the impact of the disciplinary action. While some indicated that they were treated with respect from the Board, and were provided adequate information to make informed decisions about their disciplinary action, many more participants felt belittled and

shamed during the experience. These participants described their interactions with the Board of Social Work as “intimidating” “not sympathetic, not empathetic, not caring and considerate.” One participant stated “I didn't feel safe. I didn't feel comfortable” talking to the Board. Others indicated that the Board “slapped me on the wrist” and “was shaking its finger at me” and they hoped that the Board “would have just listened.” Another said, “I didn't need to be treated that way, shamed and yelled at.”

**Presumption of guilt.** Compacting their negative feelings about the interactions with the Board, participants also perceived the experience lacking a presumption of innocence and feeling like “a criminal” stating that “it's not you're innocent until proven guilty. It's your guilty, and you need to prove your innocence.” Other participants' responses aligned, stating “they had decided everything before I even walked in is what I'm gonna say. I was way guilty before I even sat down” and “[The Board said] ‘This is what will happen. If you want to appeal this, you have the right to. But this is what our findings are.’ Why would I waste that money or time?”

**No credit for good work.** Another effect of the interactions with the Board of Social Work was that participants, specifically those with long social work careers, felt that the time spent practicing social work before the violation went unacknowledged in discussing the violation with the Board during the process. Overwhelmingly, the belief was that “none of it mattered.” One participant with 25 years of experience said, “I'd had a completely blameless record, it was perfect. I'd done a lot of really good things... None of it counted. It was never addressed. It was never discussed.” Another participant similarly stated, “It didn't matter that [my employer] stood behind me. It didn't matter that I had a spotless 19-year history with [my employer].” This experience caused a substantial amount of grief for another participant: “I'm

grieving the fact that for all the years of service that I did for the people that I have helped, for... acknowledgments that I have received... that it doesn't matter.”

### **Change of heart**

The process of disciplinary action had such a powerful impact on some of the participants that their entire view of, pride in, and responsibility to the profession of social work was irreparably altered. Some participants indicated feelings of abandonment, and in turn responded by (or are considering) leaving the field: “I am completely moving away from social work,” “I’m selling [my social work practice]. I’m done. It’s not worth the risk,” “If this doesn’t work out for me I will not probably be pursuing a position in social work.” Though still practicing currently as a licensed social worker, one participant indicated feeling like an outsider, “It just feels like a world that I am never going to be a part of.”

Some participants were disheartened by the experience, and indicated regret or questioned their decision to go into social work as a career. One participant said, “My takeaway from this whole experience is that I'm sorry that I became a clinical social worker. I really am.” Another reported, “I am extremely ambivalent about the profession and probably will retire feeling like that way.” Several others indicated that they were once proud to be social workers, but no longer felt that way.

### **Importance of support to survive the process**

During their interviews, participants were asked to identify the kinds of support and reactions they received from personal and professional relationships during and after the disciplinary process. Participants identified these relationships as both helpful and hurtful at various stages. Participants who felt supported indicated that those relationships made an important difference in the way the experience impacted them in the long-term. Several



participants felt “very supported,” and the people in their lives were “encouraging.” One participant whose violation was related to practicing without a license felt that support, and also issued a warning to those supporters:

I had quite a bit of support from people who were social workers who were completely in disbelief also... A few of them, sadly, are going to end up going through the same process... I just told them, ‘This is probably going to happen to you.’

One participant’s employer paid the fine levied by the Board of Social Work for the violation, and several participants’ supervisors wrote letters to the Board or accompanied the participant to Board hearings. Another participant indicated that the personal support was life-saving:

The people who were closest to me... would really go out of their way to make sure that I was doing okay emotionally... That I had a roof over my head that I had food in my cabinets and that I was able to keep doing what I needed to do to keep working and to keep my head above water and to be able to keep taking care of my kids.

Other participants experienced negative reactions from personal and professional relationships, which participants identified as exacerbating the impact of the experience. They reported feeling “judged,” “betrayed,” and “humiliated” by the people in their lives. One participant said this of her employer: “I felt like I was hung out to dry. They basically said, ‘This is your problem. You deal with it.’” For those participants who experienced serious financial hardship and job loss, personal relationships seemed to be affected even more negatively. One participant stated, “The event that led to the disciplinary action actually prompted the end of my marriage and so it really turned my whole life right upside down.” Another participant indicated

that a sibling was the one responsible for reporting the incident to the Board of Social Work, which resulted in the permanent loss of license and severed ties with the family.

The shame and embarrassment of the violation resulted in several participants choosing not to (or waiting to) access support: “Talking about it right now is basically the first time I’ve openly spoken about it, which I know is not probably the best and it’s one of the reasons why I still deal with it so physically and emotionally.” This same participant went on to say that fear drove her not to disclose:

...Because I was so fragile. If I heard someone close to me say something like ‘Oh my god, that is really bad,’ I maybe wouldn’t have been able to take that and so that’s why I withheld so much and probably played it off [to] myself like it wasn’t that big of a deal.

Another participant reported her lack of support felt isolating. “I felt kind of alone... I didn't have any help or support from anyone... It was a very lonely, frustrating place to be.”

### **Discussion**

This study provides new information about an aspect of the profession that has not been previously examined in social work literature—the impacts of disciplinary action on social workers. The study has uncovered several findings in 18 interviews with participants who were disciplined by one state’s Board of Social Work in a 10-year period. The findings revealed that disciplinary action created substantial personal, psychological, and vocational impacts on the social workers involved. Across interviews, participants indicated that the experience created a sense of hypervigilance in their professional and personal lives.

Symbolic interactionism theory provides a helpful framework for understanding the ways in which identity is changed when disciplinary action is introduced (J. Forte, personal communication, October 27, 2015). Forte (2003) indicates that symbolic interactionism can

“contribute to our understanding of the social labeling process and the impact of labels on a member’s self-image and self-esteem” (p. 922). The theory pays close attention to groupings, including those who are “in” and those who are “out” based on certain actions or characteristics (J. Forte, personal communication, October 27, 2015). While disciplinary action changes the relationship of the social worker with the larger group of social workers, the focus of the group also shifts to helping the social worker do the work needed to regain status (J. Forte, personal communication, October 27, 2015). Many participants seemed to indicate that the shift did not, and has not, happened for them.

For example, the most harmful consequence noted by participants is the permanency of their names appearing on a public online database, regardless of the type of violation and length of time since it was resolved. In a data-driven world so highly attuned to gathering information before deciding (e.g. Yelp, Angie’s List, RateMyProfessor.com), it would seem that participants’ concerns about the way their future employment could be impacted by this “scarlet letter” are well-founded. Several participants were so discouraged by the experience that their viewpoint of the field was described in absolute and permanent terms as forever changed. Differences appeared across the data regarding the attributable source of the violation as well as the ways in which other people played a role in their experience.

Overall, these findings seem to corroborate those found in studies across disciplines regarding unethical and unprofessional behavior. The experience of disciplinary action in other fields has similarly deleterious effects regarding professional pride (Coy, Lambert, & Miller, 2015), external locus of control (Gutheil & Brodsky, 2008), psychological effects and hypervigilance (Thomas, 2005). As in another study, participants in this study identified specific

personal stressors—serious intimate partner problems, recent death of a loved one, depression—as precursors to professional violations (Garfinkel, Bagby, Waring, & Dorian, 1997).

### **Implications for Social Work**

Study results have implications for social work practice and social work education in several ways. First, the lack of a statute of limitations on the board action website may suggest that social workers do not feel an obligation to rehabilitate and reinstate the good name of a social worker who has taken the necessary steps to resolve a disciplinary action as Forte suggests (personal communication, October 27, 2015). Second, it is important to note the effect continuing education has as both an ongoing license requirement and a sanction of disciplinary action. Only one participant's disciplinary action was related to insufficient continuing education activities to maintain a license; therefore, all other participants completed some form of ethics training as well as dozens of additional hours in continuing education. It is possible that the influence of these activities is overstated in preventing unethical or unprofessional conduct (Mascari & Webber, 2006). Lastly, participants' beliefs that their job responsibilities were not understood by the licensing board or that their violation was not more harmful may indicate that job descriptions and expectations of the profession are perceived to be incompatible, thereby creating dilemmas in decision-making priorities.

### **Limitations**

This is the first social work study to give a voice to a group of licensees impacted by disciplinary action. While only one state's information was included in this study, limiting the sample size of the potential interview participants, the study can be replicated for a larger area. As with any exploratory study with a voluntary qualitative sample, it is possible that the viewpoints of the sample are not be representative of the population of people who were

disciplined by a Board of Social Work. The interview volunteers may have been more considerably impacted by the experience of disciplinary action than those who did not participate. To focus on the impacts of the experience, the researcher relied on self-report for information regarding the violation and subsequent disciplinary action and did not cross-check participants' stories with publicly accessible information.

Black/African Americans were overrepresented in this sample, and both Asian Americans and Hispanic/Latinos were underrepresented. Further study into potential implicit bias may be important. Data on marital status, religious affiliation, and sexual orientation were not collected.

Inevitably, analyzing qualitative data through coding themes includes a degree of subjectivity (Saldaña, 2015). Segments of randomly selected transcript components were reviewed by an outside researcher and checked for validation. The results of the coding process were reviewed by an experienced qualitative researcher who assisted with identifying themes and subthemes from broad categories.

## **Conclusion**

This study provides a new framework for identifying the subjective experience of disciplinary action as well as the profession's responsibility to colleagues. Future studies expanding the reach of this study may allow for comparisons across states regarding the ways in which disciplinary action impacts social workers. Additionally, studies focusing on the practice ramifications for this group of social workers who feel unsupported by their Board and their profession are needed. A more in-depth look at the causes of distress associated with disciplinary action may also be helpful. Further research should evaluate the responsibility of the profession to restore and rehabilitate those who have been disciplined.

While the headlines are responsible for bringing news to the public about a social worker's unprofessional and unethical conduct, few stories exist that explore the impact that situation had on the social worker. This work begins to fill that gap in the social work knowledge base. An exploration of these personal and professional impacts of disciplinary action sheds light into this dark and sometimes lonely corner of social work practice.

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Neither Heroes nor Villains: Navigating Professional Ethics

### Abstract

Social workers, unlike superheroes, cannot see into the future to determine the impact of their clinical decisions. Practice choices can fall into patterns, which can generate complacency, missteps, and ethical violations. This paper provides an overview of a workshop presented at the 2016 Council on Social Work Education Annual Program Meeting and Conference and connects the findings of the two previous articles with the importance of ethics education. The presentation provided a “tune up” for attendees to effectively navigate ethical decisions and dilemmas by providing tools for reducing ethical fading by confronting inattentive blindness and suggesting practical strategies to handling ethical dilemmas.

*Keywords:* ethics, ethical practice

## Neither Heroes nor Villains: Navigating Professional Ethics

**CSWE APM Proposal Submission**

## Learning Objectives:

1. Practitioners will be able to reduce risk of ethical fading by confronting inattentional blindness regarding their own ethical practice
2. Practitioners will be able to apply practical strategies to handling ethical dilemmas

## Proposal Text:

The profession of social work has attempted to articulate its expectations for social workers' ethical practice through educational and licensing standards guided by the NASW Code of Ethics (National Association of Social Workers (NASW), 2008). Offering guidance on various types of professional behavior such as how to handle confidential information, the Code of Ethics is careful not to spell out absolutes; however, it serves a purpose in defining unethical behavior (NASW, 2008). Information regarding unethical and unprofessional behavior is publicly accessible and thus has been well documented and evaluated at various points in time (Boland-Prom, 2009; Strom-Gottfried, 2000). The most frequent violations cited across studies are boundary violations (which includes sexual contact with clients), "poor practice," and improper treatment (Boland-Prom, 2009; Strom-Gottfried, 2000), each area encompassing a wide range of professional decisions influenced by a variety of factors.

Across disciplines, much research has been done on the factors leading up to ethical oversteps and violations in the workplace. Employees' interactions and observation of their peers engaging in similar actions provide information on generally accepted behaviors (O'Fallon & Butterfield, 2011). Motivated or intentional blindness causes employees to "see what they want to see" and ignore or neglect evidence or information that does not fit. The slippery slope is a

commonly known fallacy in logic whereby a seemingly insignificant decision results in no harm, but turns into a trend that can result in significant harm (Bazerman & Tenbrunsel, 2011). These concepts correlate with that which Tenbrunsel and Messick (2005) refer to as “ethical fading.” Ethical fading occurs when a decision is no longer seen as having moral consequences, and unethical behavior becomes justified, and these justifications become the “objective” template from which future decisions are made. Barsky (2011) demonstrated that when employees mentally distance themselves because they see their own actions as outside of their control, they begin to displace responsibility to an outside entity and allow themselves to justify unethical behavior.

The context of the situation plays a significant role in ethical decision making (Fine & Teram, 2009; Knox, Williams, Hess, & Hill, 2003). Perhaps because of this, what social workers identify as professionally appropriate behavior is inconsistent (DiFranks, 2008; Jayaratne, Croxton & Mattison, 1997). For example, some social work educators have significantly different viewpoints regarding dual relationships than other social workers in direct practice (Congress, 2001).

Efforts have been made to reduce ethical fading, align social workers’ perceptions and practice with the Code of Ethics, and prevent ethical violations through education. The Council on Social Work Education’s (CSWE) Educational Policy and Accreditation Standards Policy 2.1.2 requires its accredited social work programs to have a focus on helping students apply social work ethics to practice (Council on Social Work Education, 2015), and 25 state boards of social work across the U.S. currently require at least some continuing education credits to come from training on ethical practice (Association of Social Work Boards, 2013). The effects of this increased attention on incorporating ethics into teaching and training curricula have varied. In

some studies, targeted training in ethics increased confidence in moral judgments and use of resources related to resolving ethical dilemmas (Ulrich et al., 2008) and helped social workers withstand pressures encountered in the practice environment (Croxtton, Jayaratne & Mattison, 2002). Regular training and current knowledge of the Code of Ethics can also serve to increase a social worker's adherence to its principles (Berliner, 1989) and reduce the inattentional blindness that can occur when one is not mindful (Schofield, Creswell & Denson, 2015).

For those social work educators who consider teaching as a form of practice, this presentation will provide an opportunity for them to reflect intentionally. Through a review of the literature on social workers' beliefs and actions about various aspects of practice, small group discussion, and individual reflection exercises, this interactive presentation engaged practitioners in reducing risks associated with ethical fading and inattentional blindness by helping participants identify those areas of practice in need of a "tune-up."

See Comprehensive Reference List for references.

### **Presentation**

The workshop, *Neither Heroes nor Villains: Navigating Professional Ethics*, was accepted as a presentation for the Council on Social Work Education Annual Program Meeting Conference (APM) on April 20<sup>th</sup>, 2016 (See Appendix A for acceptance confirmation). It was presented at APM in Atlanta, Georgia on Saturday, November 5<sup>th</sup> (See Appendix B for conference program). The presentation was created using a PowerPoint slide deck (See Appendix C for presentation slides). The handouts provided to attendees can be found in Appendix D.

### **Attendee Feedback Summary**

The 12 participants in attendance responded favorably to the presentation. They were asked to rate the workshop on the presenter's preparation, knowledge about the topic, organization and clarity, and the usefulness of the content. All respondents indicated "Strongly agree" throughout their feedback forms, and provided the following comments:

- Your thought questions gave me a headache! Thanks for asking! Love your presentation style!
- Really great... thought-provoking and informative!
- Enjoyed the humor and self-reflection portions. Looking forward to reading your work when published.
- Excellent. You did a good job of neither over or under stating a difficult audience.
- I really enjoyed your presentation. This reminded me of many things taken for granted. Use a microphone.
- Excellent use of visuals and interactive activities.
- Loved her humor. Upon questioning—responses indicated depth of knowledge.
- Reflection moments were great. Be careful with able-ist language. Use of "blind" struck me as jarring.
- Very knowledgeable. Slides were good, nice quotes highlighted that really went well with overall presentation. Appreciated the interactive parts.
- Very thorough workshop on an important, yet overlooked topic. Well-presented and relevant.

Directly after the presentation, I received verbal feedback from an attendee regarding my repeated use of the term "inattentional blindness." She indicated that it did not reflect person-



centered speech and that she found it “jarring.” This was extremely helpful feedback to me, and is something I have corrected in subsequent presentations.

### **Critical Analysis**

Social workers’ continuing education standards often require a specified number of hours focused on professional ethics, though no standard curriculum exists to guide the content. Using a forum such as a workshop at CSWE’s APM for ethics education makes it possible to favor depth over breadth on a specific component of ethics and ethical behavior. This workshop disseminated information and guided conversations about the importance of ethics education and the effects of unethical practice on social workers.

While I have presented content on social work ethics to a variety of audiences over the years, this was my first time presenting for an entirely academic audience. Fortunately, I attended the conference as a participant in 2015, and learned the ways in which the CSWE presentations differed from other conferences I had attended previously. As a presenter, trainer, and teacher, I value opportunities to engage attendees in interaction through discussion, small group work, and individual exercises. Though the CSWE workshops I have attended in the past focused more on didactic methods of imparting information, I opted for interaction throughout the presentation. To do this intentionally, I created two “Three Minute Thinkers” that paired participants to discuss a specific aspect of the content. I also utilized an individual reflection as a way for participants to examine their own vulnerability to ethics breaches and violations. The participation in these segments was excellent, the questions I used were thought-provoking to the attendees, though I could have provided 2-3 additional minutes for more elaborate discussion.

It was important to me that I not focus on the details of my research, but rather the takeaways and the context connecting my research to broader social work practice. Rather than

creating content that spoke to academics in social work, I strove to create content for social workers who are also academics. This helped me to have a clear picture of my focus and my objectives. Sharing the findings of my research served to structure a more personal conversation with participants regarding the ways they interpret their professional responsibility to practice ethically.

When I mention to social workers that my research sample was a group of people who have been disciplined by a Board of Social Work, people often ask what the violations were and they want the details of the infraction. This question is not surprising, as we currently live in a culture where people's indiscretions are publicly posted and discussed freely. Because the purpose of my research is to identify the psychological and vocational impacts of the disciplinary action on the research participants' lives; however, I provide a very brief answer to their question and then explain more about the impacts. Anticipating similar questions in my presentation, I carefully chose a quote from Stephen Covey that I found personally valuable in framing my research: "We judge ourselves by our intentions and others by their behavior" in the hopes of setting the stage for understanding the people behind the violations. The objectives of my presentation were focused on practical strategies to help attendees identify their own areas of growth to prevent ethical violations or Board sanctioning. If attendees felt disconnected or removed from the actions of their peers, learning and growth would not be possible in the same way.

## Annotated References

Gricus, M. (2017). *"Of all the social workers... I'm the bad one:" Impact of disciplinary action on social workers*. Manuscript submitted for publication.

Gricus, M. (2017). *Social workers' perceptions of ethical and unethical behavior: A systematic review*. Manuscript submitted for publication.

Pope, K. S., Tabachnick, B. G., & Keith-Spiegel, P. (1987). Ethics of practice: The beliefs and behaviors of psychologists as therapists. *American Psychologist*, 42(11), 993-1006

This article's research methodology involves a survey of 83 behaviors and respondents' reports on whether they had engaged in the behaviors themselves and whether they considered the practice ethical. This survey instrument has been used in dozens of other studies regarding professionals' perceptions of ethical and unethical behavior. Several of these studies' results were included in the systematic literature review data included in the presentation.

Schofield, T. P., Creswell, J. D., & Denson, T. F. (2015). Brief mindfulness induction reduces inattention blindness. *Consciousness and Cognition*, 37, 63-70.

doi:10.1016/j.concog.2015.08.007

One of the presentation's objectives focuses on improving awareness by reducing "inattention blindness." This article supports efforts to prepare individuals' attention for a certain type of information to significantly increase their chances of noticing that type of information. This presentation included several reflection and discussion exercises to help bring to the forefront those areas of practice that required attention.

Sherman, M. D., & Thelen, M. H. (1998). Distress and professional impairment among psychologists in clinical practice. *Professional Psychology: Research and Practice*, 29(1), 79-85. doi:10.1037/0735-7028.29.1.79

Personal stressors and work-related factors are considered common contributors to professional mistakes and unethical practice. This article examines the extent to which psychologists experienced personal stress and distress and the degree to which it impacted their ability to practice. The authors suggest that ethics training should prepare professionals to understand and acknowledge their own stress to keep it from interfering with their work.

Siebert, D. C. (2003). Denial of AOD use: An issue for social workers and the profession. *Health & Social Work*, 28(2), 89-97.

This article supports one of the presentation's main arguments that it is important to identify one's own risk factors to be able to practice ethically, specifically as they relate to substance use. It also identifies the need for social workers to be aware of their colleagues who may be practicing while impaired, since more than one-third of respondents in this study had an incident related to being impaired. Reporting an impaired provider was considered a gray area for many participants in other studies discussed in the presentation.

Tenbrunsel, A. E., & Messick, D. M. (2004). Ethical fading: The role of self-deception in unethical behavior. *Social Justice Research*, 17(2), 223-236.

doi:<http://dx.doi.org/10.1023/B:SORE.0000027411.35832.53>

The authors state that self-deception leads to "ethical fading." Ethics violations often stem from the desire to choose one's own interests over doing the right thing. One

decision can impact several others and can shift one's beliefs and actions significantly.

The authors argue that ethics training focused on theory and principles does little to influence behavior, and that the only useful ethics training is one that examines the psychology behind decision-making.

Zhang, T., Fletcher, P. O., Gino, F., & Bazerman, M. (2015). Reducing bounded ethicality: How to help individuals notice and avoid unethical behavior. *Organizational Dynamics*.

This article focuses on the ways in which unethical behavior begins to seem attractive to individuals and organizations. It also begins to address the reasons why designating time to examine ethical practice is so important, and provided an important framework for this presentation. One of the findings of this article is that developing awareness of ethical pitfalls ahead of time can lead to a more vigilant workforce.

## Appendix A

## Acceptance of Presentation Submission

**Gricus, Michelle R.**

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**From:** cswe@confex.com  
**Sent:** Wednesday, April 20, 2016 1:29 PM  
**To:** Gricus, Michelle R.  
**Subject:** CSWE 2016 APM Proposal Submission Acceptance



Dear Michelle R Gricus:

Congratulations! We are pleased to inform you that your proposal, *Neither Heroes nor Villains: Navigating Professional Ethics*, has been accepted as a Interactive Workshop in the Values and Ethics Track for the 2016 Annual Program Meeting (APM). The APM will be held November 3–6, 2016 in Atlanta, GA at the Atlanta Marriott Marquis. Your presentation will be an important component of the event and we look forward to your participation!

You will be notified of your presentation date and time after the APM schedule is finalized in August 2016. Per the submission guidelines, you must be able to present on any of the following times (special scheduling requests cannot be accommodated):

- Friday, November 4: 7:30 am–4:15 pm
- Saturday, November 5: 7:30 am–4:15 pm
- Sunday, November 6: 7:30 am–11:00 am

**NEXT STEPS**

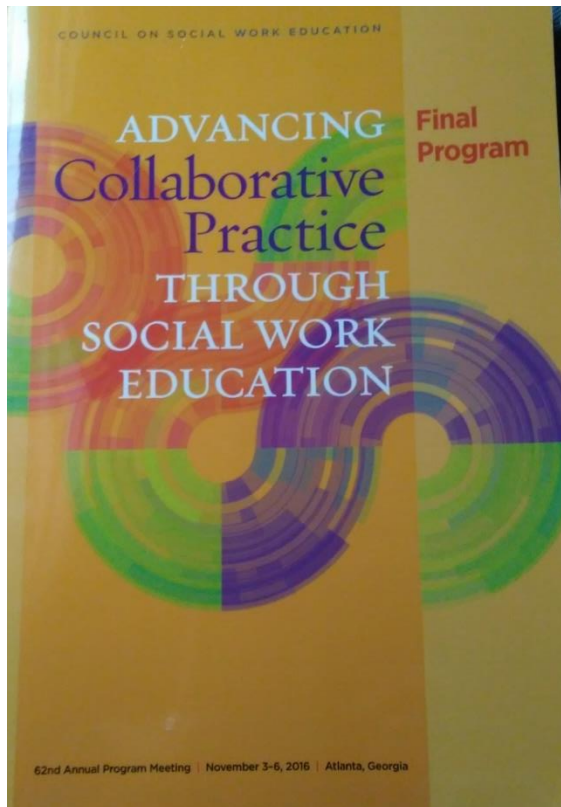
1. Review and sign the accepted presenter compliance policy by June 3, 2016: <http://cswe.confex.com/cswe/2016/speakerscorner.cgi?username=40419&password=921942&EntryType=Person>. Your signature represents your agreement to complete those requirements.
2. Per the [accepted presenter compliance policy](#), **each accepted presenter** is required to pre-register for APM by June 3, 2016. Click [here](#) for more information about registration.
3. Hotel rooms book up quickly for APM. Reserve yours as soon as possible through the [APM Housing website](#).
4. One LCD projector, screen, podium, and wired microphone will be available in the session rooms at no cost to the presenter. **We do not provide laptops or Internet access.** All presenters must provide their own laptop computers to connect to the LCD projectors. Presenters using Macintosh computers or iPads who wish to use the LCD projectors must provide their own connectors to the projectors. Internet access or other equipment will be a separate charge to the presenter, which you can request once your session is scheduled.

If you have any questions regarding your presentation or the 2016 APM, please e-mail [apm@cswe.org](mailto:apm@cswe.org) or consult the [2016 APM website](#). Thank you again for submitting your proposal, and we look forward to your participation in the conference.

Sincerely,  
 The Council on Social Work Education

Appendix B

Conference Program



**UNIVERSITY-COMMUNITY PARTNERSHIPS**

**590 Methodological Considerations to Advancing Collaborative Practice: Challenges and Possibilities of CBPR**

Interactive Workshop  
3:15 pm-4:15 pm  
Atlanta Marriott Marquis Hotel, International B

Helen Robinson, University of Georgia  
Rebecca Matthew, University of Georgia  
Trina Cole Ward, University of Georgia

**VALUES AND ETHICS**

**591 Neither Heroes nor Villains: Navigating Professional Ethics**

Interactive Workshop  
3:15 pm-4:15 pm  
Atlanta Marriott Marquis Hotel, International C

Michelle R. Gricus, St. Catherine University - University of St. Thomas

**VALUES AND ETHICS**

**592 Using Field Seminar to Reinforce Ethical Awareness of Developing Social Work Professionals**

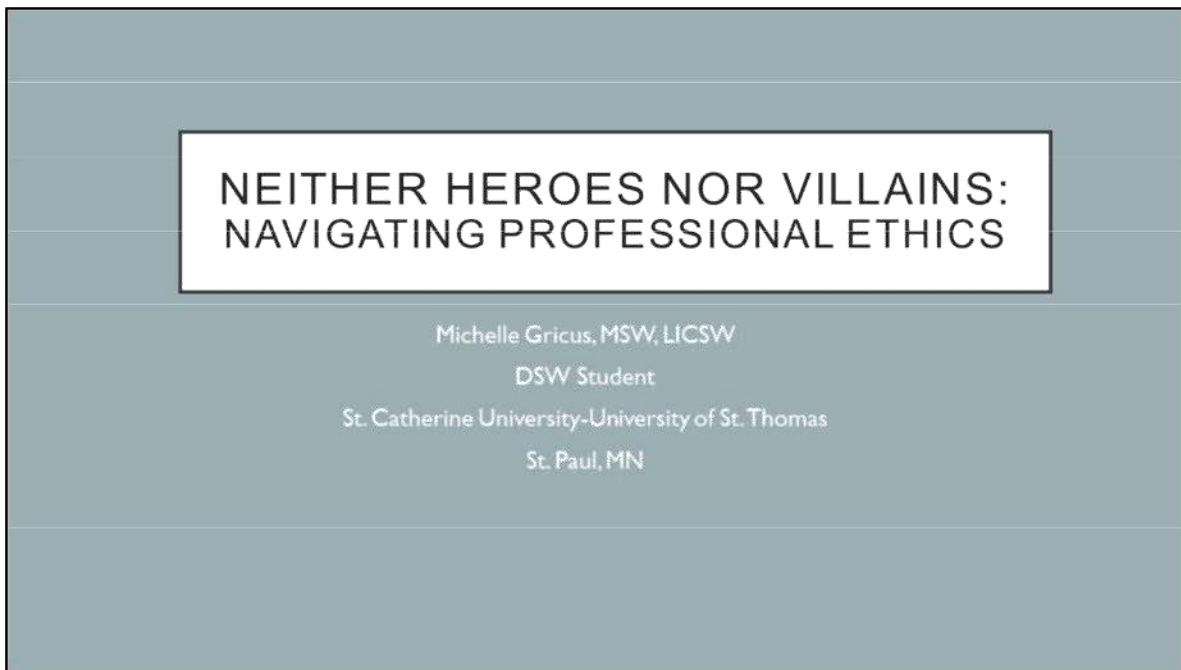
Interactive Poster  
3:15 pm-4:15 pm  
Atlanta Marriott Marquis Hotel, Atrium Ballroom

Cynthia D. Williams, Washington University in St. Louis  
Leslie Duling, Washington University in St. Louis

**VIOLENCE AGAINST WOMEN AND THEIR**

## Appendix C

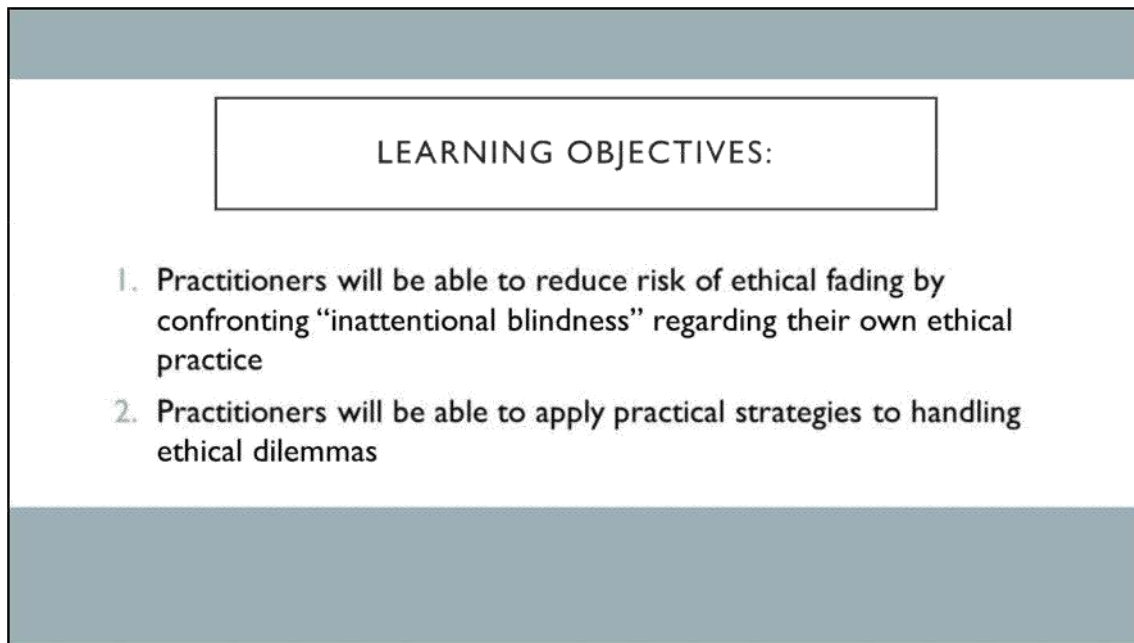
## Presentation Slides



Introduction and welcome.

I selected the theme of heroes and villains because ethics is often seen through polarizing lenses, which can make it difficult to talk about what is happening in between. Today's presentation will focus not on a review of the Code of Ethics, but about the ways in which our practice can be impacted by ethical dilemmas and what happens when we are not sure what to do. I will also focus a bit on the experiences of social workers who have gone through disciplinary action, a group of people who are often villainized by others in the profession.

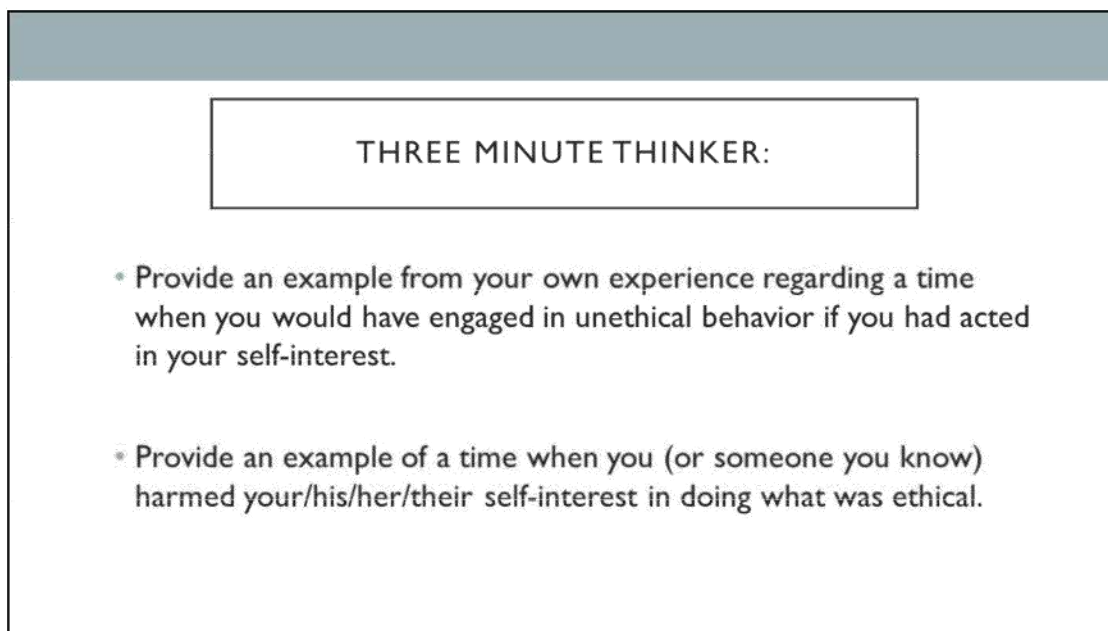




LEARNING OBJECTIVES:

1. Practitioners will be able to reduce risk of ethical fading by confronting “inattentional blindness” regarding their own ethical practice
2. Practitioners will be able to apply practical strategies to handling ethical dilemmas

I encourage participation throughout this presentation, and will build in a bit of small group interaction at various places to help apply the material.



THREE MINUTE THINKER:

- Provide an example from your own experience regarding a time when you would have engaged in unethical behavior if you had acted in your self-interest.
- Provide an example of a time when you (or someone you know) harmed your/his/her/their self-interest in doing what was ethical.

In groups of 2-3, discuss the following.

## EDUCATION ON ETHICS: WHY SO IMPORTANT?

\* Inattention blindness

Zhang, T., Fletcher, P. O., Gino, F., & Bazerman, M. (2015).

Preparing individuals' attention for a certain type of information significantly increases their chances of noticing that type of information. This mitigates the effects of "inattention blindness."

- Example: Regular ethics education, such as the type often required by Boards of Social Work for licensure renewals, is one way of putting a "watch for bicycles" sign on the road of social work practice. For example, if the signs of fraudulent billing are addressed in a training, a social worker may be more likely to identify fraud in their own and others' practice.

## INATTENTIONAL BLINDNESS VIDEO

[https://www.youtube.com/watch?v=IGQmdoK\\_ZfY](https://www.youtube.com/watch?v=IGQmdoK_ZfY)

2-minute video demonstrating how inattention blindness can impact what we see and what we do not see

## EDUCATION ON ETHICS: WHY SO IMPORTANT?

- Inattentional blindness
- External motivation

Zhang, T., Fletcher, P. O., Gino, F., & Bazerman, M. (2015).

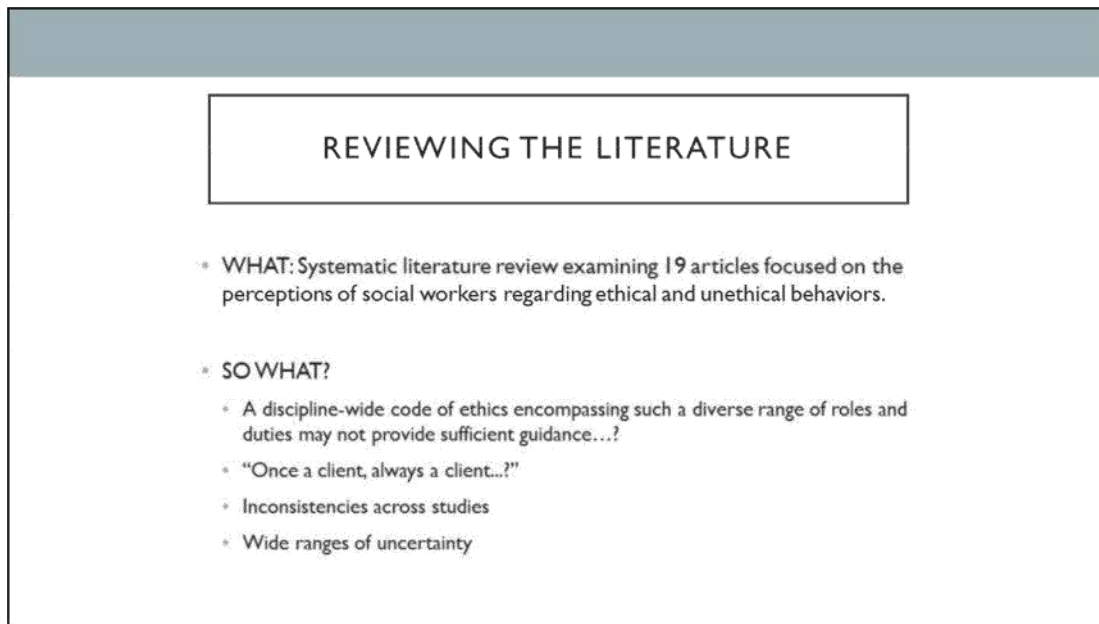
When others alert us to what to expect, we often take notice. When others are watching, we often slow down. External factors can be very powerful in influencing our practice. Sometimes, external influences are what initially motivates someone to do something. Good ethics training, one that asks people to examine their own practice, helps to shift that external motivation inward. That shift is important.

## EDUCATION ON ETHICS: WHY SO IMPORTANT?

- \* Inattentional blindness
- \* External motivation
- \* Because people don't always have great judgment

Zhang, T., Fletcher, P. O., Gino, F., & Bazerman, M. (2015).

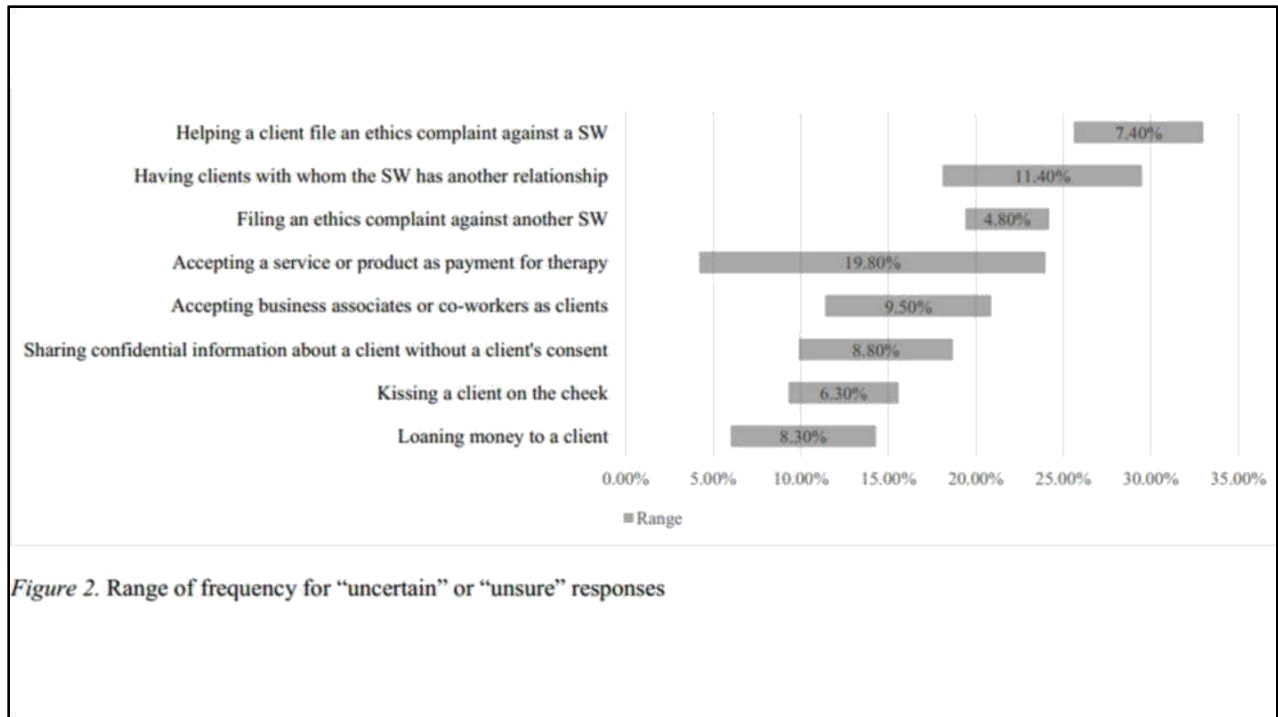
We make many assumptions in our field. One potentially dangerous assumption is that a practicing social worker knows how to interpret the Code of Ethics AND supplement what's missing or vague with useful information or by seeking out consultation. Stress, isolation, poor boundaries, lack of information, lack of supervision, etc. can impact one's judgment rather significantly. Focusing on noticing the effects of these areas can be an important part of ethics education.



**REVIEWING THE LITERATURE**

- **WHAT:** Systematic literature review examining 19 articles focused on the perceptions of social workers regarding ethical and unethical behaviors.
  
- **SO WHAT?**
  - A discipline-wide code of ethics encompassing such a diverse range of roles and duties may not provide sufficient guidance...?
  - “Once a client, always a client...?”
  - Inconsistencies across studies
  - Wide ranges of uncertainty

Systematic literature review overview: “What are social workers’ perceptions of behaviors that constitute ethical and unethical practice?” The purpose of this literature review was not to analyze the effectiveness of an intervention, but rather to identify patterns found among similarly conducted studies and present results in an interconnected way. See the article *Social Workers’ Perceptions of Ethical and Unethical Behavior: A Systematic Review* for additional detail.



Participants indicated that they were unsure or uncertain about these situations. The Code of Ethics is not an instruction manual, and thus some of these areas are left up to interpretation.

- Example: One area the Code is rather clear on is that we have a professional responsibility to help an impaired colleague, yet 42% of participants in one study indicated that they were not sure that it was ethical.

Discussion: What do you think contributes to our sense of uncertainty in these areas?

### WHAT ARE WE UNSURE ABOUT? IS IT OKAY TO...

- continue to interview a research subject who is using alcohol or drugs (52.6%)
- use current students as research subjects (42.2%)
- provide assistance to an impaired colleague (42.2%)
- engage in sex with a former survey respondent (39.3%)
- provide therapy to a former research subject (38.6%)
- use a former student as a research subject (37.9%)
- accept a client's invitation to a party or special event (32.9%-36.7%).

Several studies used the same tool to define behaviors, and a comparison of those studies' results indicates a significant range in "uncertain" or "unsure" responses.

- Example: 25-33% of participants across studies were uncertain about whether it was ethical to help a client file a complaint against a social worker.

### THREE MINUTE THINKER

In small groups, discuss **at least one** of the following:

1. My uncertainty areas are...
2. Licensed practitioners who violate ethical standards should wear "a scarlet letter."
3. A mistake becomes unethical when \_\_\_\_\_. A mistake becomes unforgiveable when \_\_\_\_\_.

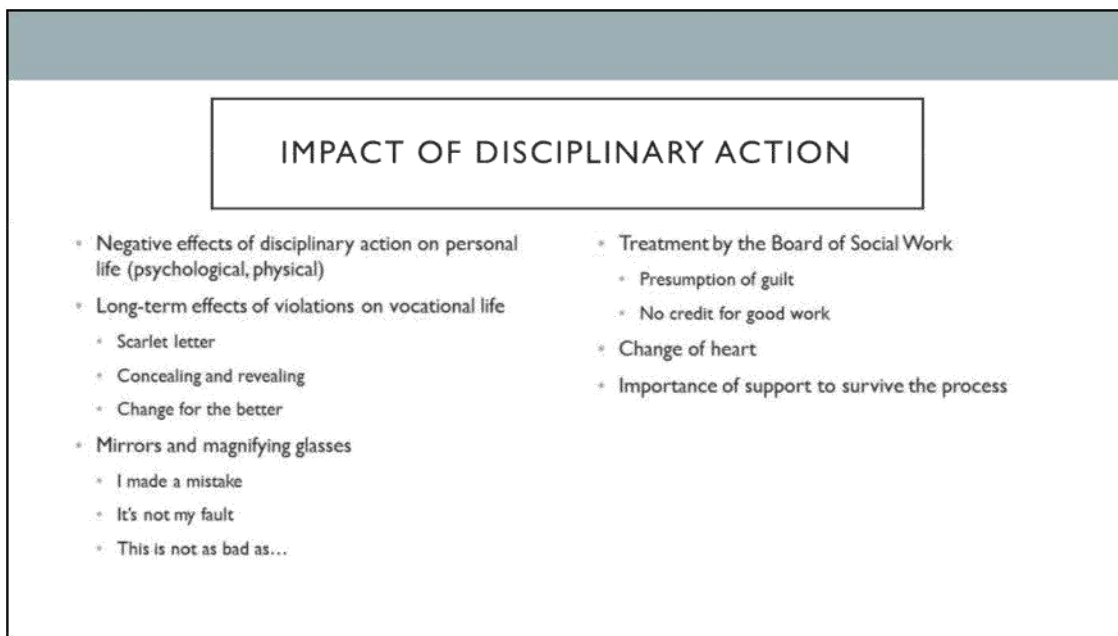
In your groups, discuss your response to at least one of the sentence stems.



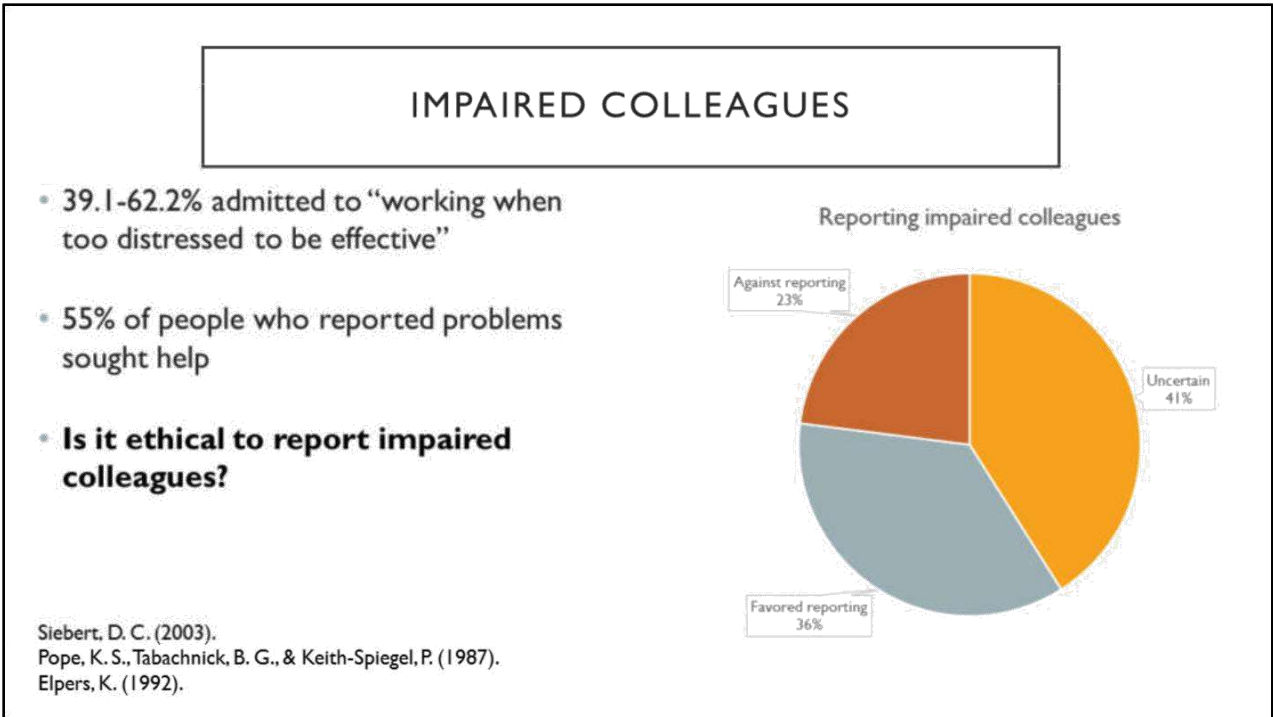
This quote provides a helpful context for understanding the ways in which we may perceive the people in the previous set of studies about what is considered ethical and unethical behavior.

Introduction of mixed methods study.





Discussion of each major theme in the qualitative strand of the mixed methods study. See the article "*Of all the social workers... I'm the bad one:*" *Impact of disciplinary action on social workers* for additional detail.



Participants identified specific personal stressors—serious intimate partner problems, recent death of a loved one, depression—as precursors to professional violations. Other research indicates that social workers work when they are not at their best, and only seek help about half the time. Since people may not seek out help, it is important to be aware of what is happening with colleagues. Here, this chart shows the breakdown of our beliefs about reporting an impaired colleague.

“WE ARE CREATIVE NARRATORS OF  
STORIES THAT TEND TO ALLOW US TO  
DO WHAT WE WANT AND THAT  
JUSTIFY WHAT WE HAVE DONE.

WE BELIEVE OUR STORIES AND THUS  
BELIEVE THAT WE ARE OBJECTIVE  
ABOUT OURSELVES” (P. 225).

Tenbrunsel, A. E., & Messick, D. M. (2004).

It may feel easy to make social workers who have experienced disciplinary action into villains. Outsiders looking in judge these participants for their behaviors and look at themselves in relation to their intentions, as we saw earlier in the Stephen Covey quote.

The diagram consists of a large outer rectangle containing a smaller inner rectangle at the top. The inner rectangle is centered and contains the text "NISAN'S MORAL BALANCE MODEL". Below this, there is a significant amount of white space, and at the bottom of the large rectangle, there is a citation: "Zhang, T., Fletcher, P. O., Gino, F., & Bazerman, M. (2015).".

NISAN'S MORAL BALANCE MODEL

Zhang, T., Fletcher, P. O., Gino, F., & Bazerman, M. (2015).

People are more willing to allow a deviation to, and believe that this should generate less guilt in, a person who generally behaves morally most of the time than in one who generally behaves immorally most of the time. It was also found that an unworthy act by a person (self or other) who has recently behaved morally is evaluated less severely than the same act performed by one who has recently behaved immorally.

Nisan's moral balance model, individuals have a moral "bank account" in which good deeds raise the balance and bad deeds lower it. Perceptions of surplus in the moral account could lead individuals to cheat whereas perceptions of a low balance might lead individuals to act more ethically.

<p><b>INDIVIDUAL REFLECTION</b></p> <p>In what ways are you currently vulnerable to ethics breaches and violations?</p> <p>OR</p> <p>It's important for me to make the following adjustments to be a more ethical practitioner...</p>	
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Perhaps you've been mentally reflecting on your own practice considering the people and situations we've been discussing. Take a few moments to write down your responses to one or both guides.

### PERSONAL RISK FACTORS

- Burnout/compassion fatigue
- Unchecked emotional distress
- Lack of competency
- Substance *abuse* (12% of SWers)
- Depression (3x of gen pop)
- Personal problems
- Lack of supervision/consultation

Sherman, M. D., & Thelen, M. H. (1998).  
Siebert, D. C. (2003).

In the reflection exercise, you may have identified your vulnerabilities. Research related to the causes of unethical behavior in social work and other human service fields indicates several of these vulnerabilities. Many of the items in this list will not be surprising to you, and may be topics you addressed with students, colleagues, or supervisees. It requires a bit of humility and self-reflection on our part to acknowledge what we need.

Discussion: What else would you add to this list, based on your experience?

## STRATEGIES FOR MANAGING DILEMMAS

- **Slow down.**
- **Analyze the consequences**
- **Know your Kryptonite.** Tell others about it so they can be on the lookout.
- **Remember that you have blindspots.**
- **Consult with your ethics hero(ine).**
- **Ask questions.**
- **Pay attention to the slippery slope.**

The following strategies are in no order. The first strategy is to slow down. Ethical dilemmas are inevitable in this work. While there is the rare occasion when we must act quickly, we often have opportunities to slow down and consider all the options available to us.

**Slow down:** If we slow down, we can take time to analyze the consequences of each of our options. In a true ethical dilemma, there is no truly harmless solution. Sometimes, we are faced with two rather harmful choices, and we must decide to cause harm in one area to reduce harm in another area.

**Know your Kryptonite:** Superman is a powerful hero, but even he has a weakness. For him, Kryptonite robbed him of his strength. Lex Luthor knew the power of Superman's weakness and exploited it. It is important to know those areas of your practice that rob you of your strength. Maybe they are the personal stressors we just identified, or maybe there are situations that generate this weakness for you.

**Remember that you have blindspots:** Earlier, I identified the ways in which inattentional blindness can impact our practice. Even when we pay attention to those areas, there are still others that we do not even know about. Others may be aware of them, or maybe they are in that 4<sup>th</sup> quadrant of Johari's window that neither you nor others are aware of.

**Consult with your ethics hero(ine):** encourage you to find an ethics hero or heroine to connect with on those dilemmas where an outside party can be helpful in thinking through options. It shows strength and a commitment to good practice to use the resources in your life you find helpful.

**Ask questions:** Asking questions of ourselves, the situation, of others involved in the dilemma helps us to ensure that we have as much information as possible. Questions can be related to a specific dilemma or may include more reflective or evaluative components on a regular basis. Many, many ethical frameworks are built on a list of questions that you can ask yourself to work through an ethical dilemma.

**Pay attention to the slippery slope:** The idea of the “slippery slope” is that once we bend the rules slightly, we are more likely to continue to bend the rules. An indicator that you’re on the slippery slope is that you cannot be transparent when talking with another person about a situation. If you feel the need to leave out details to save face or to cover up an indiscretion, pay attention to that. We fall somewhere in between heroes and villains and need to honor that experience.



## Appendix D

## Presentation Handouts

**Neither Heroes nor Villains: Navigating Professional Ethics**

Michelle Gricus, MSW, LICSW, DSW Student  
St. Catherine University-University of St. Thomas, St. Paul, MN

## Learning Objectives:

- Practitioners will be able to reduce risk of ethical fading by confronting “inattentional blindness” regarding their own ethical practice
- Practitioners will be able to apply practical strategies to handling ethical dilemmas

**THREE MINUTE THINKER:**

Provide an example from your own experience regarding a time when you would have engaged in unethical behavior if you had acted in your self-interest.

Provide an example of a time when you (or someone you know) harmed your/his/her/their self-interest in doing what was ethical.

**EDUCATION ON ETHICS: WHY SO IMPORTANT?**

- Inattentional blindness
- External motivation
- Because people don't always have \_\_\_\_\_

**WHAT ARE WE UNSURE ABOUT? Is it okay to...**

- continue to interview a research subject who is using alcohol or drugs (\_\_\_\_\_%)
- use current students as research subjects (\_\_\_\_\_%)
- provide assistance to an impaired colleague (\_\_\_\_\_%)
- engage in sex with a former survey respondent (39.3%)
- provide therapy to a former research subject (38.6%)
- use a former student as a research subject (\_\_\_\_\_%)
- accept a client's invitation to a party or special event (32.9%-36.7%).

THREE MINUTE THINKER: In small groups, discuss at least one of the following:

- My uncertainty areas are...
- Licensed practitioners who violate ethical standards should wear “a scarlet letter.”
- A mistake becomes unethical when \_\_\_\_\_. A mistake becomes unforgiveable when \_\_\_\_\_.

**“We judge ourselves by our intentions and others by their behavior.”** Stephen Covey

Notes:

### IMPAIRED COLLEAGUES

39.1-62.2% admitted to “working when too \_\_\_\_\_ to be effective”

\_\_\_\_\_ % of people who reported problems sought help

Is it ethical to report impaired colleagues?

23% \_\_\_\_\_ reporting

36% \_\_\_\_\_ reporting

41% uncertain

**“We are creative narrators of stories that tend to allow us to do what we want and that justify what we have done. We believe our stories and thus believe that we are objective about ourselves”** (Tenbrunsel & Messick, 2004, p. 225).

**INDIVIDUAL REFLECTION**

In what ways are you currently vulnerable to ethics breaches and violations? OR

It's important for me to make the following adjustments to be a more ethical practitioner...

Jot your thoughts here:

**PERSONAL RISK FACTORS**

- Burnout/compassion fatigue
- Unchecked emotional distress
- Lack of competency
- Substance abuse (12% of SWers)
- Depression (3x of gen pop)
- Personal problems
- Lack of supervision/consultation
- 

**STRATEGIES FOR MANAGING DILEMMAS**

- Slow down.
- Analyze the consequences
- Know your Kryptonite. Tell others about it so they can be on the lookout.
- Remember that you have blindspots.
- Consult with your ethics hero(ine).
- Ask questions.
- Pay attention to the slippery slope.